

Abstract

ABI012: The 3+ visit plan: history and rationale *Prim Care Respir* 2002 **11(2)** 58

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The 3+ Visit Plan was developed by the National Asthma Council's General Practitioners' Asthma Group in response to the comments and experiences of General Practitioners that the Six Step Asthma Management Plan is difficult to apply in GP settings.

The 3+Visit Plan is a re-working of those six steps of best asthma practice into the format of three (or more) consultations specifically for asthma

It is a proactive program, requiring a partnership between GP and patient with the aim of engaging both parties, so that all the elements of best asthma management are completed in a structured, logical and timely way. This is in contrast to the more usual reactive care, e.g. providing rescue medication when the patient visits with exacerbations or dealing with asthma as an "add-on" issue in a consultation which was primarily for another reason.

The resources consist of a doctor's aide memoire, with the recommended steps for each visit and illustrations to assist in patient education and a pad of tear-off sheets for patients. The patient resource sets out the steps per visit in clear, layperson's English and also contain illustrations. It also includes space for appointment times.

This initiative of the National Asthma Council has now been taken up, and substantially funded by, the Australian government and a national implementation plan is currently underway

ABI013: How do asthma liaison nurses influence inner city asthma care? A qualitative evaluation of the ELECTRA study

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Objective To explore how asthma liaison nurses influence primary care management of people with high risk asthma

Design Qualitative interview study linked to a randomised control trial testing the effectiveness of asthma liaison nurses

Participants Four asthma liaison nurses, one lead respiratory nurse, seven general practitioners, six practice nurses, seven people / carer with acute asthma

Setting Secondary care and general practices in Tower Hamlets, a deprived area in east London

Results Roles of liaison nurses included reviewing people with acute asthma in secondary care and making recommendations to general practices; providing telephone advice for patients and practice nurses; and setting up asthma clinics in underdeveloped practices

There was considerable variability in how liaison nurses influenced general practices. Liaison worked best in practices where practice nurse were confident in managing asthma, where this role was devolved to them by general practitioners and where there was multidisciplinary discussion about asthma care. Liaison nurses helped nurses from these practices identify and follow up high risk patients. By contrast, liaison was ineffective in practices which lacked strategy and did not prioritise asthma

Patients found the liaison nurses approachable and informative. Self management plans were provided to patients commensurate with patients' capacity, interest and social circumstances. Patients complained that they received conflicting advice from different clinicians. The main request was for continuity of care with a single clinician whom they could trust

Conclusions Liaison nurses influence care mainly in practices which already prioritise asthma. There are considerable barriers to the effectiveness of asthma liaison nurses in east London

Key words Asthma liaison nurse, ethnicity, deprivation, primary care

ABI014: Is there still a need for a programme of education to improve the management of acute asthma in UK primary care

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Background Despite Guidelines for the Management of Asthma there is a concern that the management of acute asthma in primary care remains sub-optimal. The General Practice Airways Group (GPIAG) has responded to this concern by designing an acute asthma audit tool for use as part of a Professional Development Plan

Method 559 GP practices, in Aberdeen and Peterhead, Scotland, UK, were invited to participate in a local pilot study evaluating a GPIAG acute asthma educational initiative. Participating practices undertook a baseline audit. They identified prospectively all attacks occurring in asthmatics (excluding children <5yrs) over a 3-month period (January to March 2002) and completed an adverse occurrence analysis for each episode. Data was collected retrospectively from the patient's written/computer records. Organisational information was also collected about the practices.

Result 23 practices were recruited following a written invitation followed up with a phone call. The results of the baseline audit will be presented and compared to standards set from national guidelines and published primary care audits. Data will be presented on the practices' organisation: availability of peak flow meters, nebulisers, oxygen, soluble prednisolone, management protocols. The adverse occurrence analysis will provide data about the process of care in the practices: assessment of severity, use of emergency bronchodilators