# Scottish Government Health Directorates Chief Scientist Office



# FOCUS ON RESEARCH

CAN ELICITING AND ADDRESSING HEALTH-RELATED GOALS IMPROVE ASTHMA CONTROL AND ASTHMA-RELATED OUALITY OF LIFE? FEASIBILITY PHASE II PILOT RANDOMISED CONTROLLED TRIAL OF A BRIEF INTERVENTION

#### Researchers

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#### **Aims**

To:

- pilot the design and process of a trial
- ascertain the numbers need for a full trial
- determine the potential cost of the intervention
- estimate the likely impact of the goal-setting intervention on patient outcomes
- evaluate the acceptability and perceived usefulness of the goal-setting tool and process.

## **Project Outline/Methodology**

A two armed, multi-centre, cluster-randomised controlled, feasibility pilot trial in 10 primary care practices within two Scottish health regions. Randomisation was at practice level. intervention, designed to help clarify goals in relation to life and management of asthma, involved completion of a goal-eliciting tool by patients prior to their asthma review, collaborative goal-setting during the review and action planning to facilitate goalachievement. Control patients received usual care. Data on quality of life, asthma control, self-efficacy and health service resource use were collected at baseline, three- and six-months post-intervention. A qualitative study was embedded within the trial. Ten practice nurses and 14 patients took part in semistructured interviews exploring perceived usefulness and feasibility of the intervention. Patients were selected purposively based on age, gender, study arm, GP practice, and asthma severity to obtain maximum variation in views and experiences. Data were analysed by identifying, exploring and reporting patterns within the data.

#### **Key Results**

Quantitative

Ten practices completed the study – 5 in each arm. Data were available for 48 (target 80) patients - 18 in the intervention group and 30 in the control group. Six months after the intervention asthma quality of life (the primary outcome) was marginally higher in the intervention compared to the control group but the difference was not large enough to be considered clinically important. However, a difference in the

emotion sub-score was identified which was both statistically and clinically important. Mean costs per patient were higher by £22.17 in the intervention group compared to the control but due to the small sample size it is not possible to definitively say that the intervention is not cost effective. We determined that the sample size required for a full trial in primary care is 870 patients in 87 practices.

#### Qualitative

Twenty four interviews were completed (10 health professional and 14 patient). Patients were positive about the intervention. Focusing on goals gave them the chance to become active members of the healthcare team rather than passive recipients of instruction; care was seen to be more holistic and there was a perception of enhanced rapport with the nurse. However, nurses reported time constraints as a major barrier to successful intervention implementation and admitted screening-out patient goals they believed unrelated to asthma.

#### **Conclusions**

The goal-eliciting tool gave people with asthma an opportunity to raise issues that may not otherwise have been addressed. However, despite perceived value there are practical issues which need to be addressed before progressing to a full trial.

# What does this study add to the field?

The study suggests that patients would welcome the opportunity to think about their goals in the context of the asthma review but it won't happen if the burden on healthcare staff is not (perceived as) reasonable. Progression to a full trial will have to be preceded by modification of the recruitment methods and further development and refinement of the intervention, including the training provision for practice staff.

### **Implications for Practice or Policy**

Intervention studies supporting the self-management agenda must be less burdensome and championed at a local level.

#### Where to next?

The intervention and study processes will be refined prior to seeking further funds.

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