



# Adapting the IMP<sup>2</sup>ART implementation strategy to the context of primary care during a COVID-19 pandemic



<sup>1</sup>McClatchey K, <sup>2</sup>Barat A, <sup>3</sup>Delaney B, <sup>1</sup>Marsh V, <sup>1</sup>Jackson T, <sup>1</sup>Kinley E, <sup>4</sup>Holmes S, <sup>1</sup>Hammersley V, <sup>2</sup>Steed E, <sup>2</sup>Taylor, SJC, <sup>1</sup>Pinnock H, for the IMP<sup>2</sup>ART programme group.

<sup>1</sup>The University of Edinburgh, <sup>2</sup>Queen Mary University of London, <sup>3</sup>University of Sheffield, <sup>4</sup>The Park Medical Practice, Shepton Mallet; Severn School of Primary Care, Health Education England (South West)

Implementing improved asthma self-management as routine

## Introduction

Understanding and adapting to context is crucial if complex intervention implementation is to be successful.

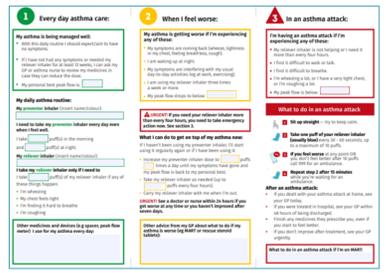
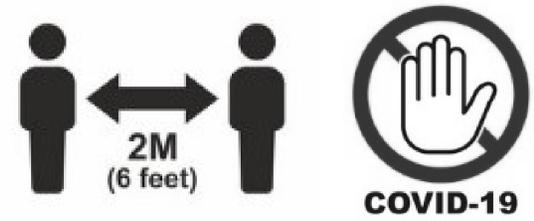
Within the **IMP<sup>2</sup>ART** programme, we had developed a theoretically-informed implementation strategy to improve supported self-management (SSM) for asthma in routine practice, with a cluster-randomised trial due to start in January 2020.

The global COVID-19 pandemic dramatically changed the context and many aspects of the **IMP<sup>2</sup>ART** strategy required adaptation.

## Methods

With input from patient and public involvement (PPI), and a professional advisory group, the programme team reviewed all components of the **IMP<sup>2</sup>ART** strategy. Changes were made to:

- a) enable safe delivery of the implementation strategy in a pandemic (e.g. social distancing etc.)
- b) to offer advice on novel modes of practice
- c) to ensure resources reflected the new context.

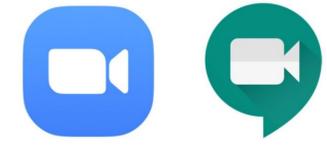


## Results

*Safe delivery of the **IMP<sup>2</sup>ART** strategy:* Whole-practice SSM facilitation visits (**IMP<sup>2</sup>ART** workshops) to implementation practices will not be possible for the foreseeable future, so we adapted the facilitation for remote delivery.

*Novel modes of practice:* We scoped and collated resources to support remote consultations, adapting them to provide advice on remote asthma reviews. Resources were provided for both practices and patients and made available on the **IMP<sup>2</sup>ART** trial website. On-line consultations were a new format and specific advice for asthma reviews were developed.

*Reflecting the new context:* Educational modules were updated with examples of remote reviews and remote completion of action plans. Illustrations were checked to ensure some reflected remote delivery of care.



## Conclusions

Adapting the implementation strategy to the COVID-19 pandemic has been a comprehensive process, and some aspects (e.g. remote delivery of the **IMP<sup>2</sup>ART** workshop) required governance approvals. The adapted strategy is now ready to be evaluated in the **IMP<sup>2</sup>ART** UK-wide cluster-RCT (n=144 practices), assessing its impact and cost-effectiveness.