Summary of qualitative analysis of free-text recommendations and comments by panel assessors

Theme heading/subheading	Recommendation
Failure in appreciation of symptoms and delay in resulting actions associated with the final asthma attack	
Healthcare professional failures	*Formalise and actively advocate the use of UK (BTS/SIGN) asthma management algorithms in all healthcare settings to help in decision making. This should include – links to clear guidance about 'normal' vital signs for all age ranges with greater clarity and 'when to worry and seek advice from someone more specialised' embedded within it. However, this would not replace adequate healthcare professional training and regular continual professional development.*
Deceased and carers'/families' failure to recognise and seek help appropriately	*Clear and consistent education available from all healthcare professionals about 'when to worry'; appropriate written/pictorial or audio asthma self-management plan; red flags upon prescription requests when they exceed expected dispensation requirements; culture change regarding supporting people to ask for healthcare advice, without obstacles – the 111 telephone advice line (England), but the other countries have similar systems that might possibly help with this?*
Healthcare professionals failed to identify the need to delegate care to appropriate others, as per BTS/SIGN asthma guidelines and an over-reliance on patient (carers/parents) to self-manage	
Healthcare professionals did not	*Including training – appropriate staff education – requirements within professional development programmes and clinical supervision requirements, increase awareness and use of BTS/SIGN asthma guidelines. Use QOF not just as a minimum requirement – but as a basis for discussion and improvement in practice, clinical supervision and peer review of practice?*
For those with asthma and their families (carers/parents) managing their asthma,	*Education for all patients regarding asthma, suitable asthma management plan (which may be written, audio, pictorial, available upon an app or YouTube) innovations of technology should be accessed and*

inadequate information, education and advice was apparent	*used, explanation regarding diagnosis and what asthma is, including its management and importance of regular review, what medication does and does not do.*
Referrals to specialists within hospital and to another health professional in primary care	
Asthma focussed	*Seek specialist advice when cause for concern: such as increased reliever use, increase above step 3 in BTS treatment step, patient is in high-risk group, links back to recommendations 1 and 2 increased education for all healthcare professionals.*
Not regarding asthma focus but age/specialty focused, such as paediatrician, and elderly care team	*Consider the whole context and needs of the patient and seek advice from the whole MDT team, primary and secondary care links back to recommendations 1 and 2 increased education for all healthcare professionals.*
Clearer processes and consistent documentation in the medical records, which should include a rationale for diagnosis and treatment decisions	
	Documentation needs to be undertaken contemporarily, be rigorous, clear, appropriate and complete. All healthcare professionals have minimum standards for recording of documentation set by their professional regulators and these should be adhered to. To improve patient care within the BTS/SIGN asthma guidelines and QOF, it should be possible to devise a comprehensive framework that could be used to record all asthma consultations.
Assuming overall clinical responsibility for continuity of care, and thus minimising risk and maximising opportunities for best care	
Failures associated with discharge from acute care and referral processes back into the community	*One named healthcare provider should assume overall clinical responsibility for the care of patient, the person best placed to undertake this is the GP. This would allow earlier recognition of issues causing concern, earlier advocacy to promote safeguarding issues and promote patient well-being and empowerment in their decision making. In order to achieve this, full cooperation and communication from all healthcare professionals, social services and relevant organisations as appropriate are required.*
Community-based care not following up significant causes for concern	

Not implementing recommendations for changes in medication	
Safeguarding issues	
Asthma management decisions and medication treatment regimes	
Inadequate initial therapy doses (according to step)	*Primary care to have oversight of whole prescription history, system of red flags for unexplained or excessive prescription requests over the expected requirement according to the BTS/SIGN asthma treatment step. Automatic review of patient triggered, which may be via telephone – telemedicine if not possible to get attendance in person within practice. Healthcare professional education given regarding knowledge and use of BTS/SIGN asthma treatment steps and best practice. Action required by healthcare professionals if any cause for concern regarding medication use or non-use noted.*
Not prescribing according to asthma guidelines	
Overprescribing SABA –short-acting beta$_2$ agonists (reliever inhalers)	
Treatment for COPD and not asthma hence no asthma review or plan for subsequent care needs according to asthma guidelines	
Failure to monitor prescribing – to ascertain adherence as well as poor control (excessive reliever bronchodilators)	
Problems related to asthma diagnosis and ongoing management	
Failure to confirm the diagnosis objectively	*Education for healthcare providers, observation and training updates, possibly linking into patient-held notes so that patients can assess for themselves the quality of care they have been provided against best practice guidelines. This would allow empowerment of patients in their own medication and related management of asthma (as according to LTC policy).*
Failures in ongoing assessment and monitoring of asthma, including formal assessment of control using questionnaires such as the RCP 3Q, ACT, GINA scores.	

Responding to poor control	
Inadequate (or absence of) asthma reviews, and lack of individualised asthma management plan	
Problems related to organisation and provision of care	
Failure to confirm the diagnosis objectively	*Significant review of healthcare provision and access to healthcare has occurred since April 2013; however, there are still differences in healthcare provision and variation in access to services based upon postcode and CCG decisions regarding purchasing of healthcare provision. Every CCG needs to have direct appropriate asthma care incorporated into their provision, including specialist GPs, practice nurse with specialist training, secondary care access and referral with direct partnership working occurring between secondary care physicians and primary care. Review of policies and access points for healthcare provision is required.*