



# Improving urgent care asthma management through guideline education

Case studies

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# Overview

**Organisation:** Hampshire & Isle of Wight ICB / Asthma + Lung UK

**Organisation type:** Integrated care board / Charity sector

This ongoing project aims to improve the management of asthma presentations across emergency departments (EDs), urgent treatment centres (UTCs) and urgent care services within GP practices/primary care networks (PCNs) by delivering targeted education aligned with the BTS, NICE and SIGN guideline, and Wessex Asthma Guidelines. Between October and December 2025, a series of online and in-person sessions were delivered to urgent care clinicians across Hampshire.

The education focused on acute asthma management, the introduction of anti-inflammatory reliever (AIR) and maintenance and reliever therapy (MART) regimes, and the transition towards SABA-free pathways. Engagement included collaboration with clinical nurse educators, pharmaceutical partners, and asthma leads at University Hospital Southampton (UHS) and Portsmouth Hospitals University NHS Trust (PAH) to ensure consistent messaging and alignment with system-wide initiatives.

Sessions were delivered to advanced practitioners, urgent care clinicians and rotating staff, with tailored content for each site. Feedback demonstrated strong relevance to clinical practice, improved confidence in managing asthma, and clearer understanding of AIR and MART approaches.

# Outcomes and learning

## Outcomes

- Increased clinician confidence in managing acute asthma presentations in urgent care settings.
- Improved understanding and explanation of AIR and MART regimes, with attendees reporting clearer knowledge and ability to communicate these to patients.
- Strengthened alignment between urgent care and primary care through shared guideline messaging.
- Enhanced awareness of SABA-free pathways and appropriate reliever prescribing.
- Development of early infrastructure for system-wide implementation, including collaboration with pharmaceutical partners and respiratory networks.
- Positive session engagement, with feedback describing content as "very relevant", "very clear", and "extremely useful", particularly around inhaler technique and MART in children.

## Learning

- Engagement varies significantly across urgent care sites due to workload pressures, staff turnover, and limited protected learning time.
- Consistent communication channels between ED and UTC teams and primary care are essential to support safe follow-up after acute asthma presentations.
- Centralised contact lists and ICB-supported coordination would streamline education delivery and reduce administrative burden.
- Recorded induction-style education is needed for rotating staff to maintain consistent knowledge levels.
- Data access remains a major barrier; without centralised reporting, it is difficult to measure impact on prescribing patterns or reattendance rates.

- System restructuring and staff changes can slow progress, highlighting the need for clear governance and sustained leadership support.

# Supporting information

For more information, please see the Hampshire & Isle of Wight Respiratory Medicines Optimisation Guidelines (including Wessex Asthma Guidelines).

## Quotes

"The session was extremely relevant to my practice. AIR and MART were explained very clearly, and I feel much more confident discussing these options with patients."

Advanced Nurse Practitioner, Southampton (2025).

"This was a really engaging update. The refresher on inhaler technique and the move towards SABA-free pathways was particularly useful."

Urgent Care Practitioner, Portsmouth (2025).

"Understanding MART in children was especially valuable. It's an area we don't often get detailed teaching on."

Nurse Practitioner, North Hampshire (2025).

## Contact details

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