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A study of school-based asthma reminders to improve attendance among pupils with asthma

Submission date 20/08/2026	**Recruitment status** No longer recruiting	[_] Prospectively registered [X] Protocol
Registration date 25/08/2026	**Overall study status** Ongoing	[_] Statistical analysis plan [_] Results
Last Edited 20/08/2026	**Condition category** Respiratory	[_] Individual participant data [X] Record updated in last year

Plain English summary of protocol

Background and study aim:
Asthma is a common long-term health condition in children. Asthma symptoms and school absences often increase when pupils return to school after the summer holidays. One possible reason is that some children may not take their prescribed preventer medication regularly during the summer.
The PLANES study is a pilot study testing whether simple reminders sent by schools to parents and carers can support the continued use of prescribed asthma preventer medication during the summer holidays. The study aims to find out whether this approach is practical and acceptable for schools and whether it may help reduce school absence among pupils with asthma. The findings will also help determine whether a larger national study should be conducted.

Who can participate?
Primary and secondary schools educating pupils aged 5-16 years can participate if they are able to:
1. Identify pupils recorded by the school as having asthma
2. Communicate with parents and carers through their usual school systems
3. Provide anonymised pupil attendance records
Attendance data will be included for both pupils with and without asthma. Parents and carers will be informed that their child's school is taking part in advance, and will be given the opportunity to opt their child out before anonymised data are transferred to the research team.

What does the study involve?
Participating schools will be randomly allocated to one of two groups.
Schools in the intervention group will send an initial communication to the parents or carers of pupils recorded as having asthma before the 2026 summer holiday. This will be followed by two brief reminder messages during the summer holiday, approximately two weeks apart. The reminders will encourage families to continue following the child's existing asthma treatment plan and prescribed preventer medication. They will not provide medical advice or change the child's treatment.
Schools in the comparison group will continue their usual practice and will not send the additional PLANES asthma reminders.
Schools in both groups will provide anonymised attendance records for the autumn terms of

2025 and 2026. The information collected will include school year, gender, attendance records and whether the pupil is recorded by the school as having asthma. No names, dates of birth, addresses or Unique Pupil Numbers will be provided to the research team.
A nominated member of staff from each school will also be invited to complete a brief online questionnaire about whether the study procedures were practical and acceptable.

What are the possible benefits and risks of participating?
The study may help improve understanding of how schools can support pupils with asthma and may contribute to future efforts to reduce school absence.
The study is considered low risk. Pupils and families are not asked to complete any research activities or share personal information with the research team.
The main disadvantage for schools is the additional administrative work involved in sending communications and preparing anonymised attendance data. Schools will receive a payment in recognition of their time and contribution.
Parents and carers who have concerns about their child's asthma will be advised to refer to the child's asthma action plan or contact their GP or asthma nurse.

Where is the study run from?
The study is being run by the University of Sheffield, Sheffield Centre for Health and Related Research, and will take place in participating primary and secondary schools in England (UK).

When is the study starting and how long is it expected to run for?
May 2026 to April 2027

Who is funding the study?
The study is funded by the Saudi Arabian Cultural Bureau in London as part of the principal researcher's PhD programme at the University of Sheffield (UK)

Who is the main contact?
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Study information

Scientific Title
Pilot Study Assessing a Communication Intervention on Absences in School-Aged Children with Asthma (PLANES): pragmatic cluster-randomised pilot study

Acronym
PLANES

Study objectives
1. To design the intervention in consultation with patient and public involvement (PPI) and implement it within the intervention group before and during the 2026 school summer holidays
2. To assess the feasibility of undertaking a school-based intervention within a pragmatic cluster-randomised controlled trial
3. To obtain preliminary data on school recruitment, retention, and follow-up, including pupils with asthma
4. To make a preliminary assessment of school attendance using routinely collected school attendance data for pupils with asthma
5. To make a preliminary assessment of school attendance using routinely collected school attendance data for pupils without asthma
6. To obtain data to inform the design of a definitive trial, including estimates of the intraclass correlation coefficient, standard deviations, response rates, and data completion rates

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 08/05/2026, School of Medicine and Population Health Ethics Committee (The University of Sheffield Western Bank, Sheffield, S10 2TN, United Kingdom; +44 (0)114 222 5522; clinmed-pophealth-rec@sheffield.ac.uk), ref: 073439

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Health services research, Prevention

Study type(s)

Health condition(s) or problem(s) studied
Asthma in school-aged children

Interventions
Participating schools were randomised in a 1:1 ratio to either the intervention group or the usual-practice control group. Randomisation was conducted at the school level using a computer-generated allocation sequence and was stratified by school type (primary or secondary).

Schools allocated to the intervention group will send a series of reminder communications to parents/carers of pupils recorded by the school as having asthma. The aim is to remind parents /carers about the importance of continuing their child's prescribed preventer asthma medication during the summer holiday and before the return to school. The communication will not provide medical advice or alter the child's prescribed treatment. Initially, a letter will be sent approximately one to two weeks before the summer holiday. Schools will then send two brief reminder prompts during the summer holiday, approximately two weeks apart, using their routine communication systems, such as SMS, WhatsApp or a school app.

Schools allocated to the control group will continue their usual practice and will not send the additional PLANES asthma communications.

In both groups, schools will provide anonymised pupil attendance records for the autumn term of 2025, before the intervention, and the autumn term of 2026, after the intervention. Attendance data will be collected for pupils with and without asthma. Parents/carers may opt their child out of the study or withdraw their child before the anonymised data are transferred to the research team.

At the end of the study, relevant school staff will be invited to complete a brief online survey about the acceptability and feasibility of the study procedures.

Intervention Type
Behavioural

Primary outcome(s)
1. School recruitment response, measured using the number of schools approached, number responding to the study invitation, number submitting an expression of interest, and number

formally agreeing to participate. Results will be reported as counts and proportions of schools approached. This will be assessed throughout the school recruitment period, with final assessment at the end of recruitment in June 2026.

2. School recruitment within the planned timeframe, measured using the number of schools successfully recruited within the planned 2-month recruitment period and the number subsequently randomised to the intervention or control group. This will be assessed at the end of the 2-month recruitment period in June 2026 and at completion of randomisation.

3. School retention and adherence to study procedures, measured using the number and proportion of participating schools that remain enrolled and complete the procedures required by the study protocol. For intervention schools, this includes delivery of the initial reminder letter and two summer reminder prompts. For all schools, this includes sending the study information and opt-out form to all parents/carers and completing the required data collection procedures. This will be assessed throughout the study period, with final assessment at completion of data submission in January 2027.

4. Feasibility and completeness of attendance-data collection, measured using the number and proportion of participating schools submitting the required anonymised attendance dataset, and the proportion of required pupil-level data fields that are complete for the baseline and follow-up periods. This will be assessed at after submission of attendance data for the baseline and follow-up periods in January 2027. Attendance data cover the baseline period from September to December 2025 and the follow-up period from September to December 2026.

5. Number of eligible children with asthma per school, measured using the number of children in each participating school who are recorded by the school as having asthma and are eligible for inclusion in the study, reported as a count per school and summarised across participating schools. This will be assessed by school staff at before delivery of the intervention in summer 2026 and once anonymised data are submitted in January 2027.

Key secondary outcome(s)

1. Proportion of children with asthma with at least one school absence, measured using the number of eligible children recorded by the school as having asthma who have at least one school absence, divided by the total number of eligible children with asthma. This will be calculated from anonymised school attendance records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

2. Mean number of school days missed by children with asthma, measured using the mean number of school days missed per child with asthma, calculated from anonymised school attendance records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

3. Time to first school absence among children with asthma, measured using the number of days from 1 September to the first recorded school absence among children with asthma. This will be calculated from anonymised school attendance records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

4. Proportion of children without asthma with at least one school absence, measured using the number of children without asthma who have at least one school absence, divided by the total number of children without asthma. This will be calculated from anonymised school attendance

records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

5. Mean number of school days missed by children without asthma, measured using the mean number of school days missed per child without asthma, calculated from anonymised school attendance records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

6. Time to first school absence among children without asthma, measured using the number of days from 1 September to the first recorded school absence among children without asthma, calculated from anonymised school attendance records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

7. Total number of school absence days per participating school, measured using the total number of days of school absence recorded among all pupils within each participating school, calculated from anonymised school attendance records. This will be assessed at baseline: September 2025 and September to December 2025; and follow-up: September 2026 and September to December 2026.

Completion date
30/04/2027

Eligibility

Key inclusion criteria
Eligible schools will be primary or secondary schools in England educating pupils aged 5 to 16 years and agreeing to take part in the trial. Schools must be able to identify pupils recorded as having asthma, send the reminder communications if allocated to the intervention group, and provide anonymised attendance data for the study periods: September-December 2025 (baseline) and September-December 2026 (follow-up).

Eligible pupils will be those aged 5-16 years who are enrolled at a participating school and included in the relevant attendance records.

Healthy volunteers allowed
No

Age group
Child

Lower age limit
5 Years

Upper age limit
16 Years

Sex
All

Total final enrolment

Key exclusion criteria
Schools will be excluded if they do not meet the inclusion criteria or decline to participate in the trial.

Pupils whose parents/carers have opted out of the study or withdraw before anonymised data transfer will also be excluded from the dataset.

Date of first enrolment
11/05/2026

Date of final enrolment
26/06/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Sheffield
Western Bank
Sheffield
England
S10 2TN

Sponsor information

Organisation
University of Sheffield

ROR
https://ror.org/05krs5044

Funder(s)

Funder type

Funder Name

Saudi Arabian Cultural Bureau

Alternative Name(s)
The Saudi Arabian Cultural Bureau, SACB

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Saudi Arabia

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other files	Expression of interest form		20/08/2026	No	No
Participant information sheet	version 2		20/08/2026	No	Yes
Participant information sheet			20/08/2026	No	Yes
Protocol file	version 5	21/05/2026	20/08/2026	No	No