**2023 -2024 Proposed Primary Care Sustainability Incentivisation Offer**

The following can be led by trainees &/or members of the practice team.

Please choose 3 QIMPs from at least two different sections.

**Section A – Medication**

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| 1 | Establish a system for performing SMRs on all patients with >10 medications on repeat, and provide evidence to confirm that these are being carried out in a systematic manner.**\*** |
|  | Audit data suggests approx. £1000 annual savings per 20 patients from structured medication reviews of polypharmacy. Savings to NHS £2500 per 50 patients per year. |
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| 2 | Liaise with your community pharmacy to set up a patient education system to decrease waste. Provide evidence of the scheme set up and of patient knowledge improvement. |
|  | Savings to the NHS inevitable but unquantified. |
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| 3 | Set up a system for review & follow up of patients on high carbon footprint inhalers, Flutiform MDI (£28, CO2e **37kg**) and Symbicort MDI (£28, CO2e **37kg**) and employ shared decision making to explain the environmental benefits of changing to lower carbon footprint inhalers without losing disease control. Provide evidence via open prescribing that your numbers are decreasing. *The closest alternatives to Flutiform and Symbicort MDIs are other formoterol containing inhalers:* *DPIs; Fobumix ( £21.50, CO2e* ***1kg****), Symbicort turbohaler ( £28, CO2e* ***1kg****), Fostair NEXThaler ( £29.32, CO2e* ***1kg****) and MDIs Luforbec (£20.52, CO2e* ***11kg****), Fostair MDI ( £29.32, CO2e* ***12kg****)****.\*\**** |
|  | Preventer inhalers are usually issued every month. Changing to Luforbec or Fobumix will save approx. £7 per month. Savings to NHS of £4200 per 50 patients per year. |
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| 4 | Using shared decision making explain the environmental benefits of changing to lower carbon footprint DPI inhalers for both treatment & rescue therapy without losing disease control. Provide evidence of your process for changing these patients & screenshots of the falling average carbon footprint of your rescue inhalers from open prescribing. |
|  | Cost neutral to NHS. DPI reliever inhalers have a slightly higher acquisition cost but doses cannot be released inadvertently as with an MDI. |
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| 5 | Review COPD patients on a combination of an ICS/LABA Fostair, Symbicort or Airflusal inhaler & a LAMA inhaler. Using shared decision making explain the environmental benefits of changing from triple therapy in two inhalers to a single combined ICS/LABA/LAMA inhaler (preferably DPI Trelegy or otherwise MDI Trimbow) Provide evidence of changes with audit searches or screen shots of your open prescribing data. |
|  | Cost of these ICS/LABA inhalers approx. £29, cost of LAMA approx. £20. Cost of DPI (or MDI) ICS/LABA/LAMA = £44.50. Savings to NHS of £2700 per 50 patients per year. |

**Section B – Waste**

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| 1 | Install electric hand driers in toilets.   Provide evidence of the number of paper towels this is saving per week.    |
|  | Estimated financial savings to practice from a toilet using 500 paper towels a week approx £600 per annum. Hand driers cost £50-£100. Carbon savings from avoided towel production and incineration 300kg/year |
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| 2 | Send text messages to patients via the NHS app or text instead of letters.  Provide evidence of the systems you have changed. |
|  | Estimated financial savings per 1000 letters £1,100 before postage and 140kg CO2e |
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| 3 | Put unsoiled couch paper into the domestic waste instead of the clinical waste, to be incinerated at a lower temperature.   Provide evidence of a decrease in weight of the clinical waste you are sending for incineration. |
|  | Estimated CO2 saving of 860 kg CO2e per tonne of waste NHS saving from cheaper incineration |
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| 4 | Educate your workforce about the WHO steps for handwashing and decrease unnecessary disposable glove use. Provide evidence of the education you have given and the plan you have implemented.  |
|  | Estimated financial savings £6.00 per box of 100 gloves, carbon savings 2.6kg per box of gloves |
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| 5 | Implement a system to send sick notes via AccuRx instead of requiring patients to come and pick up a paper copy.  |
|  | Estimated financial savings for 1000 sheets of paper - £8.00. CO2e savings 1202 kg from 1000 x 6km round drip avoided |
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**Section C – Testing**

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| 1 | Look at your routine blood monitoring systems and modify to reduce over testing *(eg only doing 3 monthly DMARD bloods\*\*\* for stable patients, bringing back patients for LFT and cholesterol at same appointment 12 weeks after initiating a statin).* |
|  | Estimated financial savings £200 per 100 HCA appointments and 164.5 kg CO2e for patient travel avoided and blood analysis. Savings to NHS approx. £870 for 100X standard set of bloods |
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| 2 | Implement a system to check on ICE that annual blood tests haven’t already been done by the hospital. Provide evidence that this is taking place.  |
|  | Estimated financial savings £200 per 100 HCA appointments and 62.5kg CO2e for patient travel avoided, savings to NHS approx. £870 for standard set of bloods |
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| 3 | Implement a system to use the test ‘add on’ website to request additional tests instead of calling patients back to take blood again. Show evidence that your system is working. **http://ghcsrv040.glos.nhs.uk/pathologyaddontests/** |
|  | Estimated financial savings £200 per 100 HCA appointments and 62.5kg CO2e for patient travel avoided |
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| 4 | Design an annual one stop clinic visit system for chronic disease monitoring measurements in suitable patients (bloods, blood pressure, diabetic foot check, weight, PEFR, inhaler technique). Clinical review to take place later with trained professionals via telephone. |
|  | Estimated financial savings £200 per 100 HCA appointments and 62.5kg CO2e for patient travel avoided |