



Queen Mary  
University of London

# Investment and Impact Fund 2022 / 23: High Quality Care/ Sustainable NHS Domains

02 November 2022

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# Introduction

Today:

2 November 2022  
**Providing High  
Quality Care &  
Sustainable NHS**

Covered:

19 October 2022  
**Prevention and  
Tackling Health  
Inequalities**

# Enhanced Health in Care Home (EHCH) Age 18≥

**EHCH-01:** Living in a care home as a percentage of care home beds aligned to PCN

**Threshold: 30% - 85% Pts: 18 pts**

**EHCH-02:** Percentage of care home residents who had personalised care & support plan (PCSP) agreed or reviewed

**Threshold: 80% - 98% Pts: 18 pts**

## What do you need to do?

- Record number of beds in Care Home on CQRS

In your clinical system, record using following codes:

- 160734000 Living in nursing home
- 394923006 Living in residential home
- 248171000000108 Lives in care home (finding)
- 1240291000000104 Living temporarily in care home

## When a patient moves out – record one of the following:

- Moving to new residence
- Lives in own home

## EHCH-02: - PCA:

- . Patient chose not to receive the intervention
- . Registration with general practitioner practice aligned to care home declined

# EHCH Age 18 $\geq$ Continued

**EHCH-04:** - Mean no of patient contacts as part of weekly care home round per care home resident

**Threshold:** Mean of 6 (LT) - 8 (UT) patient contact per care home resident

**Pts:** 13 pts

**Exclusions:** Not living in care home at end of reporting period

## What do you need to do?

- Appointments to be mapped to the 'patient contact during care home round' appointment category
- Appointments can be attended, booked or DNA.

**EHCH-06:** Standardised number of emergency admissions has been deferred

## AC-02: Standardised number of emergency admissions for specified Ambulatory Care Sensitive Conditions per registered patient

**Thresholds: Reduction 0 (LT), 0.001 (UT). Absolute 0.01 (LT), 0.008 (UT)**

**Pts: 111**

### **Data Source:**

- Numerator: Hospital Episode Statistics (HES) – Admitted Patient Care Dataset
- Denominator: NHAIS/PDS

### **What do you need to do?**

- Effective LTC management in general practice
- Rapid primary care response to acute presentations

**CAN-01-** Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the 21 days leading up to the referral, or in the 14 days after the referral.

**Threshold:** 40% – 80%

**Pts:** 22 pts

### What do you need to do?

- Refer patients within 21 days of positive FIT test result
- Send a FIT test when referring to Lower GI 2ww
  - Unless anal ulceration or anal/rectal mass

← **Change to  
time period**

**PCA:** anal ulceration or anal or rectal masses  
Provision of faecal immunochemical test kit declined

# Access Indicators

**ACC-07:** No. of pre-referral specialist advice and guidance requests across 12 specialties identified for acceleration of delivery per outpatient first attendance

**Threshold:** 0.066 – 0.19%

**Pts:** 44 pts

**ACC-09:** No. of referrals to community pharmacist consultation service

**Threshold:** 34 per 1000 pts per year

**Pts:** 27 pts

[Toolkit for General Practice and PCN minor illness pathway](#)

**ACC-09: What do you need to do?**

- Code Referral to Community Pharmacist Consultation Service - 1362511000000107 **or**

**for refusal**

- Referral to Community Pharmacist Consultation Service refused - 1362521000000101

# ACC-09 – List of CPCS Symptoms

- acne, spots and pimples
- allergic reaction
- ankle or foot pain or swelling
- arm pain or swelling
- athlete's foot
- bites or stings, insect or spider
- blisters
- cold or flu
- constipation
- cough
- diarrhoea
- earache, ear discharge or ear wax
- eye, red or irritable
- eye, sticky or watery
- hair loss
- headache
- hip, thigh or buttock pain or swelling
- knee or lower leg pain or swelling
- lower back pain
- lower limb pain or swelling
- mouth ulcers
- rectal pain, swelling, lump or itch
- shoulder pain
- skin, rash
- sleep difficulties
- sore throat and hoarse voice
- tiredness (fatigue)
- toe pain or swelling
- vaginal discharge
- vaginal itch or soreness
- vomiting
- wound problems – management of dressings
- wrist, hand or finger pain or swelling.



# Access Indicators

## Deferred:

**ACC-02:** – No. online consultation submissions received

**ACC-08:** – % of patients whose time from booking to appointment was 2 weeks or more

## Retired:

**ACC-05:** – Using GP Patient survey results to identify groups experiencing inequalities and develop, publish and implement a plan to improve experience and access for those groups

# Structured Medication Review and Medicines Optimisation

**SMR-01A:** % of patients 18 $\geq$  at **risk of harm** due to medication errors who received a SMR



**Threshold: 44% – 62% Pts: 26 pts**

**Threshold: 44% – 62% Pts: 9, for each of the following indicators**

**SMR-01B:** % of patients living with **severe frailty** who received a structured medication review

**SMR-01C:** % of patients using **potentially addictive medicines** who received a structured medication review

**SMR-01D:** % of **permanent care home residents** aged 18 or over received a structured medication review

[SMR Guidance](#)

**SMR-01A:** % of patients 18 $\geq$  at **risk of harm** due to medication errors who received a SMR



**Threshold: 44% – 62% Pts: 26 pts**

- Patients aged 65 or over prescribed an **oral NSAID** and **not** prescribed **gastroprotection**
- Patients aged 18 or over with a **history of peptic ulceration** prescribed an **oral NSAID**
- Patients aged 18 or over with a **history of peptic ulceration** prescribed an **anti-platelet**
- Patients aged 18 or over prescribed **both an oral anticoagulant** and an **oral NSAID** within **28 days of each other**
- Patients aged 18 or over prescribed **both an oral anticoagulant** and an **anti-platelet** within **28 days of each other**
- Patients aged 18 or over prescribed **both aspirin** and another type of **anti-platelet** within **28 days of each other**
- Patients aged 18 or over with an **unresolved heart failure** diagnosis prescribed an **oral NSAID**
- Patients aged 18 or over with an **eGFR of less than 45ml** per minute prescribed an **oral NSAID**
- Patients aged 18 or over with an **unresolved asthma** diagnosis prescribed a **non-selective beta-blocker**

# Structured Medication Review and Medicines Optimisation

**Threshold:** 44% – 62% **Pts:** 9, for each of the following indicators

**SMR-01C:** % of patients using **potentially addictive medicines** who received a structured medication review

Cohort 1: Patients with 2 or more prescriptions over a 3-month period for any of the following four classes of medicine:

- Gabapentinoids.
- Benzodiazepines.
- Z-drugs.
- Any oral or transdermal opioid other than:
  - Weak opioids (Codeine, Dihydrocodeine, Meptazinol).
  - Heroin substitutes (including Methadone, Buprenorphine).

Cohort 2: Patients with a single prescription for an oral or transdermal opioid with > 120 mg oral morphine equivalent

# Structured Medication Review and Medicines Optimisation

**Threshold: 85% – 90% Pts: 4 pts, for each of the two following indicators**

**SMR-02A:** % of patients **aged 18 $\geq$**  prescribed both (NSAID) **and** an oral anticoagulant from 1st January 2022 to 1st April 2022 and from 1<sup>st</sup> January 2023 to 1st April 2023 were either

- (i) no longer prescribed an NSAID or
- (ii) prescribed a gastroprotective in addition to both an NSAID and an oral anticoagulant

**SMR-02B:** % of patients **aged 65 $\geq$**  Prescribed with NSAID and **NOT** on oral anticoagulant from 1st January 2022 to 1st April 2022 and from 1<sup>st</sup> January 2023 to 1st April 2023 were either

- (i) no longer prescribed an NSAID or
- (ii) prescribed a gastroprotective in addition to an NSAID



# Structured Medication Review and Medicines Optimisation

**Threshold: 75% – 90%**    **Pts: 4 pts, for each of the two following indicators**

**SMR-02C:** Aged 18≥ prescribed both an **oral anticoagulant** and an anti-platelet from 1st January 2022 to 1st April 2022 and from 1<sup>st</sup> January 2023 to 1st April 2023 who were either

- (i) no longer prescribed an anti-platelet **or**
- (ii) prescribed a gastroprotective in addition to both oral anticoagulant and an anti-platelet

**SMR-02D:** Aged 18≥ prescribed **aspirin** and another anti-platelet from 1st January 2022 to 1st April 2022 and from 1<sup>st</sup> January 2023 to 1st April 2023 were either

- (i) no longer prescribed aspirin and/or no longer prescribed an anti-platelet **or**
- (ii) prescribed a gastroprotective in addition to both aspirin and another anti-platelet

**Threshold: 50% – 75%**

**Pts: 13**

**SMR-03:** Prescribed a DOAC, who received a renal function test and a recording of their weight and creatinine clearance rate along with a recording of their DOAC dose was either changed or confirmation of no change

## Respiratory Indicators:

**Threshold:** 71% (LT) – 90% (UT)

**Pts:** 31

**RESP-01:** % of patients on QOF Asthma register who received 3 or more prescribed an inhaled corticosteroid (ICS or ICS/LABA) in previous 12 months

PCA:

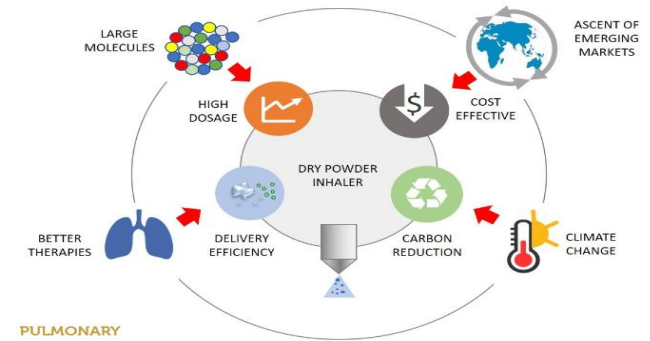
- 'Inhaled corticosteroid not indicated' code,
- 'Mild asthma' coded (without subsequent moderate or severe code)
- Patients with < 3 SABA issues (<4 if <18yo) in same 12-month period

**Threshold:** 25% (LT) – 15% (UT)

**Pts:** 22

**RESP-02:** % of Patients of QOF Asthma register who received 6 or more SABA inhaler prescriptions in previous 12mts

DRY POWDER INHALERS: TOWARDS EFFECTIVE, AFFORDABLE, SUSTAINABLE RESPIRATORY HEALTHCARE



# Sustainable NHS- Environmental Sustainability Indicators

**Threshold:** 44% (LT) – 35% (UT)

**Pts:** 27

**ES-01:** MDI prescriptions as % of all non-salbutamol inhaler prescriptions issued to patients aged 12 or over

- Exclusions: “Dry powder inhaler not indicated”

**Threshold:** 22.1 kg CO<sub>2</sub>e (LT) – 18.0 kg (UT) CO<sub>2</sub>e **Pts:** 44

**ES-02:** Mean carbon emissions per salbutamol inhaler prescribed (kg CO<sub>2</sub>e) on or after 1<sup>st</sup> October 2022





# Sustainable NHS- Environmental Sustainability Indicators

**Threshold: 22.1 kg CO<sub>2</sub>e (LT) – 18.0 kg (UT) CO<sub>2</sub>e Pts: 44**

**ES-02:** Mean carbon emissions per salbutamol inhaler prescribed (kg CO<sub>2</sub>e) on or after 1<sup>st</sup> October 2022

Prescribing term	Carbon emissions per inhaler (kg CO <sub>2</sub> e)
Ventolin Evohaler 100 microgram	28.26
Salbutamol CFC free Inhaler 100 microgram (GENERIC)	25.24
Salamol Easi-Breathe 100 microgram	12.08
Salamol CFC-Free Inhaler 100 microgram	11.95
Salbutamol CFC free breath actuated inhaler 100 microgram (GENERIC)	11.79
Airomir 100 microgram	9.72
Airomir Autohaler 100 microgram	9.72
Salbulin Novolizer 100 microgram	3.75
Easyhaler Salbutamol 100 microgram	0.62
Easyhaler Salbutamol 200 microgram	0.62
Ventolin Accuhaler 200 microgram	0.58



# Sustainable NHS- Environmental Sustainability Indicators

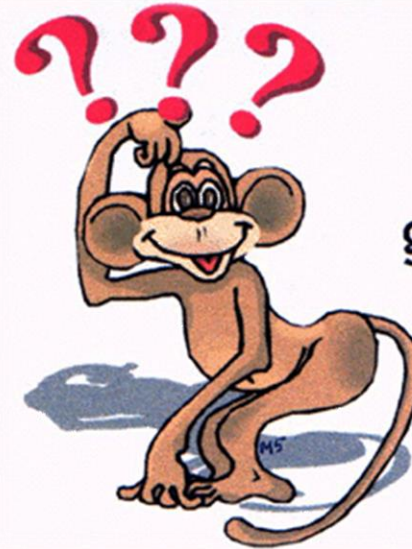
**Threshold: 22.1 kg CO<sub>2</sub>e (LT) – 18.0 kg (UT) CO<sub>2</sub>e Pts: 44**

**ES-02:** Mean carbon emissions per salbutamol inhaler prescribed (kg CO<sub>2</sub>e) on or after 1<sup>st</sup> October 2022

- Please note applies to prescriptions **after** 1<sup>st</sup> October 2022.
- We recommend switching patients onto the most appropriate lowest carbon footprint inhaler possible
- However, given patient choice and cost, we recommend referring to the table to identify the lowest carbon footprint inhaler possible, given the upper threshold is 18.0kg CO<sub>2</sub>e as some MDI fall within this.



# Any Questions?



Questions  
are  
guaranteed in  
life;  
Answers  
aren't.

# How we can support you

- Searches
- Templates
- Virtual or face-to-face practice visits
- Monthly dashboard:  
<https://www.qmul.ac.uk/blizard/ceg/dashboards/>

**Username:** CEGdashboards

**Password:** NELh3@lth



CEG City & Hackney team

# Local support teams

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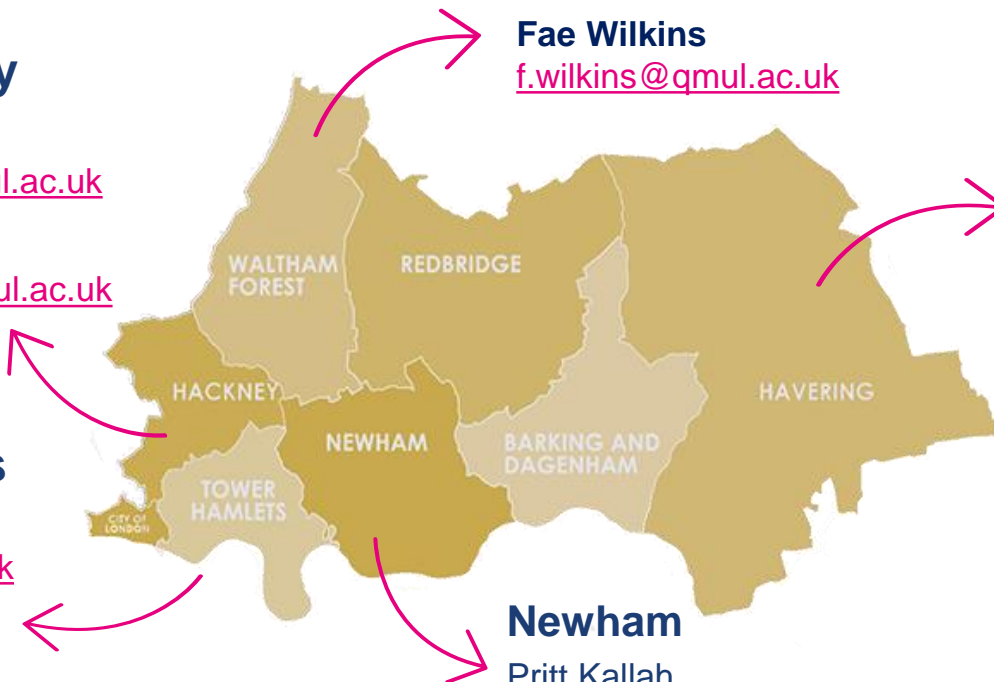
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