

Domain & Area		What do I need to do?
Prevention and tackling health inequalities	Vaccination and immunisation	<ul style="list-style-type: none"> • Provide flu vaccinations to: <ul style="list-style-type: none"> ○ people aged over 65 ○ people who clinically at risk ○ children aged 2 – 3
	Tackling health inequalities	<ul style="list-style-type: none"> • Complete annual Learning Disability Health Checks and Health Action Plans for patients on the Learning Disability register • Code ethnicity information for all patients in GP clinical systems
	CVD prevention	<ul style="list-style-type: none"> • Confirm or exclude hypertension diagnosis for more patients with high blood pressure, through clinically appropriate follow-up • Prescribe statins to patients with higher CVD risk • Assessment and diagnosis of familial hypercholesterolaemia in patients with high cholesterol • Treat patients with atrial fibrillation with DOACs in line with NICE guidance • For patients treated with DOACs, consider prescribing Edoxaban where clinically appropriate
Providing high quality care	Personalised care	<ul style="list-style-type: none"> • Refer patients to social prescribing where this could be beneficial
	Enhanced health in care homes	<ul style="list-style-type: none"> • Ensure care home resident status is coded in GP clinical systems • Provide key elements of the Enhanced Health in Care Homes service to care home residents
	Anticipatory Care	<ul style="list-style-type: none"> • Provide effective long-term condition management and rapid response to acute presentation, aiming for a moderate reduction in emergency admissions for Ambulatory Care Sensitive Conditions (ACSCs)
	Cancer	<ul style="list-style-type: none"> • Ensure lower gastrointestinal two week wait (fast track) cancer referrals are accompanied by a faecal immunochemical test (FIT) result
	Access	<ul style="list-style-type: none"> • Use pre-referral Specialist Advice (i.e. Advice and Guidance) services where appropriate • Increase use of Community Pharmacist Consultation Service
	Structured medication reviews and medicines optimisation	<ul style="list-style-type: none"> • Provide Structured Medication Reviews (SMRs) to patients who are eligible for them • Review patients who are prescribed medicines, alone or in combination, which have higher risk of harm such as dependency or gastrointestinal haemorrhage. • Review patients who are prescribed DOACs, recording their creatinine levels, weight and calculating Creatinine Clearance to ensure the dose is correct.
Respiratory care	<ul style="list-style-type: none"> • Increase use of inhaled corticosteroid (ICS) inhalers where appropriate for patients with asthma to improve disease management and reduce unnecessary SABA use • Decrease avoidable prescribing of SABA inhalers for asthma patients 	
A Sustainable NHS	Environmental sustainability	<ul style="list-style-type: none"> • Decrease use of MDI inhalers by prescribing dry powder inhalers (DPIs) and soft mist inhalers (SMIs) where clinically appropriate and agreed with patient through a shared decision making conversation • When prescribing MDI salbutamol inhalers, prescribe inhalers which have lower carbon emissions