**Worksheet 3 GP – Developing and prioritising improvement ideas (Facilitator Version 06-23)**

Background information

The driver diagram can be used to generate improvement ideas. Using the principles of sustainable healthcare, your ideas can be structured to address the two primary aims of sustainable healthcare-reducing healthcare activity and reducing the carbon intensity of healthcare. These aims will aim you to achieve the overall outcome of reducing carbon without reducing health.

There are often many potential improvement ideas that can be generated for our identified problem or ideal outcome. By understanding the impact of a potential improvement (in terms of environmental, social and health outcomes) as well its feasibility, you can start to prioritise the most impactful and achievable improvement.

# Activity – Prioritising improvement ideas

**Task: Score the impact and feasibility of improvement ideas for reducing readmission cycles amongst the eldery with chronic respiratory disease.** Take each improvement idea in turn, and give it a score from 0-3 (0=no impact, 3=highest impact). You might also want to think of your own idea and add it to the list, using the principles of sustainable healthcare to inspire ideas.

Write your answers in the **Prioritising improvement ideas table 1. below**. (Please appoint a scribe in your group and someone to feedback your answers when you return to the whole group).

# Scenario

Rita is 53 years old. She was diagnosed with type 2 diabetes mellitus by her GP in 2015 and is now insulin dependent. She has no relevant medical history and drinks 7 units of alcohol a week. She is due for her annual diabetic review at her GP and as English is not her first language, Dr Shetty communicates with her in Hindi.

During the review, her blood pressure, height and weight is taken as well as bloods (HbA1c, lipid profile, U+Es and LFTs). She admits to poor compliance to insulin and lifestyle management prompting a referral to the Endocrine department at her local trust. As a result, Rita is suffering from a chronic foot ulcer and has to be seen by a district nurse fortnightly for redressing (26 times a year). She is currently on Trulicity 0.75mg injections and Dr Shetty is happy with this regimen. She travels 3km to and from the GP by taxi. She lives alone in a ground floor flat located within a busy city centre with poor access to green space.

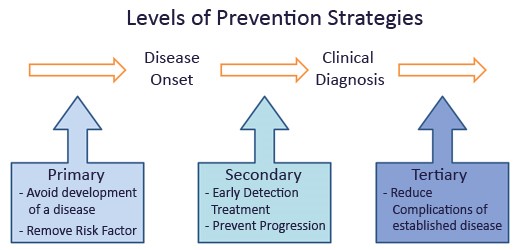
You notice that Rita is a frequent attender of the GP with 5 presentations related to diabetic complications in the last year excluding her annual diabetic review. You discuss this case at the practice meeting where you discover many similar patients are reporting poor compliance to management and as a result presenting with complications of diabetes. To investigate this further, you decide to do an audit and discover that 200 insulin dependent diabetic patients that visit the GP 3 times a year are referred to tertiary services for foot ulcer related complications. You also notice that 8% drink more than the weekly recommended intake and 30% have a first language other than English.

***Facilitator Note:*** *The purpose of this scenario is to encourage students to think about what might be the best solutions to the complex problem of poorly controlled diabetes. Learners might think about ways in which therapy might be optimised but also alternative ways of addressing her poor compliance and diabetic control. This scenario gets learners to think about avoidable and preventable appointments, hospital admissions and complications, and ways in which care could be adapted to better suit patients. The focus should be on how we help patients like Rita to improve her quality of live and avoid the complications of associated with poor diabetes control.*

**Activity 1 – Developing improvement ideas**

**Use the editable driver diagram table (table 1) below to help you think of improvement ideas for reducing readmission cycles amongst the elderly with chronic respiratory disease under each of the principle of sustainable healthcare categories. Consider broader areas under each heading that could be tackled first (secondary drivers), and then see if you can think of specific project ideas.**

**Before you do this, have a look at the levels of prevention below, which have been reproduced from the** [**PCORE (Primary Care Online Resource and Education) online learning platform**](https://edblogs.columbia.edu/pcore/prevention/prevention-preventive-services/)**, as they may help you to think about the different types of Prevention intervention.**



**Table 1: Driver diagram table: Developing improvement ideas for reducing the environmental impact readmission cycles amongst the elderly with chronic respiratory disease**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intended Outcome** | **Primary Driver – We need to ensure …** | **Secondary Driver – Which requires** | **Project ideas – Broad ideas or specific projects** |
| Minimising the environmental, social and financial impacts of poorly controlled diabetes. | **Reduce Activity** | 1. Prevent avoidable disease | Develop social cooking and nutrition group in community  Improve access/subsidize low sugar foods in community  Referral to alcohol cessation services |
| 2. Empower patients to improve disease management | DIabetes education outreach in local community groups  Educational home visit  Peer led diabetes education in surgery |
| 3. Ensure lean clinical pathways/systems | Community access to Diabetes review and support  Review medication wastage and prescribing |
| Reduce Carbon Intensity | 4. Switch to lower carbon alternatives | Telephone review where possible |
| 5. Improve operational resource use (e.g. equipment, energy, water) | Green energy supply in surgery  Minimise need for incineration of waste produced |

**Activity 2 – Prioritising improvement ideas**

**Task: Score the impact and feasibility of improvement ideas for reducing readmission cycles amongst the elderly with chronic respiratory disease.** Take each improvement idea in turn, and give it a score from 0-3 (0=no impact, 3=highest impact). You might also want to think of your own idea and add it to the list, using the principles of sustainable healthcare to inspire ideas.

Write your answers in the **Prioritising improvement ideas table 1. below**. (Please appoint a scribe in your group and someone to feedback your answers when you return to the whole group).

***Facilitator note:*** *Encourage students to think about each of the outcomes in an overall, general sense. The main task is to appreciate how social, health and environmental impacts may differ by intervention and to think about how to weigh these up with feasibility. One example has been added, and others should be added from activity 1 above. Try to select a variety of idea types, from easier to more advanced project ideas.*

**Prioritising improvement ideas table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Opportunity | Health Impact (0-3) | Environmental Impact (1-3) | Social impact (1-3) | Feasibility (1-3) |
| *e.g. Diabetes outreach in local community groups* |  |  |  |  |
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