# IIF 2022/23

## One page summary for primary care teams: What do I need to do?

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| Prevention and tackling health inequalities | **Vaccination and immunisation** | • Provide flu vaccinations to:<br>  • people aged over 65<br>  • people who are clinically at risk<br>  • children aged 2 – 3 |
| | **Tackling health inequalities** | • Complete annual Learning Disability Health Checks and Health Action Plans for patients on the Learning Disability register<br>• Code ethnicity information for all patients in GP clinical systems. |
| | **CVD prevention** | • Confirm or exclude hypertension diagnosis for more patients with high blood pressure, through clinically appropriate follow-up<br>• Prescribe statins to patients with higher CVD risk<br>• Refer suitable patients with high cholesterol levels to assessment for familial hypercholesterolaemia<br>• Treat patients with atrial fibrillation with DOACs in line with NICE guidance<br>• For patients treated with DOACs, consider prescribing more of them Edoxaban where clinically appropriate |
| Providiang high quality care | **Personalised care** | • Refer patients to social prescribing where this could be beneficial |
| | **Enhanced health in care homes** | • Ensure care home resident status is coded in GP clinical systems<br>• Provide key elements of the Enhanced Health in Care Homes service to care home residents<br>• Work to improve care and outcomes for care home residents, aiming for a moderate reduction in emergency admissions |
| | **Anticipatory care** | • 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** | • Ensure lower gastrointestinal two week wait (fast track) cancer referrals are accompanied by a faecal immunochemical test (FIT) result |
| | **Access** | • Provide online consultations as part of a choice of ways to access GP services<br>• Develop and implement a plan to improve access for a patient group experiencing inequalities of access in your area<br>• Use pre-referral Specialist Advice (i.e. Advice and Guidance) services where appropriate<br>• Reduce waiting times for patients booking an appointment with a GP service<br>• Increase use of Community Pharmacist Consultation Service |
| | **Structured medication reviews and medicines optimisation** | • Provide Structured Medication Reviews (SMRs) to patients who are eligible for them<br>• Review patients who are prescribed medicines, alone or in combination, which have higher risk of harm such as dependency or gastrointestinal haemorrhage.<br>• Review patients who are prescribed DOACs, recording their creatinine levels, weight and calculating Creatinine Clearance to ensure the dose is correct |
| | **Respiratory care** | • Increase use of inhaled corticosteroid (ICS) inhalers for appropriate asthma patients to improve disease management and reduce unnecessary SABA use<br>• Decrease avoidable prescribing of SABA inhalers for asthma patients |
| A sustainable NHS | **Environmental sustainability** | Alongside the indictors in the respiratory care area, deliver high quality, lower carbon respiratory care for patients:<br><br>• 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<br>• When prescribing MDI salbutamol inhalers, prescribe inhalers which have lower carbon emissions (see IIF Guidance for details) |

For detailed information, advice and clinical resources relating to all IIF indicators, please consult IIF 2022/23 Guidance on the NHS England and NHS Improvement GP Contract webpages.