

UNHEALTHY BEHAVIOURS

GMS Quality Improvement project 2023/24



Name of Practice: XXXXXXXXXXXXXXXXXXXXXXXX
 Name of Cluster: XXXXXXXXXXXXXXXXXXXXXXXX

PLAN: Understanding the problem

Recording of data concerning 'unhealthy behaviours' for both newly registered patients and patients with long term chronic conditions was varied.

PLAN: Involving others

Everyone in the Practice was involved. The whole clinical team, the reception team, admin team and management were aware of the importance of this work.

PLAN: Aim: What are we trying to accomplish?

We decided to focus on recording data on alcohol, smoking, BMI, using agreed Read Codes for new registrations & existing patients with diabetes, stroke, heart failure, IHD, AF, Hypertension, Asthma and COPD.

We also agreed to document any interventions offered, such as a referral to the Healthy Weight: Healthy Wales, the All-Wales Weight Management Pathway, the National Exercise Referral Scheme, Help Me Quit or the All-Wales Diabetes Prevention Programme.

Due to the number of patients involved we will take a mixed method approach to collect this data through questionnaires and face to face appointments.

We decided to review progress at least quarterly from the start date of September 2023 but use March 2023 data as a baseline.

PLAN: Measures: How will we know a change is an improvement?

We had not gathered data on this before, so had no baseline readily available.

We used data from the PCIP Dashboard for newly registered patients and Read Code capturing within new patient checks and all 'chronic condition appointments'

We decided to agenda a discussion on our progress at every monthly clinical meeting to remind ourselves of the importance of this work. We then planned a formal data collection every 3 months.

DO: What changes did we make could result in an improvement?

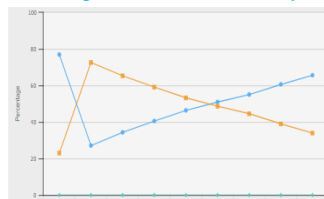
- Amendments were made to the new patient registration form.
- Changed process for registration, including new online feature.
- Amended Vision templates used in chronic conditions reviews to include unhealthy behaviours data.
- The GP Project lead completed an educational module on hazardous alcohol behaviour and training was provided to the clinical team on motivational interviewing and brief interventions.
- The nursing team had training on read coding etc when reviewing patients.
- The health care assistants and reception team ensured the new patient questionnaires were completed and efforts to arrange face to face appointments for new patient checks were done. Every clinician completed the Vision 'Carrot Screen' at medication and chronic condition reviews which Read Codes the information we were looking.
- Patient information offered via smoking cessation leaflets and directing patients to new website which includes new online information about unhealth behaviours and support available to patients.

STUDY: What did the measure(s) show, and what have you learned

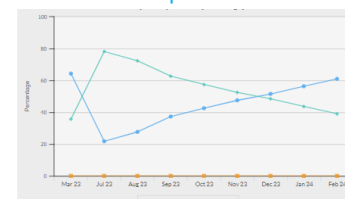
The data from the PCIP Dashboard for newly registered patients shows a slow but steady improvement in our recording of alcohol consumption (now at 42%), BMI (45%) and smoking status (43%). In blue below.

The data from the PCIP Dashboard for chronic diseases shows an excellent improvement in our data collection (eg BMI 38% to 78%)

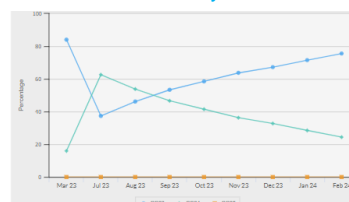
Smoking status recorded this year



Alcohol consumption recorded this year



BMI recorded this year



	Sept 2024	%	March 24	%	% Change
New Patients					
Total	749		1104		
BMI	536	71	857	78	+7
Smoking	470	63	769	70	+7
Alcohol	338	45	582	53	+8
Ethnicity	436	58	648	59	+1

Chronic Conditions					
Total	9566		9595		
BMI	3563	37	4920	51	+14
Smoking	2866	30	4429	46	+16
Alcohol	1548	16	2055	21	+5
Ethnicity	2440	26	2485	26	0

ACT: Reflection and the next steps

Reflection: We discussed the unexpected unintended consequence of patients not disclosing medical information to their clinicians if asked about their behaviours. For example, excessive alcohol consumption may present a risk to their driving or shot gun license - an issue of concern for many patients in rural Wales. As a result, we elected to document units of alcohol consumed rather 'Harmful or Hazardous alcohol consumption' unless there was clear evidence for these. We have delegated read-coding to upskilled non-clinical staff to ease the significant workload for clinicians, particularly for the new patient questionnaires.

Next steps: Although changes that have been made there is still work to be done as some patients are not being asked about their behaviours we will continue to work on this. The challenge of significant workload may have also impacted our capacity to focus on this at every patient contact.

Practice contact: QI Project lead or named person
 Health Board: XXXXXXXXXXXXXXXXXXXXXXXX