

**Please find a list of professional development ideas you could consider implementing, which are drawn from our WISE GEMs library. Links to each GEM are included below, where further information can be found to support the research briefly presented here. For help with implementing these ideas, access our WISE Resources.**

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| **Research Theme** | **Title** | **Headline Message** | **Suggested WISE Actions** |
| **Service Issues** | Making on-line triage work for your patients | Patients use online triage tools at the same times and for the same issues as for a face-to-face consultation. Higher levels of use are seen in young people and benefits for patients are context dependent. As a result, online triage tools are unlikely to revolutionise practice but instead provide another route into the practice for patients. | * Consider discussing with your Patient Participation Group (PPG) how to ensure your practice online triage platforms meet the needs of all your practice population. |
| What to do when QOF ends | Loss of financial incentives such as QOF is associated with a decline in recorded performance against quality measures. | * If an indicator is lost from QOF, consider ways to monitor care to ensure quality and safety is maintained. |
| Spotting your practice’s vulnerable patients | Patients who miss more than two appointments per year are likely to be socially vulnerable with poorer health outcomes. | * Consider a practice protocol for monitoring patients who do not attend appointments or failed encounters, to ensure vulnerable patients are followed up. |
| Designing (updating) your practice team | Implementing change in primary care requires flexibility and adaptability, resources and use of extended professional roles. | * Review the expertise of members of your practice team and whether this is being utilized. Consider if further support is needed to develop those extended roles. |
| **Generalism** | Approaches to tackle polypharmacy | To tackle problematic polypharmacy we must address both professional and practice barriers to tailored prescribing | * Take a look at your practice medicines review policy – which barriers do you experience (see link below) and how can you tackle them to improve patient-centred prescribing?   (<https://bmcfampract.biomedcentral.com/track/pdf/10.1186/s12875-017-0705-2>) |
| **Medical Education** | Increasing patient contact to encourage students to pursue GP training | More teaching for medical students in general practice with patient contact is significantly correlated with an increase in graduates entering GP training programmes. | * Review feedback from medical students who have had recent placements at your practice and consider whether they are getting enough direct patient contact. |
| Experiences to offer medical students to encourage them to become GPs | Highlighting the intellectual stimulation from problem-solving and managing uncertainty, in addition to academic careers in family medicine, could encourage medical students to become GPs. | * Consider a medical student tutorial about a complex case which involves managing uncertainty. * Signpost students with an interest in academic general practice to academic GPs within your Primary Care Network, or the WISE GP website. |
| Considering factors that impact on medical student teaching in general practice | Undergraduate medical student teaching in general practice is impacted by practice workload, the availability of teaching space and renumeration issues. | * Consider establishing tutorials across your Primary Care Network, where students from several practices can regularly meet for dedicated teaching time within primary care. |
| **Mental Health** | Supporting parents bereaved by suicide | Suicide bereavement is associated with a higher risk of mental health problems and suicide attempt in those bereaved. Therefore, the provision of care for this vulnerable group, (referred to as ‘postvention’) is a key component of suicide prevention strategies. | * Make sure your practice has a protocol which ensures any suicide is highlighted to the named/ usual GP. * Consider supporting a GP from your Primary Care Network (PCN) to attend suicide bereavement training and to share their learning with the team. * <https://suicidebereavementuk.com/pabbs-training/> |
| Discussing self-harm with older adults | Self-harm is a risk factor for suicide. In older adults the increased risk is amongst those with mental and physical comorbidities. | Primary care clinicians should always ask about risk of self-harm and suicide in older adults with mood disorders.   * Discuss self-harm and suicide risk assessment at a practice training session. Ensure clinicians are aware of the prevalence of self-harm in older adults and understand how to assess and support them. |
| Reviewing prescriptions of mirtazapine with an SSRI or SNRI | GPs should think carefully about starting patients on mirtazapine if they are already on a Selective Serotonin Reuptake Inhibitor (SSRI) or Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) and not responding. The evidence simply isn’t there. | Avoid prescribing mirtazapine with an SSRI or SNRI.   * Consider inviting patients already on a combination of mirtazapine and an SSRI or SNRI for a medication review, to see if they are benefitting from it or are experiencing any adverse effects. |
| Recognising the burden of perinatal anxiety | Perinatal anxiety is a common condition which may occur without symptoms of depression. At their postnatal check women should be screened for anxiety using the GAD-2 and further questioning should occur if that suggests that women are experiencing anxiety. GPs should be aware of local health visitor and community services that support perinatal women. If women feel they would benefit from increased peer support GPs could consider referring to social prescribers. | Consider inviting a health visitor to present at a practice tutorial about the perinatal mental health support they offer and services they signpost women to. The practice social prescriber could also be asked to share peer support services. |
| **Professional Practice** | Preparing medical students for out-of-hospital emergencies | Medical students report a lack of knowledge and confidence to assist with out of hospital medical emergencies. | * Arrange a tutorial for your medical student, foundation doctor or GP registrar, during which you can discuss the management of primary care medical emergencies or reflect on personal experiences of assisting with out of hospital emergencies. |
| **Acute Illness** | Using CRP point of care testing in COPD exacerbations | CRP point of care testing significantly reduces antibiotic prescribing for acute COPD exacerbations. | * If CRP point of care testing isn’t available in your area, consider approaching your Clinical Commissioning Group (CCG) for funding. * Audit rescue antibiotic use for infective exacerbations of COPD on repeat prescriptions. Consider reviewing COPD management for those with high antibiotic use. |
| First line medications for gout flares | Use naproxen ahead of colchicine in the absence of contraindications on the grounds of effectiveness, safety and cost. | * Review your practice protocol for acute gout management. * Consider an audit of prescribing in acute gout. |
| **Chronic Illness** | Promoting CBT for people with IBS | IBS specific CBT undertaken by telephone or as a web-based self-management programme shows large improvements in IBS symptoms and impact on life for people with refractory IBS.  *IBS-specific CBT is now available via the NHS Improving access to psychological therapy (IAPT) service across much of England and the web–based programme has been approved by NICE and the FDA.* | * Invite a representative from your local IAPT service to present at a practice meeting about the range of referrals they receive. Use this opportunity to discuss whether you and your colleagues consider CBT for IBS. |
| Counselling patients commencing statins about liver cancer risk | Statin use halves risk of liver cancer. Informing patients of this further benefit may increase the proportion who consent to initiate statins when recommended and improve treatment concordance. | * Share this additional benefit of statins at a practice meeting your multidisciplinary team. Consider discussion prompts for the risks and benefits of statins within a practice template. |
| Supporting people with multimorbidity to set individualised goals for care | An integrated, patient-centred chronic disease review, focusing on the problems that bother people most, provides care that meets peoples needs more effectively than reviews which simply focus on QOF targets. | * Consider using a chronic disease review template that allows review of the ‘whole patient’ and consider strategies to promote continuity of care. Items included in the Quality Outcomes Framework are important, but not the only things that matter. Allow opportunities for patients to discuss the problems that bother them most. Reviewing multiple chronic conditions one at a time can be confusing for patients and potentially inefficient for practices. |
| Reviewing prescriptions of emollient bath additives | Leave-on emollients are essential for eczema but emollient bath additives give no additional benefit. | * Consider a PCN pharmacist-led audit of bath additive/ emollient prescribing. |
| **Prevention** | Supporting women with an increased cardiovascular disease risk following preterm delivery | Preterm delivery is associated with an increase in maternal risk for future incident cardiovascular events. | * Consider a practice tutorial on postnatal checks. Highlight how GPs conducting postnatal checks with women following preterm delivery should inform women about their increased cardiovascular risk and give information and support lifestyle and behavioural changes to control their modifiable risk factors. |
| Alcohol screening and advice following loss of QOF incentives | Following loss of financial incentives in 2015 there has been a statistically significant reduction in alcohol screening and delivery of brief advice in primary care. | * Consider a practice tutorial on alcohol-use disorders, discussing important opportunities to discuss alcohol consumption, such as in people presenting with dyspepsia or depression. |
| Fracture risk screening in older women to reduce hip fractures | A community-based screening programme of fracture risk in older women could effectively reduce hip fractures. | * Consider utilizing PCN pharmacists in a quality improvement project to review fracture risk and bone protection in older women. |