Step 1: Thinking Part - Three Fundamental Questions
Complete the Model for Improvement (MFI) as a whole team.

Model for Improvement

AIM	**1. What are we trying to accomplish?**
*By answering this question, you will develop your **GOAL** for improvement. It important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*	
Our team will aim to increase the proportion of active patients with COPD who have an influenza vaccine from 10% to 70% by the end of June 2025.	
MEASURE(S)	**2. How will we know that a change is an improvement?**
*By answering this question, you will develop the **MEASURE(S)** you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison.* *Tip: Use a Run Chart to plot trends.*	
Outcome Measure: % of active patients with COPD who have received an influenza vaccine for 2025. **Source:** Primary Sense Chronic Lung and Asthma report **Frequency:** Fortnightly **Numerator:** # of active patients coded with COPD with an up-to-date influenza vaccine for 2025 (A) **Denominator:** # of active patients coded with COPD identified on the Primary Sense report (B) The proportion of active patients with COPD with up-to-date influenza vaccine for 2025 (A divided by B).	

Baseline:	10% of active patients with COPD have received an influenza vaccine.	**Baseline date:**	11/04/2025

CHANGE IDEAS	**3. What changes can we make that will result in improvement?**
*By answering this question, you will develop **IDEAS** for change.* *Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.*	
Idea 1	**Identify patients with COPD eligible to receive an influenza vaccine and identified patients SMS flu campaign reminders**
Idea 2	Hold a dedicated influenza clinic in the practice to increase numbers
Idea 3	**Opportunistically provide the influenza vaccine to identified patients during scheduled appointments.**
Idea 4	Marketing campaign on the influenza vaccine using endorsed materials/
Next steps:	*Each idea may involve multiple short and small PDSA cycles.*

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act
Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	**Plan the test**	**Prediction**	**Do the test on small scale**	**Analyse the results**	**Make a plan for next step**
	__How__ will we run this test? __Who__ will do it and __when__? __What__ will we measure?	*__Prediction__ or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned.*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
Change idea 1.1	Practice Manager to extract a list of patients from *Primary Sense Chronic Lung and Asthma* Report using excel. PM to filter the report: - Diagnosis column for COPD - History of vaccine to exclude any given for the year. When: 1st April	Most of the patients identified on the *Chronic Lung and Disease* Report will not have a current influenza vaccine for year as the influenza vaccine has only been released.	Extracted the report and filtered patients who have COPD diagnosis and no current influenza vaccine for the year.	The prediction was correct as there were 90 out of 100 patients identified on the PS report due for the influenza vaccine for the year.	• We will adopt this change idea and review the PS report for updated data once a fortnight during the winter season. • Practice Manger or Senior Receptionist will update SMS influenza bulk reminder via Hotdocs and send SMS reminders to identified COPD patients. • Use this to inform the next change ideas.
Change idea 1.2	Practice Manager or Senior Receptionist to update annual bulk influenza SMS reminders in HotDocs and send SMS reminders. When: Mid-April.	40% of patients contacted via SMS will respond by booking an appointment or getting vaccinated with the influenza vaccine.	Updated the SMS template and sent reminders the 98 patients identified in *Change Idea 1.1*.	The prediction was correct as 42 patients (42%) responded by either booking appointments or receiving the vaccine after speaking with their GP.	• Adopt: Continue SMS campaigns every two weeks for the remainder of the vaccination season to target unvaccinated patients with COPD.

		Patients contacted by SMS might also wish to discuss the influenza vaccine with their GP.		48 patients did not respond to the SMS.	• Next change idea - nurses to check remaining 48 patient's AIR records to check if patients have received the influenza vaccine elsewhere and mark this given elsewhere within the patient record in the clinical information system.
Change idea 3.1	Using the filtered report from *Change Idea 1.1*, Practice Nurse to review active COPD patients with upcoming appointments. Check patient vaccination history via AIR and add reminders to their clinical record to prompt GPs to discuss vaccination during consultation.	Patients will be more likely to accept vaccination during a GP visit, increasing the vaccination rate by 15% within a month.	Every Friday the nurse will review booked appointments for following week and add reminders to patient's clinical record to prompt the GP to speak with patient about getting the influenza vaccine for the year.	The prediction was correct as we have seen an increase in opportunistic vaccinations once the patient spoke with the GP.	Adapt this change idea to include other chronic disease cohorts (e.g., asthma) and refine the process by integrating vaccination prompts directly into the practice's booking system.
Summary of Results	This was a worthwhile activity as we identified 90 patients with COPD who require an up-to-date influenza vaccine for the year. By targeting those identified patients via SMS reminders, we had a 42% response rate for patients to receive the influenza vaccine. Previously we were not active with opportunistic vaccinations with our adult patients, however our adult patients have responded very well to this approach and we will adopt this change idea to include other immunisations for shingles or whooping cough in our adult patients.				