Workstream	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Reset & Prepare	Identify & Prioritise		Core LTC reviews			Mid-year check		Close the Gaps		Final QOF Push	
Clinical (GPs, nurses, pharmacists)	Streamline LTC review pathways (pre-review testing, coordinated booking)	Prioritise highest-risk and previous non-responders: • T2DM HbA1c >75 • HTN ≥180/120 or ≥160/100 • Asthma ≥6 SABA/year	Code new diagnoses	Continue LTC annual reviews, complete all care processes		Code new diagnoses			Focus on high-impact patients (near thresholds) Optimise high-risk patients Code new diagnoses			
				Trial of multimorbidity clinics: HYP+T2DM, T2DM+CKD, HYP+CKD								
	Review QOF performance	Optimise medications during reviews: statin, SGLT2, SABA-free inhalers										
MDT	Assign named leads			Year-round CESEL improvement support								
Non-clinical (Reception/ admin, QOF/digital leads, care coordinators, HCAs)	Review call/recall processes Optimise patient messaging (Accurx Florey, SMS)	Run risk-stratification searches (T2DM, HTN, CKD, Asthma) High-risk recall runs alongside routine recall					Review QOF trajectory vs target Monitor recall system performance				Coding clean up Chase non-responders	
							Check missing care processes, recall patients with gaps					
				Stagger recall for lower risk stratification groups (3-4)								
	Clean registers (remove ghost patients, fix coding)	Commence routine LTC recall (e.g., by birthday month)							Trial alternative contact approaches for low engagement groups			
		Track & segment non-responders			Track & segment non-responders			Track & segment non-responders			Track & segment non-responders	
		Pre-review tests arranged (bloods, ACR, BP)										
	Team upskilling (Vital 5)					Opportunistic tests during vaccinations						

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