Diabetes Action Plan 2010 Summary – April 2011

Action Point (Summary)	*Month*		*R*	*A*	*G*	*
3.3.2 There is an identified individual with a responsibility for educating and supporting primary care podiatrists	April 2011				5	9
3.10.3(a) There is an identified individual who will oversee the delivery of local patient education programmes	April 2011		1	7	6	
4.2.1(a) An individual to coordinate professional education is in place	April 2011	1		4	5	4
4.2.1(b) There is evidence that there is ongoing patient involvement in the delivery of staff education programmes.	April 2011	1		4	6	3
5.1.2(b) The number of people attending a Diabetes voices programme is recorded	April 2011		1	6	6	1
5.1.3.1(a) There is a lead clinician in each board working with and supported by a manager.	April 2011	1		3	9	1
5.1.3.1(b) There is evidence that Boards and operating divisions consult with MCN representatives when planning	April 2011	1		3	9	1
5.1.3.1(c) The Board endorses the MCN's workplan	April 2011	1		3	9	1
3.11.1.2 The number of people on insulin pumps is reported	June 2011		1	1	6	6
3.11.2 The local insulin strategy is published	June 2011			4	7	3
5.1.2(a) There is evidence in the annual report that patients are involved in local service development	June 2011			6	7	1
5.1.4.2 There is community pharmacy representation on MCNs or other evidence of engagement with colleagues in community pharmacy	June 2011			2	6	6
4.1.2(a) There is evidence that a patient event has been hosted to raise awareness of local services and research	August 2011		1	2	9	2
4.1.2(b) There is evidence that MCNs are working with patient representatives to develop and disseminate	August 2011		1	1	10	2
3.5 Referral guidelines between diabetes and nephrology services are published and available to all clinicians	September 2011			1	10	3
3.3.1(a) 80% will have a recorded foot risk score in previous 15 months	December 2011		1	7	6	
3.3.1(b) 80% have documented evidence of having received information relevant to their foot risk.	December 2011		1	7	6	
3.10.3(b) There is evidence that a range of education solutions, including structured education programmes is	December 2011		2	6	6	
3.12.3.2 A care pathway of people for the presentation and management of DKA will take account of national	December 2011			1	11	2
3.13.2.1 There is evidence that staff from institutional settings, including care homes, have access to	December 2011	2		4	7	1
4.1.1(a) There is evidence that local diabetes guidelines are updated in line with SIGN 116	December 2011				10	4
4.1.1(b) The number of people recruited to the SDRN register is reported	December 2011				11	3
4.2.2 MCNs submit workplan and annual report to the SDG.	December 2011	2		4	8	
3.6.1(a) Evidence that pregnancy awareness raising sessions for diabetes are available to primary care and	April 2012			3	11	
3.6.1(b) Systems are in place to ensure appropriate retinal screening during pregnancy in accordance with SIGN 116	April 2012			3	11	
3.6.1(c) Evidence that programmes are in place to detect and treat gestational diabetes	April 2012			3	11	
3.6.1(d) Post-partum lifestyle advice and regular screening is recorded for those who had gestational	April 2012			3	11	

3.8.2 A transitional care plan is published	April 2012	1		5	7	1
3.9.2(a) MCNs identify an individual to link with PIDPAD	April 2012	1	1	3	9	
3.9.2(b) An analysis of local resources for emotional support is available and posted on a patient-accessible	April 2012	1	1	3	9	
3.10.3(d) The proportion of patients attending structured education programmes is recorded	April 2012		1	7	6	
3.10.3(e) Support measures for people with diabetes are publicised so they are readily available.	April 2012		1	7	6	
3.11.1.1 The number of people with diabetes who receive instruction in CHO counting is recorded and reported	June 2012	1		4	7	2
3.13.1.1(a) A foot protection programme for patients with diabetes on general wards will be published	June 2012	3		4	7	
3.13.1.1(b) Initiatives from the inpatient group as agreed by the SDG will be implemented	June 2012	3		4	7	
3.13.1.2 The number and proportion of wards with specific hypo guidelines is reported	June 2012			2	7	5
5.1.3.4 Accreditation by the NHS has been granted	September 2012	3	1	2	7	1
3.12.3.1 A care pathway of people who experience severe hypoglycaemia will take account of national work and implement when appropriate	December 2012		1	3	9	1
3.7.2 A revised and updated minority ethnic needs assessment is published	January 2013	2	1	1	10	
3.9.1 The number of specialist staff in primary and secondary care who have attended a course (minimum duration one half day) on behaviour change over the last 2 years. Is recorded.	May 2013	1		6	7	
3.10.3(c) A user assessment in relation to patient education has been undertaken as is available	June 2013		1	7	6	
5.1.4.1 Telehealth solutions are used where appropriate	June 2013	3		1	9	1