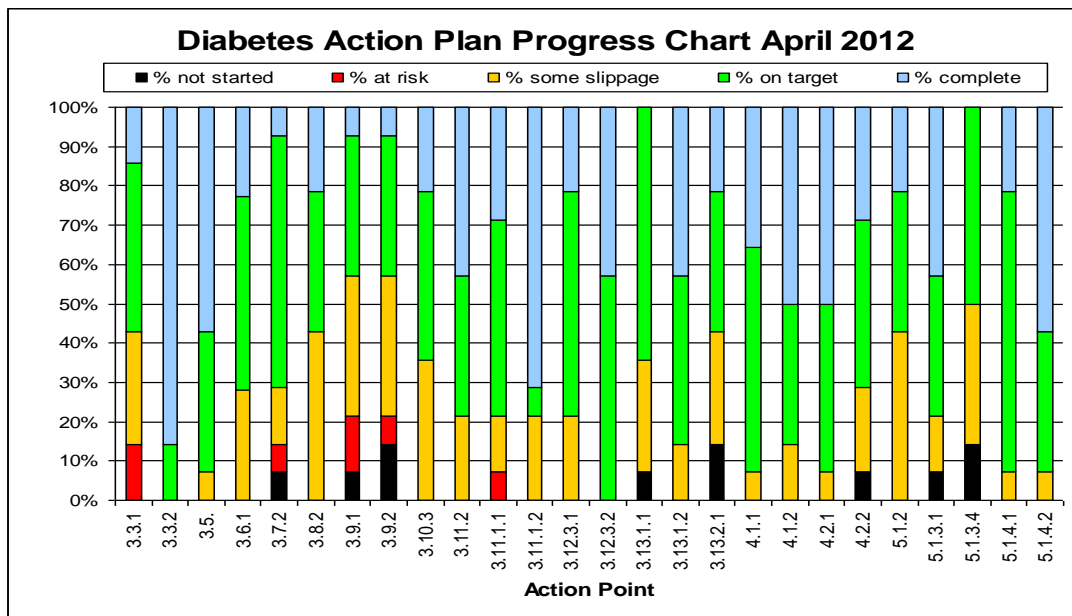
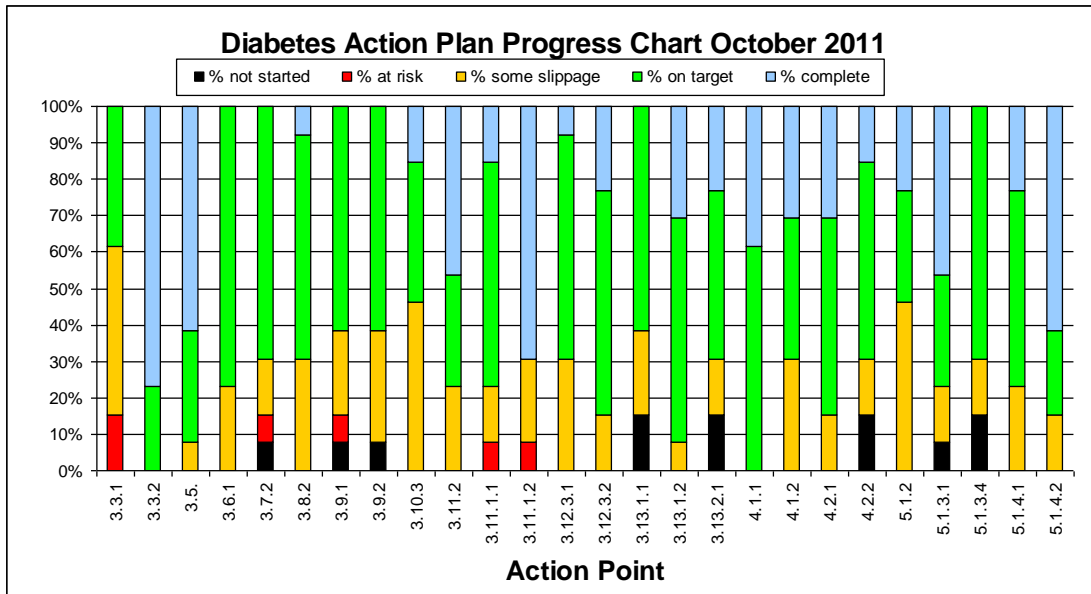
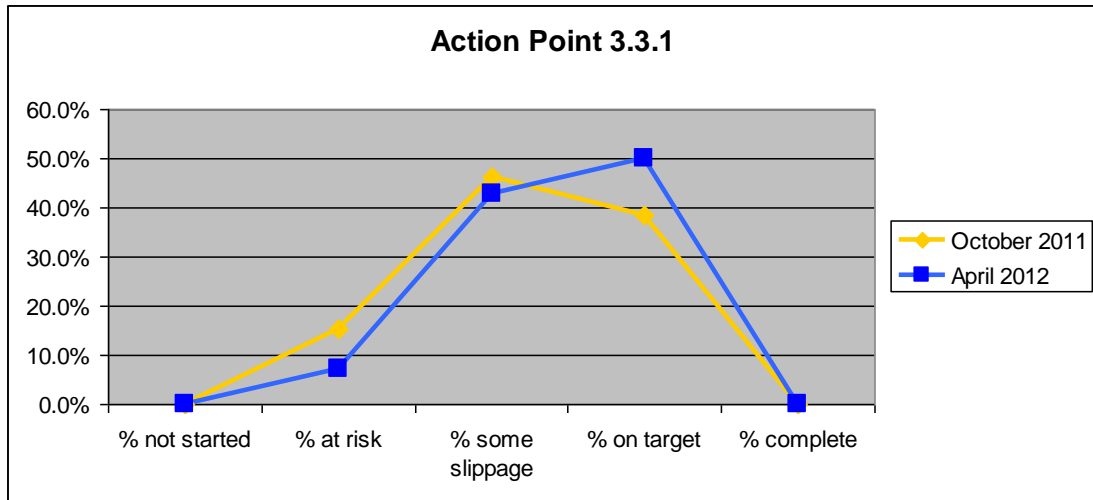


## ACTION PLAN PROGRESS REPORT APRIL 2012



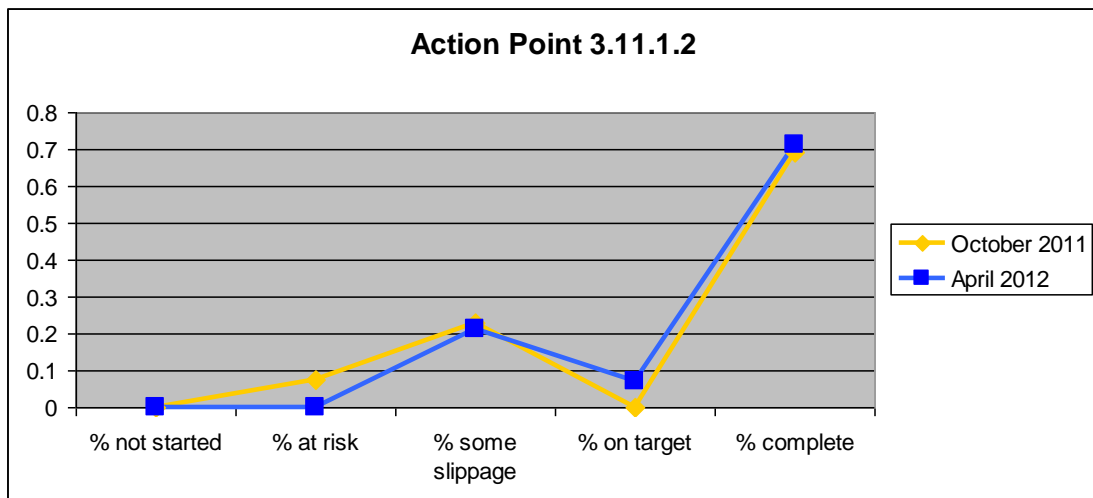
In general positive progress continues to be made.

On a positive note all health boards have an identified individual with a responsibility for educating and supporting primary care podiatrists. (3.3.2). 3.3.1. does show some slippage in screening for foot problems IT issues which are being resolved are mainly the cause of under reporting of risk scores



## Insulin Pumps

The impact of the insulin pump CEL is not apparent in this report but movement should be seen in the next report as the health boards implement their action plans. The reporting of the insulin pump provision was discussed at the MCN managers meeting and the general consensus was that the current reporting should continue until the next action plan was developed.



A study day is being planned to meet the education needs of staff. A letter has been sent to all MCN managers asking them to identify the training needs of the staff which they would like covered at a study day.

### **Psychology Services**

Action point 3.9.1 and 3.9.2 are the actions making the slowest progress and this is linked to the provision of psychology services in each area. The larger health boards seem to be able to access psychology services and training easier than the smaller boards.

### **In patient diabetes**

3.12.3.2. The national DKA pathway is being adopted which is reflected in the RAG chart

There is also evidence of work being completed to improve the management of hypoglycaemia at ward level (3.13.1.2)

### **Education of staff working in institutional setting**

This remains a hard to reach group of staff. SDEAG have been looking at ways to ensure as many staff as possible can access education. An audit of training needs was undertaken by Ayrshire and Arran and once a method of identifying care settings and staff numbers is identified it is hoped to roll this audit out nationally

### **MCN Away Day**

This is arranged for 14<sup>th</sup> September at Airth castle hotel. The purpose of the day is two fold. The first part of the day will look at the use of communication tools when engaging with management and team members. The second part of the day will be concerned with key challenges for 2013. Hopefully this will start to inform where the key areas are for development in the next action plan. CEL 29 Managed Clinical Networks will also feature.

Morag Low  
Diabetes Action Plan Coordinator