Diabetes Action Plan 2010
NHS Dumfries and Galloway Health Board
Progress Report APRIL 2011

Report completed by: Alex Herries Report date: 07.04.2011

Action Point (Summary)	*Month*	*Measured by*	*Comments on Progress*			*R*	*A*	*G*	*
3.3.1 Initiatives will be undertaken to promote prevention of foot problems	December 2011	For people with diabetes a) 80% will have a recorded foot risk score in previous 15 months. b) 50% will have documented evidence of having received their foot risk score c) 80% of those who have low risk feet have documented evidence of having received education and literature to support self-management.	64% January 2011 41.7 % is recorded on SCI-DC All who are seen by Podiatrists receive education and supported literature Some practices are now using SCI-DC and these are also providing printed literature We still need to investigate if we can audit trail this information on SCI DC without the need to review each individual patient record					X	
3.3.2 There is an identified individual with a responsibility for educating and supporting primary care podiatrists	June 2011	Individual is in post	Yes - Sarah Fair is in post and has a programme for providing support						X
3.4.2 The benefits of adopting the approach taken by community optometry pilots will be considered	June 2011	There is evidence of interaction with community optometry services	Awaiting published reports					X	
3.5 Initiatives will be taken to promote optimal kidney function	September 2011	Referral guidelines between diabetes and nephrology services are published and available to all clinicians	On target - in the current MCN workplan					X	
3.6.1 Positive pregnancy experiences will be promoted	April 2012	a) Evidence that pregnancy awareness raising sessions for diabetes are available to primary care and secondary care teams b) Systems are in place to ensure appropriate retinal screening during pregnancy in accordance with SIGN 116 c) Evidence that programmes are in place to detect and treat gestational diabetes d) Post-partum lifestyle advice and regular screening is recorded for those who had gestational diabetes	Education is delivered to Maternity teams and to Primary Care Teams Yes in place Yes in place Yes in place @ 6 week review + offer Dietetic R/V and WMC					X	
3.7.2 Diabetes MCNs will revise and update their needs analysis and review of services for minority ethnic communities	January 2013	A revised and updated minority ethnic needs assessment is published	To complete - in the current MCN workplan					X	

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3.8.2 **Each NHS board will develop and publish a transitional care plan with measurable outcomes**	April 2011	a) A transitional care plan is published *b) Measurable outcomes to be determined by Paeds Lead*	In progress but likely to be delayed due to Consultant on Maternity Leave				X		
3.9.1 **There will be adequate training of staff in psychological skills**	May 2011	a) The number of diabetes specialist staff who have undergone behaviour change training in the previous 5 years is reported b) There is evidence that patients have been involved in delivering and developing staff education programmes	In Place - 17 people trained so far Some slippage on this point - evidence will be produced				X		
3.9.2 **National initiatives are developed and shared**	April 2013	a) MCNs acknowledge receipt of the PIDPAD report b) An analysis of local resources for emotional support is available						X	
3.10.3 **Education will be improved at local level**	April 2011 December 2011 June 2012 April 2011	a) There is an identified individual who will oversee the delivery of local patient education programmes b) There is evidence that a range of education solutions, including structured education programmes is available c) A user assessment in relation to patient education has been undertaken as is available d) The proportion of patients attending structured education programmes is recorded e) Support Measures for people with Diabetes are publicised so they are readily available	To be discussed at the next team meeting - April Currently each specific programme has an identified lead Yes - DESMOND, DAFNE, Calorie Counting, Weight Management, BG Monitoring, Evaluations are available An assessment needs to be completed Yes - available on TOPAS and an annual audit is conducted Some are publicised on the old Web site – new site being developed					X	
3.11.2 **The local insulin strategy is reviewed**	June 2011	The local insulin strategy is published	In Draft Form only – out for consultation					X	
3.11.1.1 **People with diabetes who could benefit from intensive insulin therapy should have access to structured education programmes**	June 2012	The number of people with diabetes who receive instruction in CHO counting is recorded and reported	Yes						X
3.11.1.2 **Insulin pump therapy is available for those patients who would benefit from it**	June 2011	The number of people on insulin pumps is reported	Yes						X
3.12.3.1 **The incidence of hypoglycaemia that results in emergency admissions will be reduced**	December 2010	A care pathway of people who experience severe hypoglycaemia will be published	Yes - published and implemented						X

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3.12.3.2 The incidence and care of DKA will be improved	December 2010	A care pathway of people for the presentation and management of DKA will be published	Yes - published and implemented					X
3.13.1.1 There will be initiatives to improve care for inpatients	June 2012	A foot protection programme for patients with diabetes on general wards will be published	In Progress - part of the Think Glucose programme (Pam Young and Sarah Fair)				X	
3.13.1.2 Mechanisms to record the number of inpatient wards with specific hypo guidelines are developed	June 2012	The number of wards is reported	In Place Recording manual for each hypo box for reporting					X
3.13.2.1 Local provision of education to the staff working in institutional settings is improved	December 2010	There is evidence that staff from institutional settings, including care homes, have access to educational events	Evidence Available – Education provided to Primary Care and Care Home Staff				X	
4.1.1 Implementation of research-based high quality clinical practice will be supported	December 2011	a) There is evidence that local diabetes guidelines are updated in line with SIGN 116 b) The number of people recruited to the SDRN register is reported.	Working towards implementation and completion				X	
4.1.2 Organisations are able to communicate effectively through the development of a communications strategy	August 2011	a) There is evidence that an event has been hosted to raise awareness of local services and research There is evidence that MCNs are working with patient representatives to develop and disseminate resources.	Working towards implementation and completion				X	
4.2.1 An individual to coordinate professional education will be identified	January 2011	The individual is in post	The role has traditionally been undertaken by a Consultant t linking with relevant people responsible for education within the organisation and at a national level.					X
4.2.2 SDG and Diabetes MCNs will consider how to share best practice	January 2013	Best practice in delivering person-centred consultations is shared with SDG					X	
5.1.2 Diabetes MCNs should ensure that people living with diabetes are fully engaged in the MCN's activities		a) There is evidence in the annual report that patients are involved in local service development b) The number of people attending a Diabetes voices programme is recorded	Yes - there is evidence from the Think Glucose Programme and from other sources b) Diabetes Voices Programme is suspended at this time (Nationally)				X	
5.1.3.1 NHS Boards maintain the effectiveness of MCNs	April 2011	a) There is evidence that Boards consult with MCN representatives when planning diabetes service improvements b) The Board endorses the MCN's workplan	Evidence Available - i.e. consultation regarding DESMOND, ThinkGlucose, Psychology etc MCN Workplan is in draft form – out for consultation due for completion this month				X	
5.1.3.4 NHS Boards will accredit their diabetes MCNs	September 2012	Accreditation by the NHS has been granted	In Progress				X	
5.1.4.1 Telehealth opportunities will be explored and solutions embedded into pathways of care	January 2013	Telehealth solutions are used where appropriate	Telehealth clinics have been piloted with good outcomes - plan to implement regular clinics				X	

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5.1.4.2 Effective links will be developed with community pharmacy	December 2010	a) There is community pharmacy representation on MCNs or other evidence of engagement b) Support measures for people with diabetes are publicised so they are readily available.	Yes Diabetes Web Site				X	

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Diabetes MCN website URL	http://www.dgdiabetes.scot.nhs.uk/
Comments	A new web site is under construction

Progress Report Key

Not Started | **Red** R (at risk) | **Amber** A (some slippage) | **Green** G (on target) | **Completed**