

# Quality Care for Diabetes in Scotland

## Diabetes Action Plan 2010

### NHS GGC Progress Report January 2011

Report completed by: Carsten Mandt

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<i>Action Point (Summary)</i>	<i>Month</i>	<i>Measured by</i>	<i>Comments on Progress</i>						
<b>3.3.1 Initiatives will be undertaken to promote prevention of foot problems</b>	December 2011	For people with diabetes a) 80% will have a recorded foot risk score in previous 15 months. b) 80% have documented evidence of having received information relevant to their foot risk.	a) Podiatry project driving forward improvements. Risk stratification rate increased from 19% (April 2009) to 62.8% (January 2011) b) patient information given out to those who are risk stratified						G
<b>3.3.2 There is an identified individual with a responsibility for educating and supporting primary care podiatrists</b>	April 2011	Individual is in place	This is overseen by the MCN Foot Subgroup and Senior Podiatrist Group.						G
<b>3.5 Initiatives will be taken to promote optimal kidney function</b>	September 2011	Referral guidelines between diabetes and nephrology services are published and available to all clinicians	Included in local diabetes guideline (currently under review)						G
<b>3.6.1 Positive pregnancy experiences will be promoted</b>	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	All aspects adhered to across GG&C. There is a degree of disparity in service provision across the sites although this does not impact on the implementation of the Diabetes Action Plan						G
<b>3.7.2 Diabetes MCNs will revise and update their needs analysis and review of services for minority ethnic communities</b>	January 2013	A revised and updated minority ethnic needs assessment is published	A plan for inequalities sensitive diabetes service is available from the <a href="#">MCN website</a> . Ethnicity & Inequalities Subgroup established.						G
<b>3.8.2 Each NHS board will develop and publish a transitional care plan with measurable outcomes</b>	April 2012	a) A transitional care plan is published b) <i>Measurable outcomes to be determined by Paeds Lead</i>	Transitional Care Subgroup is developing a transitional care plan at the moment. First draft expected end 2011/early 2012.						G
<b>3.9.1 There will be adequate training of staff in psychological skills</b>	May 2013	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.	Training options are being investigated to deliver relevant training to staff.						G

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<b>3.9.2 National initiatives are developed and shared</b>	April 2012	a) MCNs identify an individual to link with PIDPAD b) An analysis of local resources for emotional support is available and posted on a patient-accessible website	a) Link via Paediatric Clinical Psychologist on Transitional Care Subgroup b) Work on a comprehensive service directory is ongoing, which will include local resources for emotional support				G	
<b>3.10.3 Education will be improved at local level</b>	April 2011 December 2011 June 2013 April 2012	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.	a) No funding for an identified individual but a MCN subgroup for patient education is in place b) Patient education courses are available across GGC and are reported in the MCN annual report  d) Attendance at structured education is recorded. Change request to SCI-DC submitted to enable recording in SCI-DC Network.				G	
<b>3.11.2 The local insulin strategy is reviewed</b>	June 2011	The local insulin strategy is published	Local guidance is being developed and practice being audited.			A		
<b>3.11.1.1 People with diabetes who could benefit from intensive insulin therapy should have access to structured education programmes</b>	June 2012	The number of people with diabetes who receive instruction in CHO counting is recorded and reported	Attendance at relevant courses (e.g. DAFNE or DICE) is recorded and reported in the MCN Annual Report.				G	
<b>3.11.1.2 Insulin pump therapy is available for those patients who would benefit from it</b>	June 2011	The number of people on insulin pumps is reported	The number of people on insulin pumps is reported in the MCN Annual Report.				G	
<b>3.12.3.1 The incidence of hypoglycaemia that results in emergency admissions will be reduced</b>	December 2012	A care pathway of people who experience severe hypoglycaemia will take account of national work and implement when appropriate	Current practice is being audited. National work is being monitored to inform local implementation.				G	
<b>3.12.3.2 The incidence and care of DKA will be improved</b>	December 2011	A care pathway of people for the presentation and management of DKA will take account of national work and implement as appropriate	Local DKA protocols are being implemented in line with national DKA protocol.				G	
<b>3.13.1.1 There will be initiatives to improve care for inpatients</b>	June 2012	a) A foot protection programme for patients with diabetes on general wards will be published b) Initiatives from the inpatient group as agreed by the SDG will be implemented	Inpatient Subgroup being established to identify and drive forward improvements in inpatient care, taking on board national recommendations				G	
<b>3.13.1.2 Mechanisms to record the number of inpatient wards with specific hypo guidelines are developed</b>	June 2012	The number and proportion of wards is reported	In-patient nurse provision being looked at across GG&C. One of our 5 priority areas. Inpatient hypoglycaemia is being audited.				G	

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<b>3.13.2.1 Local provision of education to the staff working in institutional settings is improved</b>	December 2011	There is evidence that staff from institutional settings, including care homes, have access to educational events	Access to education is currently available at CHP level and further education opportunities are being explored.					A	
<b>4.1.1 Implementation of research-based high quality clinical practice will be supported</b>	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.	a) Local guideline is currently being updated in line with SIGN 116. b) Reporting via SDRN is in place.						G
<b>4.1.2 Organisations are able to communicate effectively through the development of a communications strategy</b>	August 2011	a) There is evidence that a patient event has been hosted to raise awareness of local services and research b) There is evidence that MCNs are working with patient representatives to develop and disseminate resources.	Communication is being improved across all MCN groups, using MCN website and circulation of regular key messages from the MCN. PFPI event is being organised. Further awareness raising events for specific communities (e.g. African Caribbean). MyDiabetes Handbook developed and disseminated.						G
<b>4.2.1 An individual to coordinate professional education will be identified</b>	April 2011	a) The individual is in place b) There is evidence that there is ongoing patient involvement in the delivery of staff education programmes.	a) No funding for an individual but this is progressed via the staff education subgroup b) Patient representation invited for the staff education subgroup and liaison established to PFPI group for input into staff education programmes					A	
<b>4.2.2 SDG and Diabetes MCNs will consider how to share best practice</b>	December 2011	MCNs submit workplan and annual report to the SDG.	Clinical lead and manager represented on SDG. Workplan and annual report submitted as required						G
<b>5.1.2 Diabetes MCNs should ensure that people living with diabetes are fully engaged in the MCN's activities</b>	June 2011 April 2011	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	a) PFPI group up and running. Named patient representative and deputy on each MCN sub-group. b) Voices programme up and running with report on recent meeting available						G
<b>5.1.3.1 NHS Boards maintain the effectiveness of MCNs</b>	April 2011	a) There is a lead clinician in each board working with and supported by a manager. b) There is evidence that Boards and operating divisions consult with MCN representatives when planning diabetes service improvements c) The Board endorses the MCN's workplan	Lead Clinician and MCN Coordinator are in post. Established link between MCN and planning functions through MCN Steering Group and Board LTC Steering Group						G
<b>5.1.3.4 NHS Boards will accredit their diabetes MCNs</b>	September 2012	Accreditation by the NHS has been granted	Evidence to support accreditation is being collated.						G
<b>5.1.4.1 Telehealth opportunities will be explored and solutions embedded into pathways of care</b>	January 2013	Telehealth solutions are used where appropriate	Obligate networking with Western Isles a good example of sound telehealth implementation						G

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<b>5.1.4.2</b> Effective links will be developed with community pharmacy	June 2011	There is community pharmacy representation on MCNs or other evidence of engagement with colleagues in community pharmacy	Direct community pharmacy representation on the MCN.				G	

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<b><u>Diabetes MCN website URL</u></b>	<a href="http://www.nhsggc.org.uk/content/default.asp?page=s1434">http://www.nhsggc.org.uk/content/default.asp?page=s1434</a>
<i>Comments</i>	

### Progress Report Key

Not Started 

Red  **R**  
(at risk)

Amber  **A**  
(some slippage)

Green  **G**  
(on target)

Completed 