

Improving diabetes
Care - working,
sharing and learning
together

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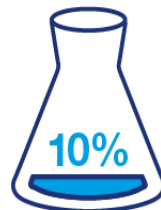
About diabetes



Today, there are almost **3.6 million** people who have been diagnosed in the UK



are estimated to have diabetes but have not been diagnosed



of people with diabetes have **Type 1**



of people with diabetes have **Type 2**



Every day around **700 people** are diagnosed with diabetes. That's one person every **two minutes**

11.9 million people at increased risk of developing Type 2 diabetes

Diabetes is serious and costly

Diabetes affects every part of the body. **Every week**, diabetes leads to:



Over **460**
early deaths



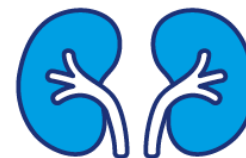
Over **140**
lower limb
amputations



Over
1,850 people
experiencing
heart attacks
or heart failure



Over
540 people
experiencing
strokes



Over
270 people
needing renal
replacement
therapy



This costs the NHS
£1m an hour
10% of the entire
NHS budget

Why?

- Fastest growing health issue of our time
- In line with rising obesity, prevalence is projected to continue rise
- 65 per cent increase in cases of Type 2 diabetes in the last 10 years
- Only 25 per cent believe diabetes is a serious health condition and aren't engaged in taking action to reduce their risk
- 69 per cent say they don't fully understand their diabetes.
- Significant variation in people with diabetes receiving the consistent, high-quality care needed to help them manage well & reduce complication risk
- Variation in children's, young people and adults care across transition specialist, primary and community care
- Those under 65yrs have worst access to essential tests and worst outcomes

It's fixable – good care improves outcomes and saves money

- **Achievement of the three treatment targets (adults) and HbA1c target (children and young people) will reduce complications**
- If national median reached (40 per cent adults & 27% children and young people) £10m saved after 5 years
- **More people attending structured education will help more people manage their diabetes well day to day**
- Only 5.7% of patients newly diagnosed recorded as attending
- Increasing attendance by 10 per cent a year gives £4m saving (Type 1) and £10m saving (Type 2) after 10 years
- **Improving timely access to and availability of specialist foot teams reduces risk of amputation**
- Estimated 57 hospital sites don't have access to a specialist diabetes foot team
- For every £5m invested in specialist foot teams it brings savings of around £9m

- **Improving quality of diabetes care in hospital helped by Diabetes Inpatient Specialist Nurses reduces errors & length of stay**
- Estimated 54 hospital sites do not have inpatient specialist nurses
- For every £5m invested, we can save £9m per year

- **Enabling more people to make lifestyle change will help prevent or delay Type 2 diabetes and avoid devastating complications**
- If 5,000 - 24,000 cases of Type 2 diabetes are prevented or delayed up to £1.1bn of health benefits can be accrued. By year 12, a national programme will become cost saving
- 26% reduction in risk of developing Type 2 (over 12- 8 months)

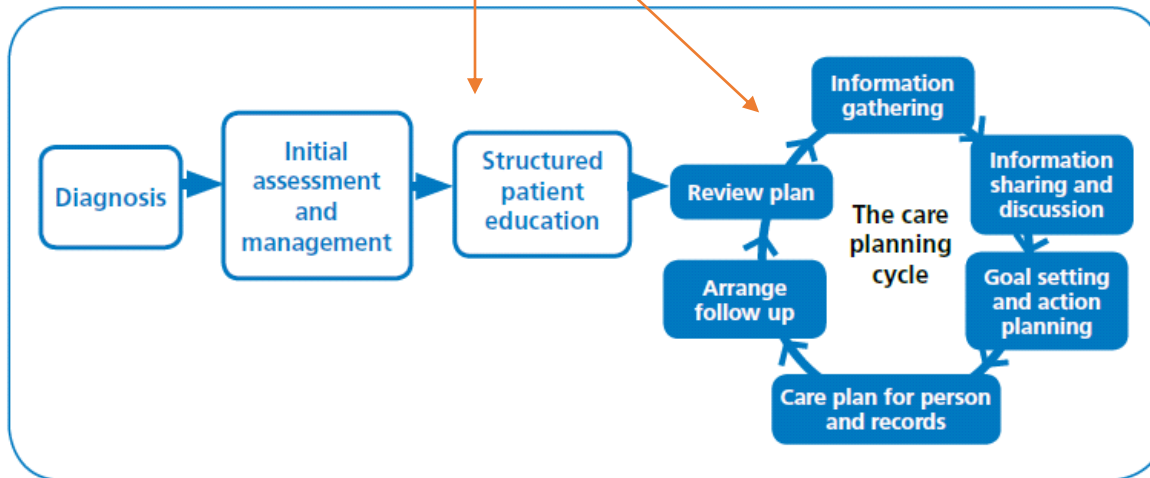
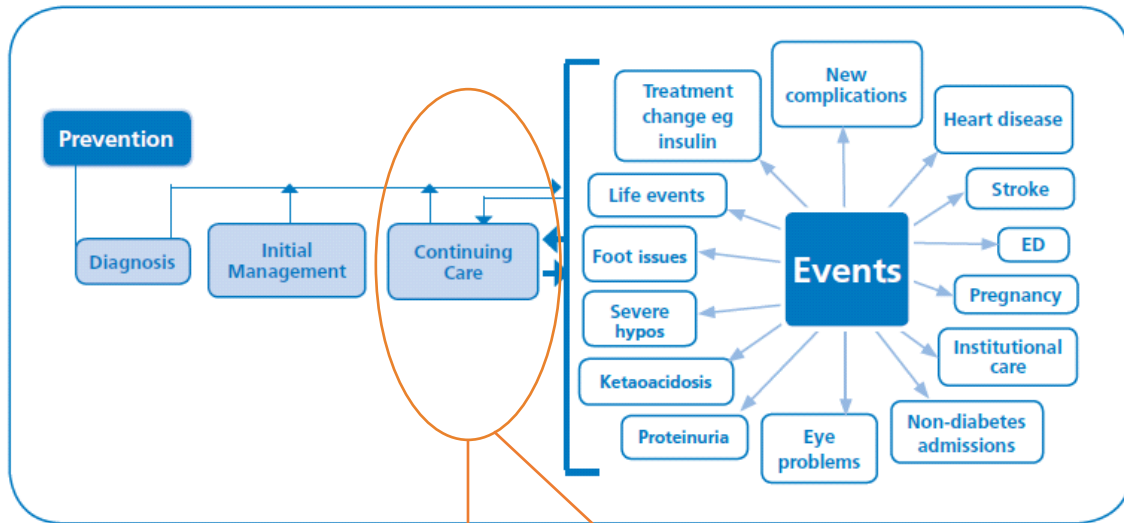
Integrated and co-ordinated care

- Making it happen through
 - Integrated IT
 - Aligned Finances & responsibility
 - Collaborative Care Planning
 - Clinical engagement & leadership
 - Clinical Governance
- Local diabetes networks
- Well organised transition between paediatric & adult services
- Training & support for primary care, effective access to specialist diabetes teams and facilitating collaboration
- Focusing on supporting people with diabetes to self manage through education and team working to identify needs, goals and agree actions.
- Clear model of care to ensure access to quality and comprehensive services across the whole integrated diabetes pathway



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House of Care – supporting care planning



Progress is being made

- Participation in the National Diabetes Audit 2015/16 increased to 82%
- Offers of people with Type 1 and Type 2 diabetes are increasing year on year, particularly amongst newly diagnosed (National Diabetes Audit, 2015/16)
- Good reason to believe attendance is higher than recorded, but not as high as offers
- The steady decline in more advanced CKD (CKD stages 3-5) seen in recent years continues (National Diabetes Audit, 2015/16)
- Deaths from vascular disease are declining year on year (National Diabetes Audit, 2015/16)
- Almost all children & young people had an HbA1c (99.3%) and a BMI recorded (97.9%) (National Paediatric Diabetes Audit, 2015/16)
- Increase in children and young people achieving good control (HbA1c <58 mmol/mol) from 23.5% in 2014/15 to 26.6% in 2015/16. (National Paediatric Diabetes Audit, 2015/16)

Diabetes prevention, care and treatment is a national priority – Working together to improve

- Diabetes in the CCG Improvement and Assessment Framework and Five Year Forward View
- NHS England Diabetes Type 2 Prevention Programme - *'Healthier you'*
 - Covers half the country and set for 100,000 referrals by 2020
 - Total referrals are 76,514 at end of July
 - Current take up rate of 48% across the programme (Large variation across all providers and sites (between 26% and 83%).
 - Wave 3 roll out to rest of England in 2018/19 and digital programme
- £40m NHS England transformation funding to reduce variation
 - Priorities based on economic case for structured diabetes education, treatment targets, multidisciplinary footcare teams and inpatient care.
 - Good evidence this will have the most clinical impact, result in improved outcomes and be locally sustainable

Outcome of bidding process

- Bids of £36m across 166 CCGs approved in first wave (A rated bids)
- **Increased availability of structured education places from 54,000 to 148,000 places**
- **Approximately 850,000 patients will receive new interventions to increase achievement of the treatment targets, across 99 CCGs**
- **53 hospital sites or community teams, across 67 CCGs, will put in place new or expanded specialist diabetes foot teams**
- **60 hospital sites, across 53 CCGs, will put in place new or increased numbers of Diabetes Inpatient Specialist Nurses**
- Further £6m made available to regional teams to use with sites where bids needed further work, with a focus on areas of inequality (B-rated bids)



Public Health
England

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NHS
England

Additional support

- CCG Improvement and Assessment Framework (CCG IAF) rates areas on structured education and treatment targets indicators
- £2.5m invested in clinical networks and £2m in regional teams to support focused diabetes roles
- Roles supporting CCGs low on CCG IAF positions, whether or not they received transformation funding
- Plans to develop and evaluate digital approaches to increase opportunities for flexible learning and uptake of structured education
- NHS Right care better value pathway and teams to support local improvement www.england.nhs.uk/rightcare/wp-content
- National Diabetes Audit (adults) and National Diabetes Paediatric Audit re-commissioned
- Diabetes UK regional teams; service redesign support, clinical leadership and user engagement support; resources and information



Learning, Sharing and Working together

Diabetes UK key support programmes

Clinical Champions Programme



Created new local diabetes networks

Virtual & Skype Clinics

Portal to access patient records online

Diabetes training across inpatient wards

- Turning clinicians into clinical leaders to drive improvement
- 2 year programme, Multi-disciplinary network of 65 champions
- Bespoke package of leadership training, coaching and peer support, practical support and resources



Excellence in Practice
GOLD 2017



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KNOW DIABETES. FIGHT DIABETES.



ASHRIDGE



NOVO NORDISK

This is a Diabetes UK project in collaboration with Novo Nordisk who are providing support and funding

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Tomorrow's Leaders – Leadership Course

- Leadership course for Diabetes Specialist Nurses (DSNs) and dietitians
- Helps develop leadership skills, and boosts confidence and motivation to improve care
- Partnership with Leicester Diabetes Centre and TREND-UK
- 57 attendees in 2017
- 100% of respondents feel more motivated to improve care, 87.5% felt they had further developed their skills and knowledge to help influence change locally
- Current alumni of over 100 clinicians

“Inspirational. The positive energy was palpable. People who were quite low came back with not just ideas but action plans on the road to success!”
- 2017 Tomorrow's Leaders participant.



Information Prescriptions

Personal →

Name: _____ Date: _____
Name of Doctor/Nurse: _____ **DIABETES UK**
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Diabetes and bad cholesterol Information prescription

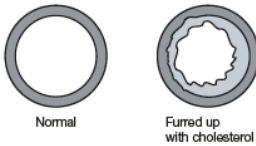
Your last cholesterol reading is: Total _____ HDL _____

People with diabetes and high levels of bad cholesterol are at higher risk of having a heart attack or stroke. By lowering your bad cholesterol, you can dramatically reduce your risk.

What is cholesterol?

Cholesterol is a type of fat in the blood. Sometimes it is called lipids. There is good cholesterol and bad cholesterol. HDL (high-density lipoprotein) is good cholesterol which helps protect you from heart disease. Both triglycerides and LDL (low-density lipoprotein) are bad for you.

Blood vessel



When is cholesterol a problem?

Too much bad cholesterol in the blood causes fatty material to build up in the blood vessels supplying the brain and heart, making them narrower. This can lead to a blockage in blood vessels, which can cause a heart attack or stroke.

How can I lower my bad cholesterol?

You can make changes that lower your risk of having a heart attack or stroke.

Most people need a medication to lower their bad cholesterol – the most common is a statin. These have been proven to lower cholesterol. Most people do **not** experience side-effects: if you do it is important to speak to your doctor as they can find a medication that suits you.

Keep to a healthy weight

Reduce the size of your portions and cut down on fatty and sugary foods.

Eat a healthy balanced diet

- Eat less fatty foods, processed meats, full-fat dairy, pastries and cakes.
- Include wholegrains and pulses.
- Aim for at least two portions of oily fish a week.
- Eat plenty of vegetables and fruit – aim for at least five portions a day.
- Replace butter, lard and ghee with vegetable oils and spreads.

Get more active

Aim for 30 minutes five times a week to raise your heart beat. Activities like walking fast and cycling all count. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

Stop smoking

For help giving up ask for your local stop smoking service.

Clear, clinically accurate, information

Signpost for support and information

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about What, Where, When and How?)

- 1
- 2

For information or support, call Diabetes UK Helpline: 0345 123 2399* Monday to Friday, 9am–6pm, or go to www.diabetes.org.uk/info-p

Care may be necessary for quality and safety purposes.

Actions to reduce risk

Personal care planning

Given by clinician to patient to support care planning and behaviour change

- Clinically accurate and easy to read
- Focussed on NICE treatment targets for BP, cholesterol and HbA1c
- Built into clinical IT: targeted, personalised, specific, quick

Information Prescriptions feedback

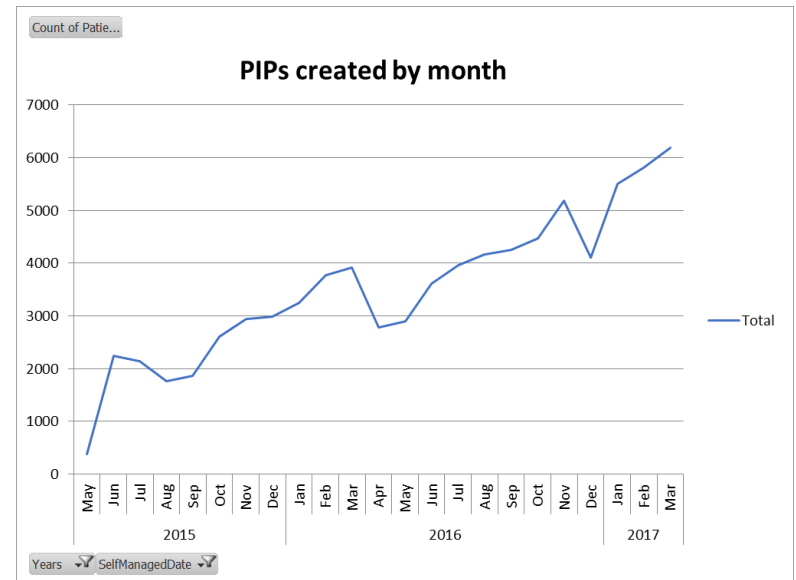
Diabetes teams:

- One third of GP surgeries have activated the info prescription alerts
- On EMIS Web >100k completed Info Prescriptions saved on patient records

Patient insights:

- **Revelation as to “ownership” of own diabetes** “Are these my results?”, “Can I set my own goals?”
- **New understanding of diabetes** “I found this very interesting and informative.”,
- **Pride/confidence in ability to self-care** “I’m getting a folder to keep these in”
- **New confidence to challenge status quo** “[They] help me to plan better if there is a problem with my test readings”, “My GP always tells me my results are fine. I will now ask what fine means.”

For more information
www.diabetes.org.uk/info-p-qa



Information, tools, resources and networks

- Tips about what local areas have done and how they have done it
 - Shared practice library
www.diabetes.org.uk/shared-practice
- Free to join professional network groups
 - Monthly diabetes **e-newsletter**
 - Expert medical insight –**short films**
 - Practical **resource** signposting e.g. Eating well postcard
 - Patient and professional magazines (Balance and Update)
- Membership

More information: and
www.diabetes.org.uk/pc



**PRIMARY CARE
NETWORK**

THE KNOWLEDGE YOU NEED

Tackling the diabetes challenge together means

- Effective support to reduce risk of Type 2
- Supporting people with diabetes to achieve treatment targets and have more control to self manage
 - Early & effective treatments, technologies & devices
 - Collaborative care planning: whole person
 - Value of learning: consistent and quality information, education, peer support, social networks
- Spreading effective models of integrated diabetes care, including transition by
 - Making it relevant and personal to help manage day to day and prevent complications
 - Improving clinical, wellbeing and psychological outcomes
- Delivering better care in hospitals so people with diabetes are safe
- Timely access to diabetes foot specialist teams to treat, support and manage effectively



“Give us the best care whoever we are and however severe our complications. Recognise that without our full co-operation you will be wasting your time. Do everything you can to ensure we stay motivated to look after ourselves, rescue us when we bugger it up, because as sure as hell we will. You can only do this through full integrated diabetes services of the highest quality, treating us as people and not as a medical condition and working with us as a team”

(Person living with diabetes)