

# Diabetes care within primary care services in Great Yarmouth and Waveney

- Presentation Aims
  - To cover progress to date
  - Planned projects – CCG
  - Planned projects - STP

## Treatment Targets

- The 8 Care Processes has seen an 8% improvement in performance in February 2019 compared with February 2018.
- The 3 Treatment Targets saw a 4% decrease.
- We are focusing on the Treatment Targets for 2019.
- We have produced a deep-dive Action Plan for each Practice.
- We are going to run training and recording sessions for the Practices

# Treatment Targets - Comparison

Position of CCG (out of 195)

South Norfolk	06Y
Norwich	06W
North Norfolk	06V
Gt Yarmouth & Waveney	06M
West Norfolk	07J
Cambs & Peterborough	06H
Herts Valley	06N
East & North Herts	06K
West Essex	07H
Ipswich & East Suffolk	06L
West Suffolk	07K
North East Essex	06T
Bedfordshire	06F
Luton	06P
Milton Keynes	04F
Mid Essex	06Q
Basildon & Brentwood	99E
Castle Point & Rochford	99F
Thurrock	07G
Southend	99G

T1 Treatment Targets	T1 Care Processes	T1 HbA1c	T2 Treatment Targets	T2 Care Processes	T2 HbA1c
168	7	177	186	59	192
144	5	164	190	78	185
103	4	148	188	43	187
171	139	180	193	161	191
165	135	181	129	75	181
95	49	59	182	88	147
78	70	70	150	107	158
54	35	54	93	121	61
62	115	61	116	141	118
91	1	66	34	15	51
97	162	122	73	126	125
52	2	41	64	2	39
95	23	103	179	124	165
164	40	113	194	142	176
13	50	15	136	33	120
101	158	109	175	179	141
25	179	16	105	186	57
24	181	17	69	175	3
11	194	24	67	191	71
20	156	12	89	170	15

\* Numbers in each cell are ranking for each CCG for each variable against 195 England CCGs 2017/2018

\*Colours in each cell reflect data analysis of performance for each index CCG (left hand column) by item, against performance in the 10 most demographically similar CCGs (based on NDA data 2017/2018) using source proportional data in NDA datasets.

\* Data is shown as:-

Significantly worse statistically than demographically matched CCGs for an item (usually  $p < 0.01$ )

Not significantly different from demographically matched CCGs for an item

Significantly better statistically than demographically matched CCGs for an item (usually  $p < 0.01$ )

## Structured Education

- We have seen an increase in numbers year on year:
  - 2017/18 saw 270 attendees
  - 2018/19 saw 450 attendees by Q3
- The additional transformation funding has been used to increase the numbers and types of courses available.
- Courses are now available as a 1 day course

# 2017/18 IAF Rating

- Rating for 2017/18 = Requires Improvement

		Treatment Targets		
		Band 1	Band 2	Band 3
Structured Education	Band 1	Outstanding	Good	Requires Improvement
	Band 2	Good	Requires Improvement	Requires Improvement
	Band 3	Requires Improvement	Requires Improvement	Inadequate

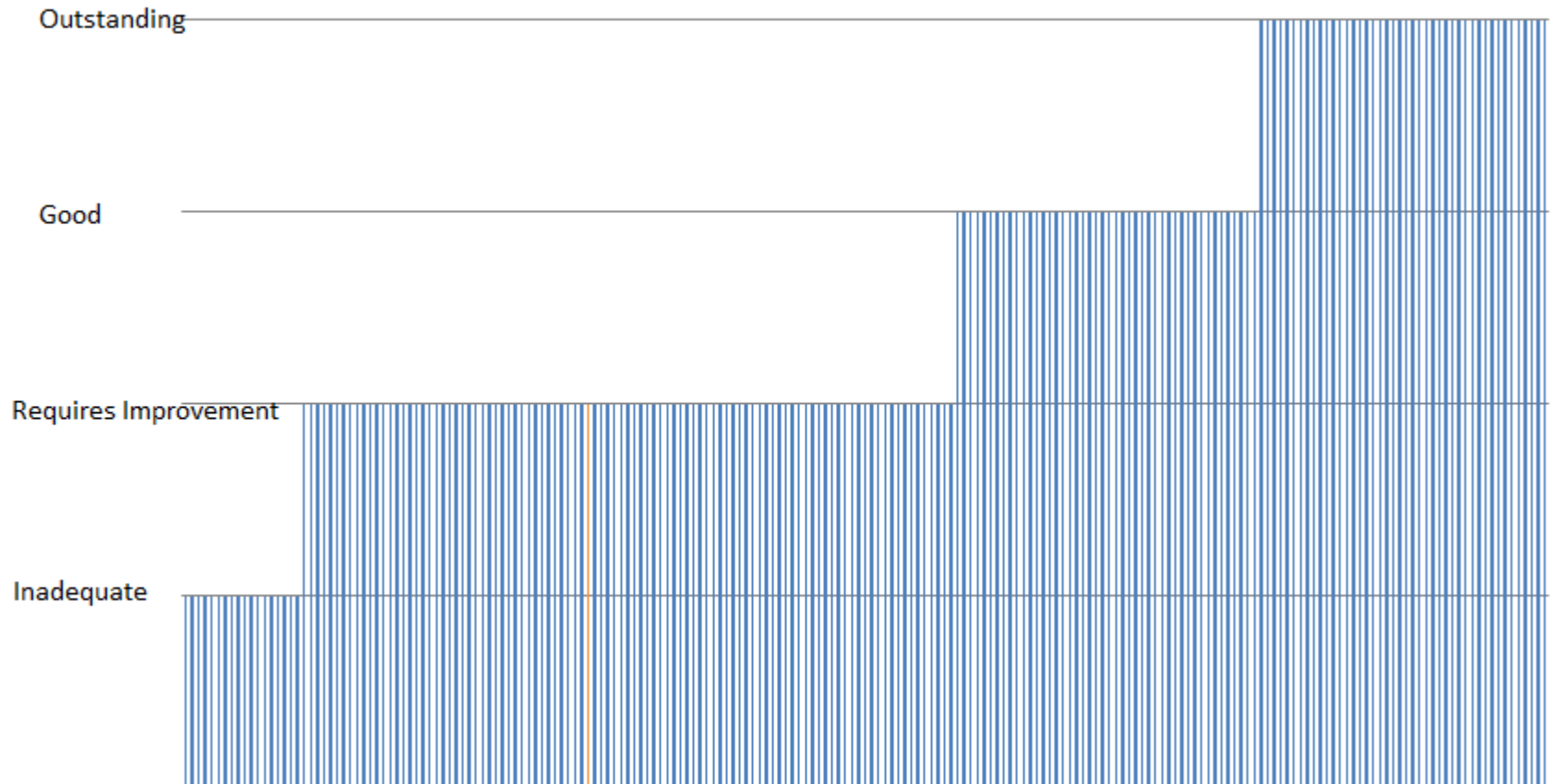
# Predicted 18/19 Rating

- Predicated rating for 2018/19 = Requires Improvement – no overall change in rating

		Treatment Targets		
		Band 1	Band 2	Band 3
Structured Education	Band 1	Outstanding	Good	Requires Improvement
	Band 2	Good	Requires Improvement	Requires Improvement
	Band 3	Requires Improvement	Requires Improvement	Inadequate

# National Comparison

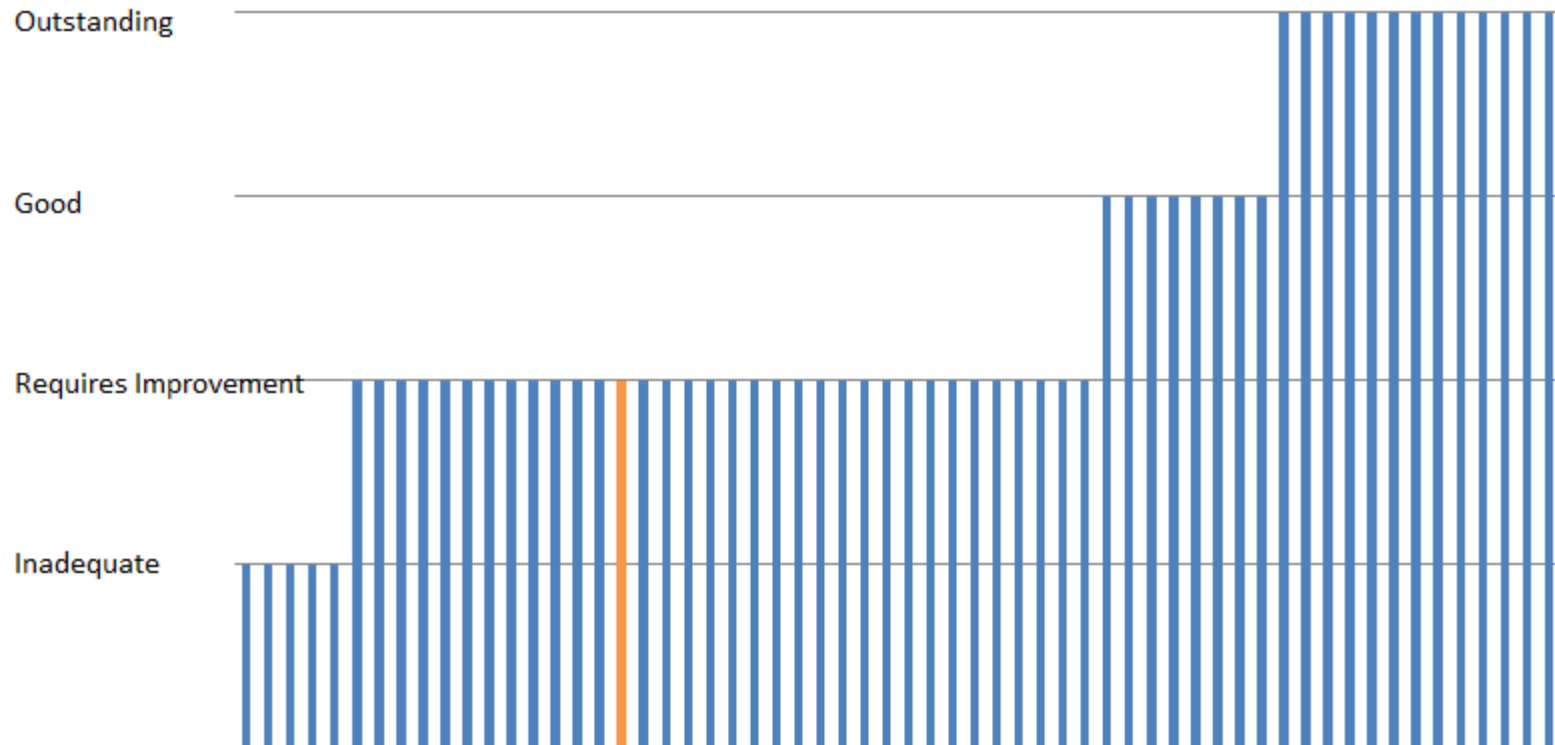
## Performance



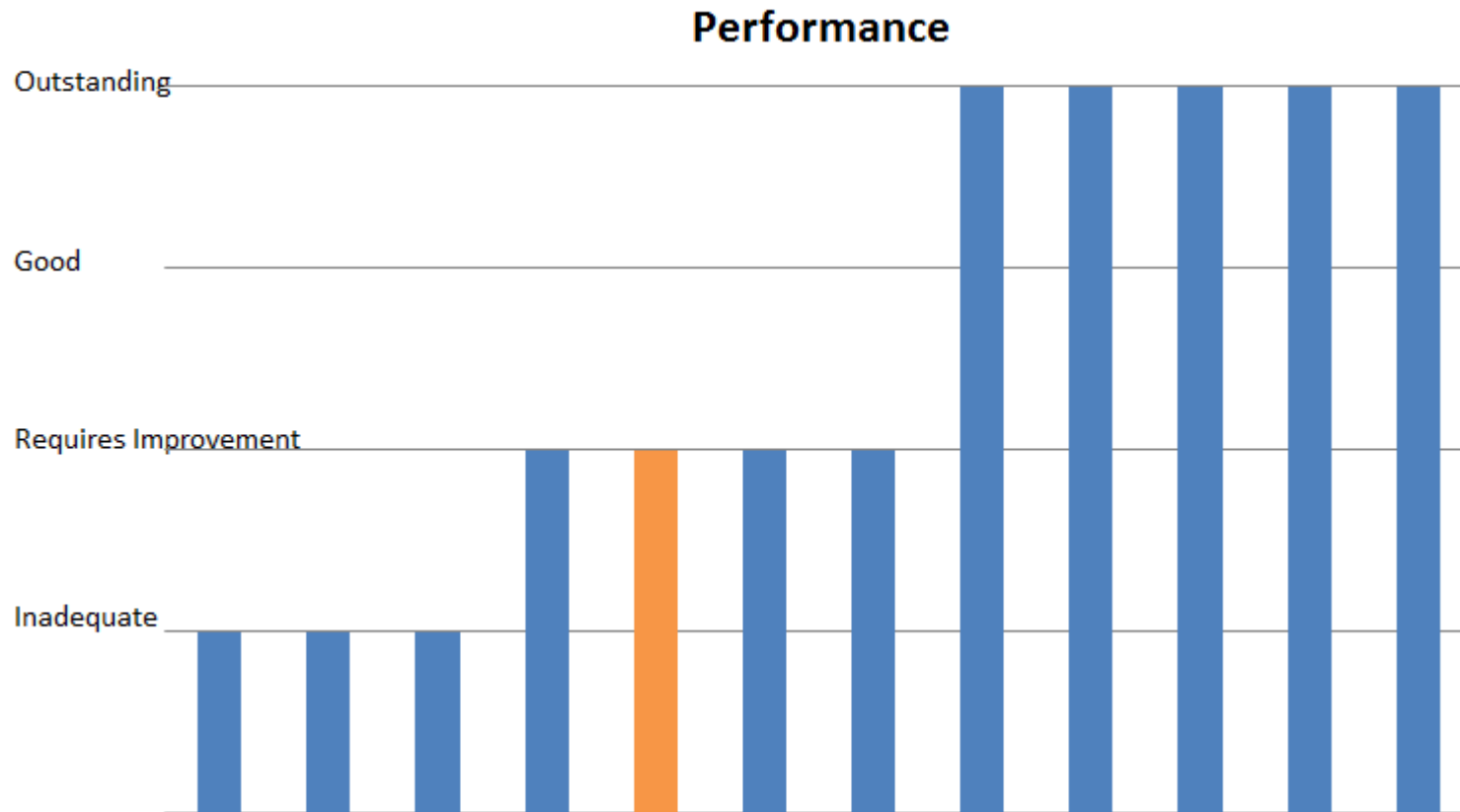


# Midlands & East Comparison

## Performance

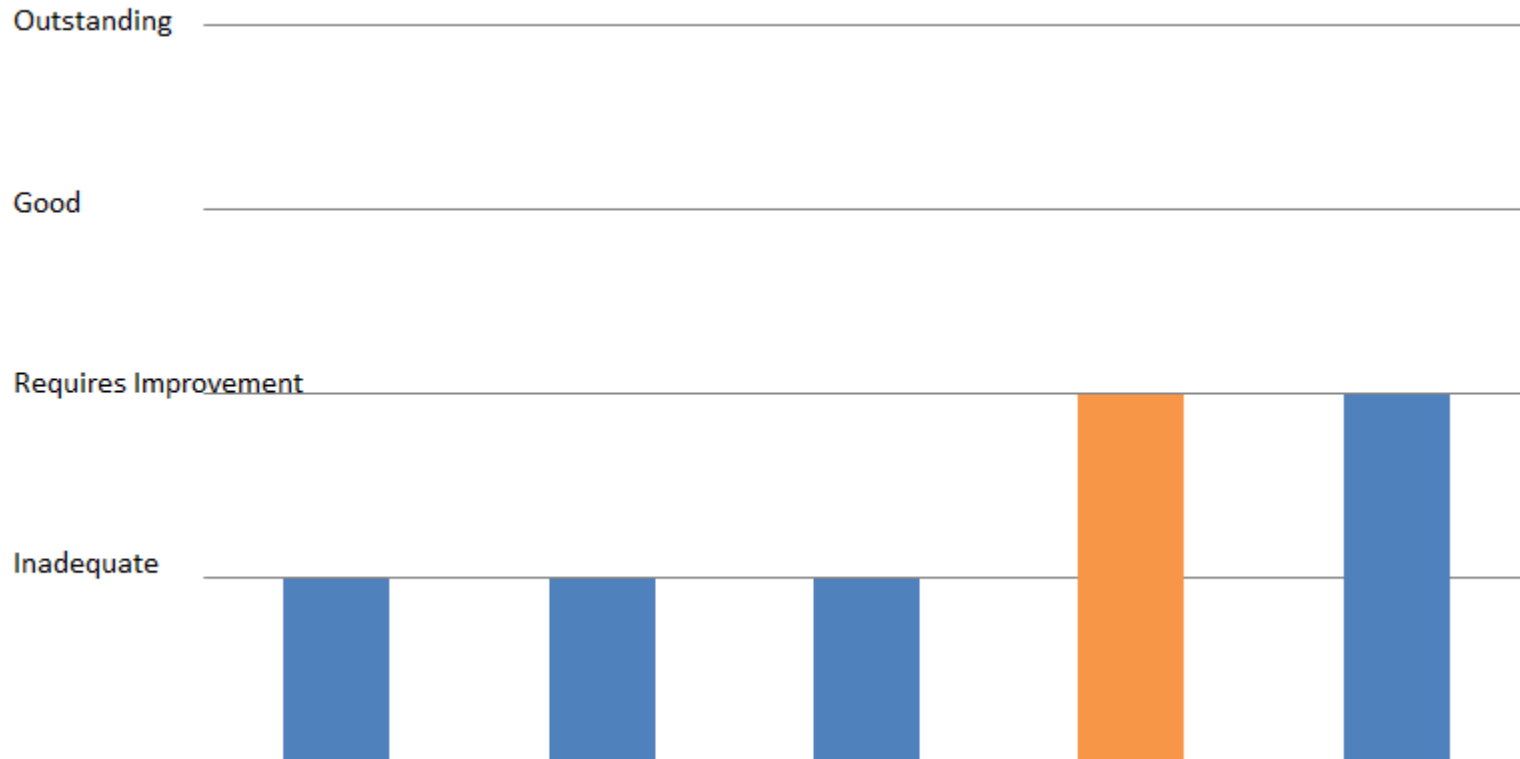


# East Comparison



# STP Comparison

## Performance



# Achievements – 2018/19

## Achievements – 2018/19

### InSight Camera

- Commenced in February 2019 with all 5 podiatry clinics
- This camera will provide accurate 3D mapping of foot ulcers for diabetic patients – the expected benefits will include:
  - greater accuracy in measuring (of the ulcer);
  - better monitoring of any increase, or decrease, in size of the foot ulcer
  - and an increase in communications.

## Achievements – 2018/19

### **Intermediate Diabetes Team**

- The Intermediate Diabetes Service has been transferred from JPUH to ECCH
- This service has already experienced good results with a revised management structure and clinics with Practices
- A new system allows the team to see vacant spaces and book patients into these spaces

## Achievements – 2018/19

### **National Diabetes Prevention Programme**

- Commenced in October 2018 for GYWCCG (and West Norfolk)
- Over 140 patients have been referred to the service, roughly the same number as West Norfolk.
- Approx. 80 of these patients have now had an initial assessment (compared with 30 in West Norfolk).

# Future Plans for 2019/20



## Future Plans for 2019/20

### **Touch the Toes Test** (also called the Ipswich Hospital Touch Test)

- Implement in the community to aid early identification of loss of sensation in diabetic feet
- Patients will be able to test at home (with support of family / care team)
- Review training with JPUH (meeting another Peer Review recommendation)

## Future Plans for 2019/20

### **Multi Disciplinary Foot Team**

- To be implemented by ECCH as part of the Community Procurement.
- This will meet weekly at the JPUH and review relevant cases with appropriate clinical staff.
- This includes reviewing the InSight camera pictures
- This will meet the Peer Review requirements undertaken at the JPUH recently

## Future Plans for 2019/20

### One Stop Shop

- This will be provided in the Community by ECCH and will provide support for the podiatry, phlebotomy and Health Intelligence areas
- These will link in with Diabetic Retinopathy services too
- This was trialled previously at Halesworth, Sole Bay and East Norfolk Medical Practice – the Suffolk ones were well-attended and this model will continue

## Future Plans for 2019/20

### **DESMOND (and DAFNE)**

- To be made available at point of contact to ensure a mix of skills and will increase the offer to patients.
- This will include day, evening and weekend sessions

### **Sentinel Leisure Trust**

- Already being rolled out for Atrial Fibrillation services and will include diabetes referrals too (e.g. NDPP, DESMOND etc.)

# STP Plans for 2019/20

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### **Health Education England training**

- Funding secured to run training courses at the University of Essex for local leadership and upskilling existing workforce.
- Will commence later in 2019 (e.g. September)

## STP Plans for 2019/20

### **OurPath**

- This is an STP-wide tool aimed to provide digital Structured Education
- It will also enable the recording, and monitoring, of the 3 Treatment Targets

## STP Plans for 2019/20

### **Care Homes and Housebound Patients Outreach Service**

- This will support diabetic care across Norfolk for patients in these settings – this will include undertaking the 3 Treatment Targets.
- These schemes are already in place in West Norfolk and will be rolled out to the other 4 CCGs.



# JPUH Peer Review Recommendations

	RECOMMENDATION	FOR ACTION BY
1	A NICE compliant MDT should be commissioned and set up at James Paget within 6 months	GYW CCG JPUH
2	An inpatient podiatry service should be commissioned	GYW CCG
3	Hospital podiatry should be relocated to more suitable accommodation	JPUH
4	The foot care pathway should be updated.	GYW CCG JPUH ECCH
5	A clinical lead with allocated time should be appointed.	JPUH
6	The referral pathway(s) to the Norwich vascular surgery team should be clarified in written protocols for emergency and routine referrals. This should include referrals both from JPUH and community podiatry services	JPUH ECCH NNUH
7	Timely reporting of vascular radiographic procedures by vascular radiologists should be available at JPUH.(could explore creating up linking images to NNUH directly so that they may be reported by vascular radiologists in Norwich)	JPUH
8	Training for primary care staff in foot examination should be reinstated	GYW CCG
9	Podiatry staff numbers should be increased (ward cover/cross cover/ Multidisciplinary Diabetes Foot Team)	GYW CCG ECCH
10	Consider starting casting service at JPUH	GYW CCG JPUH
11	Develop better information sharing between organisations	GYW CCG JPUH ECCH
12	Commission community Topical Negative Pressure Therapy Service	GYW CCG
13	Regular education and audit of inpatient staff who carry out the Touch Test at JPUH	JPUH