



## North Devon Integrated Diabetes Service

### Project Team Notes

Wednesday 15 November, 12 noon to 1pm

	Description
	<p><b>1. Introductions &amp; apologies</b></p> <p><b>Present:</b> Glen Allaway (GA), Andrea Beacham (AB), Stephanie Johnson (SJ), Gayle Richards (GR), Michelle Stevens (MS), Claire Morgan (CM), Lyndon White (LW), Melanie Hucker (MH), Lindsay Stanbury (LS)</p> <p><b>Apologies:</b> Sharon Bates (SB), Clare Shanley (CS) Alastair Watt (AW), Nic Harrison (NH), Pat Doran (PD) James Szymankiewicz</p> <p><b>1. Notes and actions from meeting held on 3 November</b></p> <p><b>Finance - AB</b> reported that she had updated the Finances and included the co-ordinator post. As part of that role they would create an exit strategy for each project.</p> <p><b>Project updates –</b></p> <p><u>MDFT &amp; Podiatry:</u></p> <p>These projects overlap. The research study/trial on Diabetic interventions is recruiting from February 2018. This will generate income. It will look at deprivation, a bio engineered skin product, digital equipment and software and outcomes from diabetic clinics. Also it will explore different ways of working with the multi-disciplinary team and Skype clinics.</p> <p><b>MH &amp; LW</b> will take diabetic issues to GP shutdown day for Practice Nurses, and also need to take to GPs. The challenge is to include Primary Care and do Root Cause Analysis (RCA). Concordance of services is an issue, and often the wound is seen too late in the hospital. Mapping a timeline is a time consuming process. There is a need to see patients who are moderate to high risk more regularly, but not sure whether intervention affects outcomes yet. The STP have RCA targets. Training is needed for Band 7's, step in 'foot protection' training needed for GPs, and the resources to carry out the audits need to be identified.</p> <p><b>MH</b> going to Ilfracombe on 23 November. <b>MH</b> to talk to Ed Parry Jones before this to establish a methodology for RCA. The group were keen to stress to GPs that the number of patients to audit is very small.</p>



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**Actions:** **MH** to contact Ed Parry Jones to find out how RCA's are gathered in West Devon.

Draft a plan for training additional members of staff to help with undertaking this work. There is also a link to podiatry not having sufficient capacity to see people regularly which could be driving some of the escalated foot problems. Ilfracombe visit is on 23<sup>rd</sup> so AB would like some idea of the format to discuss with them. RCAs only to be undertaken on major limb amputations, 8-12 a year. Patients generally have pre-existing co-morbidities. Once a year to look at one or two patients.

#### Making every consultation count:

**GR** still to gauge initial reaction to PAMS. **GA** said that there is now a PAMS template available on the Ardens system. **AB** to follow-up with Kim Hopkins regarding monitoring of results, improvement and implementation. Additionally, a date for a training session for PAMS needs to be organised.

**Actions:** **GR** to gauge initial reaction to PAMS and set up training sessions.

**AB** to discuss PAMS with Kim Hopkins with regard to understanding what HCPs do differently as a result of the PAM score.

#### Evaluation:

**AB** took latest data to Brannam surgery. It is too early for the figures to show any trends yet and population markers need to be included, such as deprivation, frailty, exemptions etc. Brannam will suggest what will make it more useful.

**Actions:** **AB** will take the data to the practices in Ilfracombe, Lynton and Bideford

#### Primary care team access to specialist care:

The Brannam visit took place and the content of the meeting was good with the Brannam team positively engaging in the discussions about patient management and practice education. A consultant diabetologist post is being actively sought in the current recruitment campaign to work alongside AW who is currently on sickness leave.

Currently also seeking out a locum to cover the non-project work. GT is able to cover AWs project work in his absence and his time backfilled. Funding is not at risk if STP milestones are kept to. Next practice visit is in Ilfracombe. **LW & GR** are also booked for the visits to Ilfracombe and Bideford.

#### Healthy lifestyle support

Discussion around potential plan to upskill clinicians. Lynne Palmer can possibly lead on this. DCC will lead on Devon-wide prevention programme.

**Actions:** **AB** to arrange meeting with Lynne Palmer.



## Place based wellbeing

Ilfracombe wellbeing club being arranged for January. It has been suggested the next one is Torrington.

## Patient education

Meeting to be arranged with JS, AB, PD

## **2. N Devon IDS Programme finances as submitted to the STP**

Urgent request from NHSE for information at short notice last week to reassure them about funding changes (IT and equipment) and to reassure about year 1 spend. Now shows NDHT as spending full allocation in Year 1 and Year 2 by various methods. Full time project co-ordinator role to be appointed to.

### STP Milestones:

The FRAME e-learning module is available for all healthcare professionals with each GP Practice having two FRAME licenses. So far, the training take-up has been low. It was agreed that all GPs and Practice Nurses will be reminded about FRAME training at their GP and practice nurse shutdowns in the New Year. The group discussed how to monitor compliance for FRAME and CDEP.

The group discussed if a northern campaign for professionals education is required. Karen is currently delivering FRAME training to Care Homes; Domiciliary Care is also to be included. The Tissue Viability Service also needs prompting to complete FRAME.

**LW, GR, SJ, MH & GA** to draft a training table listing staff groups, identifying which staff groups require FRAME or CDEP training or both. **LW, GR, SJ, MH & GA** to develop a plan to monitor compliance, identify and follow up non-compliance. CDEP relates to primary care staff only - **GR** to discuss with **JS**. The group agreed to forget the toe touch test as this is covered in the FRAME training and Diabetes UK Modules.

**LW** has initiated a system at NDDH to send the completion certificate to Workforce Development who will update the staff members' electronic record. ND Podiatry has discussed implementing FRAME refreshment training biannually. This could be extended to the care home team - Tracey Morrish is Care Home Team Manager. **LW, GR, SJ & MH** for FRAME template. MDFT can add this as a prompt in care homes training session.

There is a need to identify what staff education and training modules are needed for each project, and find a way of promoting this, possibly through BOB and the Trust website GP pages.

**Actions:** **LW, GR, SJ, MS & GA** to draw up table for FRAME and CDEP specifying who should be trained and how to monitor compliance/non-compliance.

**AB** to circulate STP Milestones.

**ALL** - Highlight anything within the milestones that relates to their own project.

## **3. Project meeting frequency in 2018**



It was agreed that there would be monthly meetings of the IDS project team from December.

#### **4. Next Steps**

Not discussed.

#### **5. AOB**

There was no other business discussed.

#### **6. Date of next meeting:**

It was agreed that the meeting on Wednesday 29 November from 12noon – 2pm is too soon, and the next meeting will be on **Friday 8 December from 9am-11am**

In the new year there will be a meeting on Friday 5 January 2018 from 9-11am.