

## Diabetes Transformational Project Highlight Report

**Highlight Report Purpose:** - Highlight report updates the project sponsor and the project board about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board, and alert them to any changes that may affect the project.

<b>Locality</b>	Northern
<b>Project Lead</b>	Andrea Beacham
<b>Date of Report</b>	22 November 2017

**All Fields must be completed. State 'nil return' where there is nothing to report**

Current Project Status	Trend
Amber	

### Headlines since last report

<b>Date of last report</b>	<b>Oct 24<sup>th</sup> 2017</b>
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Last month, we highlighted two issues that were at risk of impacting on our ability to achieve some of our milestones. We met as a project team to consider the options available to us and also escalated these risks through the STP Diabetes Group and to the North Project SRO.

We have now agreed a plan which will allow us to meet the milestones with minimal slippage.

The issues were:

1. Lack of Diabetes Consultant availability to work on the project carrying out the primary care patient management (Eclipse etc) and practice education (virtual clinics etc) visits.  
NDHT's Medical Director, Dr George Thomson, is an Endocrinologist and has agreed to carry out this role until the return of Dr Watt.  
We are continuing to advertise for a substantive second Diabetes Consultant post. We are continuing to seek locum cover to carry out part of the clinical backfill for Dr Watt & Dr Thomson.
2. Lack of capacity to backfill clinical posts. The clinical leads for each of the projects will continue to lead on the projects but will be supported by a full time project co-ordinator. An ATR is being progressed and we expect to have this person in post in December.

We have begun our practice support visits from podiatry, diabetes specialist nurses and consultant.

## **Achievements since last highlight report**

### **1. Primary Care Team access to Specialist Diabetes Team**

We visited Brannam Medical Centre on 8 November and Combe Coastal Medical Centre for patient management discussions, discussion about the opportunities for using Eclipse, practice education and RCA planning. We have contacted the company who carries out RCA training and we will increase the numbers of staff who are able to complete this and offer places to primary care.

### **2. Improving access to the multi-disciplinary footcare team**

Podiatrist teams and MDFT teams met with performance analyst to establish what performance and outcomes measures are already being collected for the MDFT clinic.

Teleconference between NDHT and CTRU held and North Devon will open as a research site in the RCT in February 2018.

Podiatry and MDFT have a slot at the North Devon Practice Nurse education event on 31 January 2018.

We have compiled a schedule of IT and clinical equipment including costs and a timeline together with a description of how these will help meet the required milestones.

### **3. Improving access and timely referral to community podiatry services**

Attended Fremington Health & Wellbeing event on 10 October and podiatrist after carrying out foot assessments on the majority of attendees identified a number of patients requiring referral to the podiatry team.

Training session took place for RN based in nursing homes on 26 October.

We have compiled a schedule of IT and clinical equipment including costs and a timeline together with a description of how these will help meet the required milestones.

### **4. Improving access to healthy lifestyle support (psychological, dietetic, weight management, health coaching)**

Project team met and are putting together a proposal for an ongoing education syllabus for upskilling HCPs involved with people with diabetes in these skills.

### **5. Making every contact count towards lifestyle change**

Practice nurse clinical champion has been recruited. The practice nurses at Litchdon Medical Centre have developed a care plan for use at diagnosis. Permission was given to adapt this for use in all practices if deemed useful. . It will be possible to load this onto Arden and a paper copy printed off to give to the patient. Our practice nurse clinical champion has visited the nurses of Brannam Medical Centre and Combe Coastal Medical Centre with the draft template. Awaiting confirmation of date for Bideford practice. Consideration has been given to the information prescriptions developed by Diabetes UK and Use of PAM tool and aspects have been adopted into the North Devon pilot careplan.

The three practices are going to test this with newly diagnosed patients.

### **6. Ensuring same standard of diabetes care at home (community nursing and domiciliary care)**

This has been discussed at the latest practice visits and confirmed to be an area needing work. Awaiting project lead.

### **7. Creating place-based offers of support**

(such as peer support groups, wellbeing clubs)

Project lead has met with practice manager of the next locality to test the wellbeing club. The next one is planned for the end of January at a community centre in Ilfracombe.

### **8. Patient education**

The project team had its first meeting on 22 November. They agreed their objectives are to facilitate patients being able to access information that is timely, specific, understandable, and appropriate to their personality and circumstances (patient shape). It should only be seen as successful if the information translates into knowledge and then into behaviour change.

A range of options need to be considered from written, electronic, peer and group structured.

### **Slippage against plan and remedial action**

- No practice nurse yet on project team

ACTION: Practice Manager on project team will send email invitation to all practices

### **Changes to budget profile**

2 year budget profile has been agreed and submitted.

### **Actions and Outputs for next period**

Actions in project plan.

### **Changes to the Project Plan**

None to date

### **Risk**

Training is not available to the diabetes specialist team until January, but the practice visits have started so we cannot begin testing this patient management approach until then.

### **Issues**

### **Decisions and issues for Project Board**

### **Timescales**