

## 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>	24 October 2017

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

<b>Current Project Status</b>	<b>Trend</b>
<b>Red</b>	↓

### Headlines since last report

**Date of last report** Sept 20<sup>th</sup> 2017

We have identified leads and project team members for four of the eight project streams within the programme. There may be a need to recruit into the other lead posts.

Our most significant issue is the lack of capacity to backfill clinical posts. We have agreed the funding within the budget for these, but cannot easily find appropriate staff to backfill our leads. The most critical impact on the programme is from lack of Diabetes Consultant availability.

### Achievements since last highlight report

#### **Patient engagement**

A further 16 patient questionnaires have been returned to add to the 148 already received.

Progress against the projects within the ND Integrated Diabetes Service programme:

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

Awaiting project lead agreement

Visits booked to 3 practices in November to develop specialist A&G service; ongoing practice education; ongoing RCAs; single diabetes care pathway including meds algorithm.

10 GP practices were represented at our 4<sup>th</sup> primary care workshop on 26 September.

Our Diabetes Specialist Dietitian met with practice nurses at one of our rural practices and considered the best resources to use. This was the first invite our DSD has received from a

practice since starting working in North Devon in 2009.

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

NDHT Specialist Tissue Viability Nurse has agreed to lead the project. It is planned that the MDFT will increase to an extra half day per week in January following service specification agreement and the implementation of the plan to increase flow from primary care to podiatry.

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

NDHT Lead Podiatrist has agreed to lead the project.

Recruitment:

Existing staff increase in hours (estimated start: Band 7 - 1 November. Band 6 – 1 December.

New staff estimated start – January 2018

Currently working on specification for IT required for remote working.

Lead podiatrist attendance at STP wide foot workshop.

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

Awaiting project lead agreement. Health coaching and increased dietetic support were featured in Workshop 4 with agreement that work needed to be carried out to understand where the most effective use of the limited resources to provide this ongoing support is likely to be.

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

NDHT Lead Diabetes Specialist Nurse has agreed to lead the project. Work has been completed describing the activities, outputs, outcomes and measures for each. Practice nurse currently working with lead DSN to create a standard care planning template for all diabetes clinical interactions.

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

Awaiting project lead agreement.

## **7. Creating place-based offers of support (such as peer support groups, wellbeing clubs)**

The first Wellbeing Club took place on 10<sup>th</sup> October at Fremington Medical Centre. Alongside the 20 patients in attendance were a practice nurse, practice manager, GP, Specialist Diabetes Dietitian, Specialist Diabetes Nurse, podiatrist, health promotion officer, mental health representative, One Small Step officer, pharmacist and fire community safety officer.

Of the 16 people who completed the feedback form, 14 people said that the club had been useful to them 'A lot', 1 person 'A little' and one didn't answer.

Of the 14 people who answered the question 'Has today's Wellbeing Club increased your understanding of healthy lifestyle?' 10 responded 'A lot'; 3 responded 'A little' and 1 said it had made no difference.

## **8. Patient education**

The need for quality education material targeted at individual 'patient shapes' (following patient assessment) was agreed at Workshop 4 and representatives from primary care, specialist care and patients have agreed to start working on this.

### **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.
- Lack of clinical backfill has resulted in delays to projects  
ACTION: We are considering the options available to us that could help us achieve the objectives by other means, including: exploring the use of DSNs for part of the A&G role as well as purchasing remote Diabetes Consultant A&G. NDHT is currently out to recruitment for a Diabetes/Endocrinology Consultant and we await results.

### **Changes to budget profile**

- Spend currently being re-profiled to reflect the clinical backfill issue

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

Actions in project plan.

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

None to date

### **Risk**

- Some feedback from practices that System One (which most of the North's practices use) would have produced the same benefits as Eclipse and would be more practical. Need to try to ensure a positive start by beginning with the most enthusiastic practices. One practice has advised us they will not be signing the Eclipse agreement.
- Healthy lifestyle support. This has been identified as being required but there is no current agreement as to which type of service would best provide this with practitioners expressing that a universal service should be available that is sustainable. Mitigation: Project team to create specification with evidence base.

<b>Issues</b>
---------------

- |  |
|--|
| <ul style="list-style-type: none"><li>• Whilst backfill costs have been agreed, there is currently no-one available to backfill the role of NDHT's Diabetes Consultant which, if not resolved, will impact on the project's ability to deliver its objectives around increasing specialist support to primary care</li></ul> |
|--|

<b>Decisions and issues for Project Board</b>
---

<b>Timescales</b>
-------------------