



**A Proposed New Service for People with Diabetes
Feedback Report February 2014**

DIABETES UK
CARE. CONNECT. CAMPAIGN.

*This event was sponsored by the Paula Carr Trust
(A trust dedicated to helping people with diabetes in Kent)*

Introduction

In collaboration with Diabetes UK, Thanet CCG invited people with diabetes to come to a public event to talk about diabetes and to discuss the new service that is being developed.

Methodology

The event was very informal in structure with participants involved in small table discussions. A health professional sat at each table to act as facilitator and to record the comments and views of the patients. All the health professionals involved in these events currently provide services for people with diabetes in east Kent. Participants were also invited to record their thoughts and opinions on paper table cloths to ensure comments were captured accurately.

The objective of the morning was to elicit discussion and capture opinion on:

1. The new joined up service that is being developed for people with diabetes
2. Patient information pack for newly diagnosed patients.

After watching a short presentation on the new service, participants were first invited to discuss their thoughts and opinions about the new service that is being proposed.

Discussion One: Feedback from service redesign presentation

- No test strips for type 2 or machine; too expensive, particular machines can be expensive
- Little support for type 2 – from diagnosis on – e.g. counselling
- Knowledge/awareness – in patient care – no self-management
- Others had a good experience
- Better service under one person
- Surgeries need to inform patients about their reviews
- Changes need to focus on the individual
- If all in GP surgeries: can be difficult to get appointments
- Sounds a good idea – less mixed messages, repeat tests etc.
- Specialist for type 1 & 2
- How do we know all GPs are signed up for it?
- What if your GP practice is not engaging, what can you do?
- Timescales?
- Diabetic clinic at hospital?
- Need GP approval/referral to see a specialist elsewhere
- Is there the money?

Discussion two

People were then given the opportunity to look at a new pack of information that had been put together for people who were newly diagnosed with diabetes.

The pack contained:

- Diabetes UK: What you need to know for Type 1 and Type 2
- Diagnosed with diabetes - What next?
- 15 Healthcare essentials

- 10 steps to Healthy Feet
- My Diabetes Report
- Diabetes UK e-learning link
- Personal Diabetes Health Record
- Kent Community NHS Trust Local Health and Wellbeing Services sheet

Feedback captured with respect to the pack

- Needs to be for all, not just those just diagnosed
- Specific to type?
- Detailed food list – info around carbs etc. – ‘*Eat Well*’ plate should be included
- Local contacts for diabetes services, who and how to contact them
- Health Record, Looks Good
- Leaflets very useful
- Timing of getting information – when first diagnosed might not take it in
- Information for newly diagnosed around complications to underline the seriousness of the disease
- How it is available- on-line, etc.
- Cartoon form for children
- Info on educational packages
- Type 2 perhaps not taken too seriously – so would it be taken any notice of?
- Instant access e.g. downloads from NHS clinics etc.
- There is lots of information from BHF about diabetes
- Easily accessible in one place
- Co-morbidities – e.g. neuropathy- how does the information cover that?
- How, as well as what – Apps, printed/ web based/twitter

Comments captures from each of the tables

Additional Questions the participants had:

1. Are all GPs signed up to the new service?
2. Inpatient care in hospital was not mentioned
3. Will you be able to pre-book appointments?
4. Would you see everyone at once – like a one stop shop?
5. If the service is moved to surgeries, will waiting times increase?
6. Will there be specialist support for type 1's in surgery?
7. Is there the money?
8. Treatment changes to medication- Review process what is the trigger?

Statements - Positive

- ✓Rating system for surgeries
- ✓Need to ensure all patients with diabetes are managed by someone who knows about diabetes – it doesn't matter whether in primary or secondary care
- ✓More KAT1E courses need as many tools as possible to help ourselves
- ✓More media coverage for Type1 to help people understand our situation more clearly
- ✓Put patients first so that if changes are made to machines/procedures-must be sure it's for the (individual patients) patients benefit rather than financial reasons (one size does not fit all).

- ✓Type 1 and type 2 are very different and should be treated differently
- ✓I have a good rapport with my surgery, they know me
- ✓Diabetic nurse does most of the background work so knows more about patients
- ✓Paula Carr excellent service
- ✓With a lead person should be easier to identify problems and sort them out
- ✓Testing kits on prescription for type 2 diabetes

Statements – Negative

- ✗Cannot get an appointment with the GP
- ✗Testing strips - some surgeries don't issue them
- ✗More test strips should be available
- ✗Preferred my old testing meter to the new one
- ✗No strips allowed
- ✗Lack of understanding around diabetes generally, including medication and side effects
- ✗Variations across practices due to skills and interest
- ✗Mixed messages from GPs, consultants, nurses, confusion, loss of confidence
- ✗Changes to medication with checking with patient, had to argue to get back on the tablets that suited me.. is it cost?
- ✗Stop doubling up on blood tests, weight, BP
- ✗Need for better communication
- ✗Not confident about GPs ability to manage diabetes
- ✗Why go to GP? - should be seen by a specialist
- ✗Need quicker diagnosis- 2 year of issues without a check
- ✗Left to get on with it
- ✗Hospital not great-cancel appointments
- ✗Waited a fortnight for an emergency appointment with podiatrist
- ✗I get to see the podiatrist for my trigger toe, but have to wait for annual review for other foot check

Comments specific to the new model

- ✚ I'll believe it when I see it
- ✚ Model sounds ideal
- ✚ Better under one person
- ✚ Too good to be true
- ✚ Primary care and secondary care do not communicate well
- ✚ What if you move to a practice, do I need to tell them or will they know?
- ✚ Fragmented services - some GPs good, some not
- ✚ Nurse experts better than GPs
- ✚ Advantage of solely managed by GPs is accessibility- don't get that in the secondary care system

Evaluation Forms

A total of twenty two people attended the event from a range of towns across Thanet (Margate, Cliftonville, Broadstairs, Ramsgate, Westbrook and Birchington). Fourteen evaluation forms were completed.

Generally speaking people thought the event was good and eight people rated the event as excellent and well facilitated. People thought that they had been given the opportunity to have their say.

People liked the opportunity to share their experiences with other people and found the morning informative.

Some people did not like the ice breaker and there was some criticism over the choice of biscuits.

What have we learnt from your comments?

Issue	Action
Need to revisit strips and equipment for people with diabetes and set out what is and what is not available	Work with medicines management
We need to make sure the new system is clear and well communicated to both primary care and patients	Look at our communication strategy for the new service
More work needs to be done around medication if changes are to be made	Look at putting this into our new training programmes
Hospital in-patient	Need to make links to improve communication
Need to make sure the new system does not make the GP appointment system worse	Look at the pathway for primary care
Need to be clear about the new provision of service	Need a communication strategy in place to inform patients
New patient packs	On the right track but need to take on board comments from the event
Questions	Need to make sure patient questions are answered
Patients reporting the perception that there are inconsistencies between practices in the care they receive	Make sure training picks up these inconsistencies
Reducing duplication of tests	This needs to be checked within the patient care pathway
Ensuring GP commitment/engagement to the model	Make sure all GPs are signed up to enabling ALL patients to access the new service

Next Steps

We will be working to ensure that the issues above are given due consideration and we will be keeping in touch to let you know about our progress.

We will also keep you informed if there are any other opportunities to continue to be involved in the development of the new service.