

Diabetes Integration Patient Event

9th April 2014

Background

The local Solihull health economy¹ is looking to create a robust population based model to deliver an integrated pathway for diabetes. Our mission is to provide a top quality and consistent pathway across primary, community and secondary care with clear step up and step down criteria ensuring patients are seen in the right place, at the right time by the right person.

Grand words indeed ...but what does this actually mean. It means that by all working together we believe we can do our very best to reduce the risk of the residents of Solihull developing diabetes and if they do so then managing the condition innovatively, consistently and effectively.

Our desire is to put the residents of Solihull at the very heart of this redesign.

We have embarked by doing the following

1. Establishing a project team. This project team consists of

Dr Sri Bellary	Clinical Director for Diabetes	Heart of England Foundation Trust (HEFT)
Dr Paul Machin	LTC Lead	Solihull CCG/Chair of Solis
Sue Phillips	Head of Planned Care	HEFT
Jackie Webb	Lead DSN	HEFT
Manisha Sharma	Public Health	Solihull Borough Council
Julia Gilroy	Lead Nurse	Solihull Community Diabetes Services
Bernie Faulkner	Commissioning Manager	Solihull CCG
Advinder Gill	Project Manager	HEFT
Julie Carrick	Practice Nurse	Solihull CCG/Sirius Locality Group
Sue Nightingale	Practice Nurse	Solihull CCG/Solis Locality Group
2. Working with Diabetes UK
3. Holding a consultation event

The following captures the output from the consultation event.

Patient Consultation Event

Following the event held in October 2013 it was identified we needed to hold a replica event in North Solihull. It was felt vital that we ascertained patient feedback on the current service and to capture this qualitative information as part of the baseline reporting for the current diabetes service.

Again the project team used the tools provided at the workshop to both and promote the event however this time the event was directly supported and facilitated by Diabetes UK following our successful application to obtain support.

The event was held at The Fordbridge Centre. A well- known and easily accessible location in North Solihull. The event was publicised locally via posters in local GP surgeries, in pharmacies, local libraries and in diabetes clinics in both the community and in Solihull Hospital. Diabetes UK also supported the event by sending out letters and emails.

The event was spilt into sessions

1. 2pm to 4pm
2. 6pm to 8pm

The weather on the day was lovely.

In total 6 people attended the event (3 in the first session and 3 in the second sessions). Attendees were asked to complete a small questionnaire and all chose to do so. The details of which are as follows

1. **Sex of Attendees** Male: 3 (50%) Female: 3 (50%)
2. **Age range of Attendees**

30-40	0	0%
41-50	1	17%
51-60	2	33%
61-70	2	33%
71-80	0	0%

3. GP attended

Solihull	
Bosworth Medical Centre	2
Chester Road Surgery	1
Craig Croft Medical Centre	1
Outside Solihull	
Shard End	2
TOTAL	6

4. Where do you have most of your Diabetes Care? (more than one option)

GP	5
Community Diabetes Clinic	0

Diabetes Clinic at Hospital	3
If Hospital Heartlands (x2), Solihull (x1)	

5. Attendees who have attended any other service to do with their diabetes

Service	No.	%
Eye Screening	4	67
Chiropodist/Podiatrist	1	17
Diabetes Dietician	4	67
Psychologist	0	0
Weight Management Service	2	33
Exercise on Prescription (DocSpot)	0	0
Diabetes Specialist Nurse (DSN)	4	67
DSN at Hospital	1	17
DSN at Community Clinic	1	17
DSN at Practice	2	33

6. Attendees who have attended a Diabetes Education Course

Course	Location	When
Type 1 Education (5 days)	Solihull	?
SLIM (Weight Management)	BHH	In last 5 years
X-PERT	Land Lane Clinic	2013

Main Conclusions

The project team decided to focus on 3 main areas

1. What is good about the current service?
2. What is not quite so good about the current service?
3. What do you want to see in the future ...and what are top 3 future requirements?

The 2 sessions combined a mix of Type 1 and Type 2 diabetics and their carers/partners.

We have identified the following key themes and have listed the current care positive and negatives plus future care under each of these headings. The headings are

- a. Education
- b. Communication
- c. Clinical care
- d. Process
- e. Associated/Other Services
- f. Access
- g. Other/general

Current Care –Positive	Current Care – Improvement	Future
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Education		
<i>Type 1 Diabetes Education course</i>	Did not know there were education programmes available	More education re diabetes for all Health care professionals
<i>Dietary advice – SLIM Education programme</i>	No education offered	More group sessions
Xpert programme “if you only learn one thing its worth it”	Xpert education programme etc not advertised widely enough	
Communication/Information		
	Need more awareness about Diabetes in general ...in all public places	Carer support and education
Diabetes book very helpful		
Clinical Care		
Intermediate Care Service	Hospital consultant not empathetic (not supportive and off putting) when dealing with weight management issues	Stay in GP Surgery for all care (if appropriate)
Primary Care Nurse Clinic	Emotional/psychological support difficult to access. No support group (peer and professional support)	Better long term treatment for Diabetes
Weight Management at Hospital	See a different consultant every time	One stop shop – easy access, flexible opening times (especially evenings and weekends ie when we are not working!)...eyes, feet, GP, community and hospital all together
Receiving care at the local GP	Not aware there was any psychology support available	Have a named Doctor
Care at local hospital		
Care has improved over the last 20 years		
Continuity of care at Solihull Hospital		
Primary care Nurse and GP working together (instant access)		
Process		
	No cholesterol checks at the hospital	Local support group ...provided by the practice (or group of practices)
	Don't understand the whole system ...OK as long as nothing wrong ...BUT if something goes wrong it's a nightmare to navigate your way through	Annual follow to group education ...ie go for an update every year
	No HELPLINE number...or ability to ask a question	Diabetes Database to be shared across all services/providers (but not to be sent abroad)

Associated/Other Services		
Annual eyesight test	Inconsistent message between the hospital and the optician	Local independent consultants to support DVLA medical checks (nearest is Nottingham)
Able to access Dieticians when needed	Eye clinic not as good as Digital Retinopathy programme	
Seeing the same ophthalmologist	Chiroprody waiting times	
Access		
		Self referral Ability to access specialist without going through a GP
		Better access to GP surgeries
		Access to information
		Access to recipes/information/support
		More local services ...easy access
		Credit Card size key contacts list
		Helpline for queries, symptoms, to ask questions
		Access to information but retain all channels (definitely not size fits all)
Other/General		
		A cure for Diabetes
		A cure for both Type 1 and Type 2
		Equality for Diabetics...driving, insurance etc
		Remove the stigma associated with Diabetes
		Government Agencies should be more knowledgeable and those that deliver the service on their behalf

Suggested quick wins

1. Provide a summary report for those that attended
2. Feedback the detailed outcomes to the project team ...and on into their associated organisations

Longer Terms Actions

1. Use Diabetes UK team to support more detailed patient feedback ...spilt by theme and including groups not represented at this event
2. Share the feedback at the next project Board

3. Review our training and education ...who does what, where and when ...and can we do this more effectively by sharing resources (people and budgets)
4. Ensure we get local independent consultants to support those with Diabetes

Finally the evaluation for the event follows

1. What was your overall impression of the day?

	Afternoon	Evening
Excellent	2	3
Good	1	0
Adequate	0	0
Poor	0	0

2. How was the Facilitator's handling of the day?

	Afternoon	Evening
Excellent	2	3
Good	1	0
Adequate	0	0
Poor	0	0

Comments:

"I Understand more now"

"I completely understood all main points"

"Well explained and views were valued"

3. How would you rate the venue and facilities?

	Afternoon	Evening
Excellent	2	3
Good	1	0
Adequate	0	0
Poor	0	0

Comments:

"Comfortable/relaxed atmosphere"

4. Do you feel you had your say at the event?

	Afternoon	Evening
Yes	1	3
No	0	0

Comments:

"Time allowed/ views expressed"

5. What was your favourite thing about the event?

"The opportunity to discuss my concerns about my care"

"Welcoming/ openness"

"Very Informal"

6. What was your least favourite thing about the event?

"Nothing"

7. Any other comments?

"I hope this will inform future developments in diabetes care"

"Thanks for including views of a carer/ not a diabetes patient"

Sue Phillips 02.05.14