

Diabetes Workshop

14th December 2012,

The Ark, Dinwoodie Drive, Basingstoke, RG24 9NN

The North Hampshire CCG, in conjunction with Diabetes UK, organised a Diabetes workshop in order that local people living with diabetes would be involved with the planning and redesign of the care pathways for people living with diabetes in North Hampshire.

The event was widely publicised and 40 members of the public attended the event that was chaired by Dr. Christian Chilcott, Clinical Lead for Diabetes for the CCG and Diabetes UK.

The agenda for the day can be found in Appendix A.

Attendees at the event were invited to discuss and record their views in relation to:

- Your opinions on current care
- What do you want from services
- What would help you better manage your diabetes
- Personalised care planning

The views of the attendees can be found in appendix B.

A number of themes were identified, including more education for people living with diabetes, the provision of psychological support, including children and the development of care plans.

These notes have been written up and used to inform the on-going discussions in relation to the development of the diabetes pathway.

APPENDIX A

“A participative workshop to explore what you like about the diabetes care you currently receive and what you think could be improved and how”

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Programme

9.45-10.00	Coffee and tea
10.00	Welcome
10.10	Ice Breaker
10.20	Feedback from the September Stakeholder Workshop.
10.30	Presentation on the work of the Clinical Commissioning Group and diabetes redesign work.
10.50	Discussion 1. Your opinions of current care.
11.20	Refreshment Break
11.35	Discussion 2. What do you want from services?
11.50	Discussion 3. What would help you better manage your diabetes?
12.15	Website development
12.20	Discussion 4. Personalised care planning.
12.40	Involvement going forward.
12.50	Closing comments
13.00	Lunch

Appendix B

Discussion 1 ~ your opinions of current care

POSITIVES

- Continuity of care
- Ability to prioritise
- Good GP care
- Annual eye care (retinopathy) superb
- Regular check-ups
- Free medications and local provisions
- Medications supplied on time
- Cholesterol checks

NEGATIVES

- Treating you as a person not an illness
- Blocking and communication with Primary Care Trust
- Lack of education and diet information
- Right tools to self-care i.e. test strips
- Support for family – education
- Lack of care plan
- Misdiagnosis – type 1 or type 2

TABLE NOTES

- Regular checkups – cover most of 15
- GP Backed (KEY) Blood, Cholesterol, BP – areas of concern
- Test strips Type 2???
- Excellent team – confidence
- Eye screening Park Prewett
- Psychological support/family support
- Diabetes UK – good source of information
- Diabetes Wellness (Southampton)
- Mixed messages – lots of information confusing
- Not everyone uses internet
- 15 years improved standards
- 3 months – SLICK! – all tests done

- Way of communication
- Told had diabetes – yes, diet, exercise, any questions? . . . No official course if you are ‘the norm’

THINGS TO IMPROVE

- Glucometre and Test Strips (even to less severe cases as less severe cases lead to severe case)
- Blood Test
- Education

POOR/UNSATISFACTORY

- No care plan
- No education course
- Regular/spasmodic monitoring : bloods etc
- Travel to eye screening
- Lack of access to specialist esp. Consultant
- Footcare, once problems have been identified - lacking limited podiatry
- Misdiagnosis (Type 2 incorrect)
 - o 10 years to establish problem = Type 1
 - o Save injection for 10 years
 - o All at Reading Hospital
 - o Lack of ketones education/info
 - o Pancreas (insulin side) no longer functions
 - o Lack of convenient appointment times
- Medication – supplied strictly on time by GP
- Free medication
- Regular eye screening, blood test, cholesterol

GOOD FEATURES

- 6 month check up with pre-bloods
- Local
- Annual check
 - o 3 monthly bloods with call back if problems
- Long terms bloods (6 monthly)
- Frequent diabetic sister
- TOO PLEASED with footwear provision could contribute
- Annual retina check
- Free eye tests
- Free medication – prescriptions

BAD POINTS

- Treating as an illness not as a person
- Poor referral
- Communication of health checks
- Front of house blocking
- Struggle to get test strips
- Great difference in level of care
- Primary care access

GOOD POINTS

- Continuity
- Ability to prioritise
- Listen to what you say
- Liaison with other professionals
- Screened widely
- Ketch out the long term view
- Clarity
- Access to other services

BAD POINTS

- Lack of education
- Restrictions on number of test strips
- Poor access to podiatry care
- Lack of future planning
- Self-care – we need the right tools
- Not sure about kidney function test
- BG meters – need it? Helps with BG control
- More health care professional training in diabetes in hospital – self-control?
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GOOD POINTS

- Good GP care
- Hba/c checks at least annually
- BP checked
- Cholesterol checks
- Eye checks good
- Foot care – could be better

Discussion 2 ~ What do you want from services

FUTURE INVOLVEMENT

- Dedicated room at surgery to discuss with peers
- Clear information
- Children involvement – see it from their perspective
- Emotional support for teenagers
- Emotional support on first diagnosis – psychological help
- Feedback from today's workshop – how it has helped and the role the patient has played.
- Patients to be more involved
- Set up an overall group for CCG e.g. diabetes

WHAT DO YOU NEED FROM THE SERVICES

- More information on diet
- Appointments closer to home
- Education
- Support groups closer to home
- Better timing of information
- Early results (personal choice)

TABLE NOTES

- One shop stop! GP Surgery – our time is important as well!
- Take services to local surgeries
- Appointments – 2 sides retired and working – times relevant
- Quick access to relevant specialist services (podiatry, psychiatric etc)
- Tests – Results – Doctor/Nurse
- Screening?
- Tracking?
- Better diagnosis?
- Genetic?
- Well-being clinics?

WHAT DO WE WANT FROM SERVICES?

- Easier access to diabetic nurse or your GP, a phone call, if we have a problem receptionists can block you
- Foot clinics, long waiting list
- More information on BG members
- Weight control as part of diabetic care
- Tele monitoring for critical patients (IT recorded centrally)
- Information on new research with link to website

- Helpline for diabetics

FUTURE WISH LIST – (how, where, what and when)

- Choice of time and location for appointments
- Consistency of care geographically
- One stop – clinic
- Retinal screening – peripatetic
- Consistency of information also advice within Commissioning Group
- Means tested contributions to care needs
- More comprehensive, formal, recorded care plan
- Good service for 'hard to reach'
- Online not available to all
- Emotional support – counselling
- Patient champion/group
- PPG facilitate education sessions
- Pre-appointment results

SERVICES

- Language (Nepali) – Promotional materials and interpreter
- Education on living with diabetes – Structural education (Desmond, Patient Expert Programme)
- Flexible GP appointment
- Free access for exercise – swimming, yoga
- Local Diabetes group run by professionals

Discussion 3 ~ What would help you better manage your diabetes

WHAT WOULD HELP US BETTER MANAGE OUR DIABETES

- Education – patient and possibly family who will have a role in care
- Blood glucose meter and test strips
- Helpline – local and manned by experts/easier access to GP or diabetic nurse for problems
- Long wait for Diabetic review at GP's
- Clear labelling for metformin ? ok as when to take it (time of day)
- Annual check should ask about depression
- Support for weight management
- Encouragement for more exercise (if possible, won't suit everybody)
- Information on diet (particularly when first diagnosed)
- To be better educated – leaflets, website, understandable language
- Tailored to each individual
- Relationship of diet/exercise
- Symptoms/explanation of what they mean
- Role model and case studies

- Peer contact
- More information to be available to family of patient
- Care plan
- Support for weight management and diet
- Access to helpline and manned by experts

DIABETIC MANAGEMENT TOOLS

- Dietary education/advice
- 'PIDDL' sticks to test urine
- Better understanding of the nature of the condition
- Glucometer and test strips
- Care plan
- Pre-appointment info
- Support group (fellow diabetics)
- Prevention
 - Whole person approach
 - Not just treating the presented symptoms

Discussion 4 ~ Personalised care planning

- More regular HBA1C for Type 2 if not as many test strips available
- Personalised care should start earlier
- Road map/passport to take with you to provide guidance what to do in emergency
- Give responsibility back to the patients
- Target setting – something to aim towards eg weight, blood pressure
- Having 'point' system – earning points to achieve something. Reward system
- Written document – this is where I am now - this is where I need to be. Flowchart – 'what if'

Your views on the development of a website

Yes – Good idea

- Local website that could pull in national information too
- CCG led
- Indicate service available
- Ability to ask questions – forum?
- Involvement from a healthcare professional?
- Medical expertise
- Duplication? Might miss info – signposting
- Must be monitored and moderated – comments need to be monitored
- Factual
- Avoid self-diagnosis. Refer you back to healthcare professional
- Doesn't work for everything

- DIET information – consistent information
- Not commercial – trade free/no adverts
- More info about medications including timings, printable chart
- Must be different information for T1, T2, children etc
- Child friendly information
- COST?!
- One over-arching UK wide website with local information too
- Very clear information – especially on diet. Separate T1 and T2
- Prevention information
- Link to local groups eg support groups, healthy lifestyle, ramblers etc
- National level – duplicating websites already in existence. Need for local info
- Promotion important – make sure people use it
- Not suitable for many elderly patients
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- One size doesn't fit all?