

DIABETES CARE INITIATIVE OF THE YEAR

WINNERS

GUY'S AND ST THOMAS' FT YOUTH EMPOWERMENT SKILLS PROGRAMME (YES)

The Youth Empowerment Skills (YES) programme is a novel psycho-educational intervention for young people (age 14-20 years) with type 1 diabetes, co-developed by young people and co-delivered by a multidisciplinary team of healthcare professionals, youth workers and peer educators.

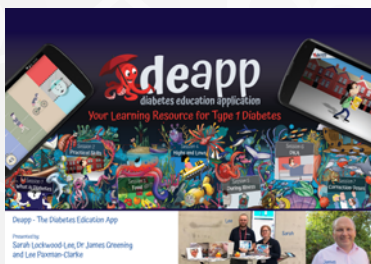
YES programme consists of following elements and methods of learning.

- group-based learning;
- immersive simulations, such as treating an episode of severe hypoglycemia, with a structured debriefing;
- learning together in adventurous/challenging and social activities to build self-confidence;
- role-play, to develop confidence in health consultations and reduce conflict in interactions with parents and friends
- peer-to-peer delivery.
- What'sApp youth-worker moderated peer support network

JUDGES COMMENTS

The judges felt that this was an extremely important project and much needed for young people in the community. This project demonstrated excellent outreach to a mix of young people and young adults attending the course. Learning about diabetes mixed in with the everyday events that they do on the course allowed these young people to put the learning into practice.

HIGHLY COMMENDED



East Midlands Network, De-Montfort University and University Hospitals of Leicester Trust

Diabetes Education Application (deapp)

Deapp is a structured education program for children and young people with type 1 diabetes at diagnosis, delivering flipped learning along with bedside training, physical resources and games. Deapp has 12 sessions consisting of 37 bite sized videos. Developed to embed knowledge and empower patients in self-management of their diabetes.

We had involvement from a sub group of health care professionals (HCPS), the Design Team at De Montfort University, patients and parents who with their input helped create deapp and its contents. It has now started to be used for re-education, training schools, nurseries, school clubs and HCP training.

JUDGES COMMENTS

The judges felt that this was an excellent project and particularly liked the collaboration with patients and the fact that the children and parents have the resource at their fingertips at all times. This is a great way to standardise and optimise education in a fun way. Having the resources translated into Polish as they know that the prevalence is high in the community is a real step to improving inclusion.



DIABETES CARE INITIATIVE OF THE YEAR

FINALISTS



Barking and Dagenham, Havering and Redbridge CCGs **Diabetes Quality Improvement at Scale**

Barking & Dagenham, Havering and Redbridge CCGs (BHR CCGs) tend a population of 770,000 with a type 2 diabetes population of 52,325 patients.

A diabetes quality improvement (QI) programme was implemented in 34 practices in 2016, and following its success we up scaled it to all 119 BHR practices (2017-2019). It involved primary, secondary and community care.

The objectives critical for the health economy were to arrest the escalating prevalence of diabetes, to increase the care quality through delivery of NICE care processes and treatment controls, and also to reduce the gap between actual and expected prevalence.

Bedfordshire CCG, Bedford Hospital Trust, Luton and Dunstable University Hospital FT and East London FT

Improving Outcomes for people with Diabetes Across Bedfordshire

The Bedfordshire CCG Operating Plan 2017-20 highlighted Diabetes as one of the five Clinical Priorities to improve outcome of 6% people in Bedfordshire who have Diabetes.

Bedfordshire CCG has a diverse population and there was huge variation in care and poor outcomes for people with Diabetes. A multi-disciplinary improvement group decided to put a comprehensive improvement program to improve - access to Structured Education, Treatment Targets (Blood Pressure, Cholesterol and Blood Glucose) in primary care by achieving the eight Diabetes care processes, offering multi-disciplinary footcare and mental health support. Post-natal pathways for gestational diabetes via NHS DPP.



Brigstock & South Norwood Partnership **Embedding diabetes group consultations**

The Brigstock and South Norwood Medical Partnership serves a diverse Black and Minority Ethnic (BME)

and Eastern European community of 11,000 people in an area of acute deprivation in Croydon. The practice's prescribing pharmacist and nurse prescriber have introduced group consultations as their first contact point for General Medical Services (GMS) Quality and Outcomes Framework (QOF) diabetes reviews. They have reviewed and followed up 60% of the practices' 1,054 patients with Type Two Diabetes in group clinics, and measured quality and efficiency gains for patients and the practice.



Calderdale and Huddersfield FT **Developing the Diabetes In-patient Nursing Team to provide safe and effective care**

Diabetes inpatient specialist nurses (DISN) are the lynchpin for delivering safe and patient-centred service.

At a time when there was national shortage of DSN's, Calderdale and Huddersfield Foundation Trust (CHFT) also experienced significant issues in staff retention and recruitment. There was only 1 WTE DISN covering 650 bed cross sites. Diabetes UK recommends that each trust should have at least 1 DISN per 300 beds.

CHFT diabetes services has a reputation of innovation and delivering the best care and responded to the above challenge by applying for a slice of the transformation fund to expand the DISN service.



Kettering General Hospital FT **Outpatient IV antibiotics in the diabetic foot: delivery model and outcomes of an antimicrobial pharmacist and podiatry led service**

Worldwide every 30 seconds a leg is amputated and 85% of these amputations are the result of a diabetic foot ulcer (DFU).” We developed a weekly outpatient DFU clinic co-led by antimicrobial pharmacist and diabetes specialist podiatrist overseen by diabetes consultant for infected DFU. Intravenous (IV) and high-risk oral antibiotics are initiated, reviewed, amended and stopped, including 24-hour infusion devices to enable care at home. Data (Dec17-Oct19): 131 patients, 46 on infusion devices. 2114 bed days or 4467 home nurse visits saved using devices. The service cost effectively improves patient care closer to home, avoids admissions (89/131) and enables earlier discharge.

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Sussex Community FT, Here (Care Unbound) Diabetes Care For You

Diabetes Care For You is a multi-professional Consultant Led Community Specialist Diabetes service serving people in Brighton and Hove and High Weald, Lewes & Havens clinical commissioning group areas. Following stakeholder consultation and competitive tender the service commenced in July 2016 to support to adults with Type 1 diabetes and a cohort of people with Type 2 Diabetes. We provide clinics at multiple locations, Structured group education, Carb awareness, group insulin management, Psychological interventions, Foot protection, Healthcare professional education, webinars and Virtual clinics.

We have regular meetings with Commissioners and wider stakeholders and contribute to local and national audits.



Tameside and Glossop Integrated Care FT, Pole Bank Care Home, Balmoral Care Home and Charnley House Care Home

A review of administration of insulin in the community setting – pilot scheme to for care home staff to

deliver insulin injections, supported by District Nursing

In May 2019, the district nursing service raised concerns at a staff engagement session related to the number of occasions insulin was administered following food or missed completely. The team proposed they wanted to work differently to support the insulin dependent patients in the community. A plan was developed to test applying the NHS new models of care in the residential care homes in one locality, to train senior care staff to be competent in administering insulin to the insulin dependent diabetic patients in their care. This was piloted in three care homes between July and August 2019.



Walsall Healthcare Trust Diabetes Transformation Project

Half the population of Walsall are in the lowest economic position of deprivation with poor educational attainment. Nationally it also has the 3rd highest proportion of people living with diabetes. The project was to reduce diabetic lower limb amputation rates and inpatient stays over a 3 year period achieving over a 50 % reduction. The project involved developing seamless responsive care across multiple disciplines as a part of the organisations ambition to be an outstanding trust.

