



Project aim

To commission an integrated Diabetes service delivered by existing partners

- To improve outcomes for patients living with diabetes
- To prevent a decline in their health and wellbeing
- To improve quality of life for people living with diabetes
- To support people living with diabetes to stay at home
- To prevent more people from developing Type 2 diabetes

Timeline for delivery

From: April 2018

To: March 2025

Measures

Key metrics include:

- Uptake and completion of evidence-based intervention programmes
- Admissions to hospital
- Length of stay
- Reduction in the number of amputations
- Completion of 8/9 care processes.

Tests for change

The programme seeks to reduce emergency admissions, improve life expectancy, and empower patients to better control their condition and improve their quality of life.



Project team

The project team is led by Sophie Kiff reporting to the WE Diabetes EOG with representation from a wide range of system partners including WECCG, PAHT, EPUT, and Diabetes UK.

Results

National Diabetes Prevention Programme (NDPP): Provided on an STP footprint, this aims to support those that are most at risk of developing Type 2 diabetes. There has been a significant reduction in patients' weight and HbA1c readings and reported increased levels of empowerment.

Multi-Disciplinary Foot Team (MDFT): Mobilised in November 2017, measurable outcomes have seen a reduction in major amputations, a reduction in length of stays, and earlier detection of foot complications.

Diabetes Inpatient Specialist Nursing (DISN): Mobilised in November 2017 - Insulin prescribing errors have reduced from 16% to 10% and incidences of hypoglycaemia have reduced from 24% to 13%.

Learning and next steps

Full integration will be achieved across the system to ensure effective, personalised care is provided for our patient population through a contracted ICP arrangement. To ensure that interventions, such as the NDPP and other structured education, are effective, strong analysis of the outcome data is essential. This includes targeting those that are most at risk of diabetes and those in the hard to reach cohorts such as the working population.