**South West Cardiovascular Strategic Clinical Network**

**Diabetes Commissioning Advisory Group Meeting**

**Tuesday 3 March 2015**

Taunton Rugby Club, Somerset.

**NOTES**

**Present:** Duncan Browne (Chair)
Margaret Bamford, Mollie Donohoe, Alex Harrington, Lorraine Long, Shelagh McCormick, Richard Paisey, Phaedra Perry, Michelle Roe, Rachael Rowe, Duncan Thomas, Jo Stonehouse, Collette Marshall, Alex Bickerton, Sarah Pearce, Sue Rest, Rachel Levenson.

**Apologies:** Beas Bhattacharya, Laura Marsh, Mary O'Donnohoe, Helen Lockett, Rob Dyer, Ruth Grabham, Marc Atkin, Jason Fearn-Smith, Tony Robinson, Paul Lambert.

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<tr>
<th>1. Welcome, introductions and apologies</th>
<th>Appendix</th>
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<td>Apologies acknowledged.</td>
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<th>2/3. Notes and actions from last meeting</th>
<th>Appendix</th>
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<tr>
<td><strong>Matters Arising/Actions Outstanding:</strong></td>
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<td>DIABETES AND FRAILTY: ASSESSMENT OR RISKS AND BENEFITS OF THERAPY</td>
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<td><strong>Action:</strong> DB to write out to membership to canvas views on whether there is a need for a localised guideline or to adopt Torbay guidance.</td>
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<td>If majority agree to endorse Torbay guidance DB will send letter to all CCGs in the SW endorsing Torbay model recommending that CCGs should follow principles recognising that this needs to fit in with local formularies</td>
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<td>NDA good practice guidance</td>
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<td>Data dashboard</td>
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<td><strong>Action:</strong> MD to resend email with suggestion to consider presenting data by trusts catchment area not CCG level data.</td>
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<td>SCN linking with Industry to help with data analysis</td>
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<td>NICE Guidelines – consultation</td>
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<td><strong>Action:</strong> All to review the new NICE guidelines for Type 2 (Draft) and to feedback comments to DB for collation and forward too NICE as part of consultation.</td>
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<th>4 National Diabetes Audits</th>
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<td>• NDA Primary care</td>
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<td>An opt in system for uploading from primary care is in place. Some systems upload automatically on command but others require a MQUEST query. LL reported that in Cornwall the data quality managers assist practices with this work.</td>
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• DB noted that the uptake needs to be at about 80% in order to obtain meaningful data. Lower uptake around 50% is not of great value
• MR reported that at a meeting with NICOR it was agreed that a Miquist will be written and put on the web along with a flowchart showing how to upload the data to the NDA from primary care.
• National Diabetes Foot Care Audit (NDFA): AH confirmed that the National website is live.
• Guidance regarding NDFA audit has been circulated. Those which have not yet registered have been identified.

AH reported that 88 sites have registered nationally, and to date 24 have uploaded data. Some have collected data but not yet submitted it due to delays in registering. MR will send out a list of trusts not yet registered along with instructions as to how to register online.

There remain some local issues and it must also be acknowledged that although necessary, Caldicott Guardian registration and gaining patient consent often delays the process. Administration support would relieve pressure on the podiatrists. The foot care reviews continue to observe overbooked podiatry clinics without administrative or HCA support, hence the podiatrists do not have time to obtain consent and enter the data for the audit.

Go direct to website:

http://www.hscic.gov.uk/footcare

NDFA are about to publish a newsletter in a Q and A format which will be circulated within next 10 days. The cut-off date for registering and uploading data for 2014/2015 is the end of March.

National survey planned with 3 key questions for CCGs relating to foot care pathway.

PP provided an overview of all the audits and will circulate details of all timelines for the various audits

PPP will also send out details of Diabetes Watch which allows benchmarking of audit results with other areas.

National Diabetes In Patient audit.

**Action:**
DB will send a letter to encourage trusts to take part in the In Patient audit to include foot examination.

### 5. Foot care peer review update

Update from RP:
Peer reviews of diabetic foot care services – 12 reviews have been completed with three more to do. Feedback from CCGs and Trusts to date has largely been very positive and some quick improvements reported already. All reviews will be completed by mid April.
The RP amd MB will be contacting trusts and CCGs to enquire about progress against the recommendations in the report.
An overarching summary will then be written with the aim to publish findings.

Many of the trusts and CCGs where reviews have been completed and have asked for the review team to produce and share a ‘template’ which describes the best practice which they have observed throughout the project. This will include excellent documents, including referral pathways.

### 6 House of Care: Supporting patients with diabetes in Somerset

GP Sarah Pearce from Somerset CCG presented work demonstrating how GPs in Somerset have moved away from QOF to develop Somerset Practice Quality Scheme (SPQS), and are providing more personalised care plans for people with diabetes based on the House of care model. In particular to include patients and carers in discussions regarding treatment and targets for markers such as cholesterol, HbA1C, and blood pressure. This has been especially helpful with providing more individualised care plans for more frail and elderly patients. They have worked closely, the Area Team, CCG and LMC. They have not moved away from the 8 care processes.

If the patient has a life expectancy of two years or less the aim is not to reduce the HbA1C so low that the patient becomes hypo and falls. They use the ACS guidelines for B/P target by age and offer patients the choice of taking a statin or not.

At Sarah’s practice the HCA does the foot check and records it in the notes. The GP has a conversation with the patient to discuss and plan treatment. This scheme has been operating for twelve months and to date no outcomes have been worse as a result of the changes.

The patients see the HCA 6 monthly, the GP reviews the notes and if there are any problems they see the patient. Incentive payment for this is in line with QOF. SWAHSN will be evaluating SPQS. Sarah expressed concern about the workforce shortage in primary care, and also the need for education about diabetes for GPs and Nurses. They are working with the local Education Trust and Health Education has provided some funding.

Experienced nurses with skills in diabetes may now work in other practices in their federation, (locality) to support diabetes clinics.

Secondary care is supportive of this approach and outcomes are being monitored.

Patients are given foot risk information leaflets (based on the Scottish model) advising them of their risk and what to look for. They also have a telephone guideline for patients.

**Action:**

SP to share audit tool.

### Preventing and Managing Hypoglycaemia

Jo Stonehouse for SWAST shared some data regarding calls to patients with hypoglycaemia. See presentation attached.

Of note: there were 5,000 calls across the East and West areas covered by SWAST. The largest numbers were in the 76-86 age group. 72% were treated at the scene and 28% were conveyed to hospital.

There was some discussion about onward referral and the need for service specification changes in order to allow paramedics/ECPs to refer directly to DSN in the community.

DT noted that in Gloucester they prefer patients to be referred to their GP first, with the GP deciding if referral to the DSN was required.

DB noted that there can be medico legal issues regarding DVLA forms for patients seen by paramedics.

LL offered to share information about referrals from SWAST for people seen with...
hypoglycaemia. The DSNs can only manage 20 patients per month. Kernow CCG is awaiting information from SWAST about repeat calls to the same patient. Jo will endeavour to obtain data by CCG when the SWAST information team have the capacity.

### 8. DUK update

PP drew attention to the DUK Patient Information Prescriptions which can be printed individually for patients attending an appointment. The prescriptions include information about BP, cholesterol, HbA1C etc.

The South West professional conference will be 1 October where they would like examples of good practice to be showcased.

All to consider examples

Diabetes week is 14 – 20 June and the topic is education.

Insulin Pumps

PP raised concerns that one CCG was restricting access to adult pumps due to historical funding which was contrary to NICE guidance

**Action:**

All to check local agreements.

### 9. Any Other Business

**Health Education Funding**

The SWSCN are exploring the possibility of applying for HESW funding to support practice nurse education with emphasis on foot checks and risk assessment.

**RCA of diabetic amputations**

Joint working with SWAHSN to undertake RCA of amputations in Plymouth.

OPRA audit did aim to do this but did not capture primary care data.

OPRA audit results are currently being analysed and the results will be shared with the CAG.

**Future Meetings**

MR explained that the SCN budget is likely to be reduced by up to 60% and therefore it may not be possible to continue to support CAG meetings.

The group expressed concern as they found this is valuable network opportunity to learn and share good practice and innovation.

Date of next meeting to be confirmed.