

## Diabetes update to Health and Social Care Scrutiny Panel – 10<sup>th</sup> January 2017

Kirklees Council, Greater Huddersfield CCG, North Kirklees CCG and Locala

### Background

1. A paper was presented to the Scrutiny Panel in November 2016; this paper provides an update on actions and planned work to support people in Kirklees living with diabetes.

### Latest Performance

2. In the time between the previous report and this one, there has only been one set of updated figures published – for the General Practice Quality & Outcomes Framework 2015-16. These figures show that the percentage of people on the diabetes register receiving a diabetic foot check in 2015-16 was 84.3% for Greater Huddersfield CCG and 89.2% for North Kirklees CCG. The figure for Greater Huddersfield is lower than the previous year (88.8%) – this is likely to have been caused by a system fault which meant that the recall reminders for some people who received their foot checks from the podiatry service did not transfer across from CHFT to Locala at the start of the Care Closer to Home contract in October 2015. Once the problem was identified Locala worked hard to address the situation. This problem did not affect high risk patients as they were being seen regularly in podiatry clinics. The figure for North Kirklees is the same as the previous year.
3. The figures on performance that appeared in the last report are shown in Appendix A.

### Update on actions

4. The paper submitted to the Committee in November 2016 set out a number of actions planned by partners to improve diabetic foot health. The table below sets out progress on these.

Action	Timescale	Update
To develop opportunities for GPs and primary care staff to develop and maintain their knowledge of diabetic foot problems and how to deal with them	October 2016 to March 2017 with possibility of extension	<p>The specialist diabetes team is continuing to provide targeted support to a small number of GP practices to improve their care and support of people with diabetes.</p> <p>Practices in both CCG areas have been provided with a link to a nationally recognised e-learning module on the diabetic foot and are being encouraged to use it to maintain their skills and knowledge.</p>

Action	Timescale	Update
Diabetes foot screening for Health Care Professionals	Training to commence February 2017	Locala has previously delivered training to all primary care staff, and is currently exploring how education for primary care staff can be reinstated to support foot care. Locala is reviewing present training delivered, with a view to refresh and commence re-training in February 2017.
To implement the Quality Assurance Framework developed in 2015 by the Yorkshire and Humber Diabetic Footcare Network <sup>1</sup>	October 2017	Under Care Closer to Home Locala are developing a joint vision and equitable specialist care model for patients identified as being at amber/red risk through foot screening. Currently Greater Huddersfield patients are case managed by the service when they identified at red risk, whilst North Kirklees patients are at amber and red risk.
To embed a single integrated foot care pathway across the whole of Kirklees, redesigning the current pathway to ensure that resources are targeted at those most at risk <sup>1</sup>	October 2017	Currently there is some variation in the footcare pathway between Greater Huddersfield and North Kirklees. Locala have undertaken engagement work with service users of the podiatry service, are currently auditing wound care to inform the design of the new equitable pathway and are developing a consultation document on proposed service changes.
To develop and/or identify alternative solutions for people who do not have a clinical or podiatry need (for example, those needing nail cutting) that manage any risks relating to this group of people.	End October 2016 (mapping)  End January 2017 (development of document)	The mapping of alternative solutions is complete, and a document setting these out is currently being prepared.
To implement a formal root cause analysis process for diabetes-related amputations, adopt and embed any learning <sup>1</sup>	Pilot January 2017 with a view to fully implement April 2017	Locala has implemented reflective learning practices under Care Closer to Home and will be implementing a root cause analysis process through the multi-disciplinary team as part of the developing diabetes model.
To use the resources developed by Diabetes UK on diabetic foot care to raise awareness amongst people with diabetes and their families/carers of the risks that diabetes presents around foot health.	Ongoing	<p>The CCGs have shared patient-focused resources on diabetic foot health with their GP practices. Locala utilise resources developed using NICE guidelines, and literature is provided to all diabetic patients seen. The resources are being reviewed to ensure there is a consistent approach across all services.</p> <p>The CCGs will be working with the local Diabetes UK support groups to help spread the message about the importance of looking after feet.</p>

Action	Timescale	Update
To use the resources developed by Diabetes UK on diabetic foot care to raise awareness amongst people with diabetes and their families/carers of the risks that diabetes presents around foot health (continued)	Ongoing	Locala raise awareness of diabetic foot disease in structured patient education sessions and utilise resources developed by Diabetes UK at every appropriate opportunity as supported by the Putting Feet First campaign. Locala are making relevant campaign materials and information available on their internal and external websites.
To participate in the National Diabetes Foot Care Audit and use the results to improve and sustain outcomes <sup>1</sup>	Ongoing	The CCGs and all podiatry services in Kirklees have taken part in the latest National Diabetes Footcare Audit, and the results of this are due early 2017. Locala is undertaking work to establish a similar process for audit completion across Kirklees for the future – currently there are some differences.
To include diabetic foot disease as one of the key areas of focus in the project being undertaken with Diabetes UK on improving access, experience and outcomes for the South Asian population in Kirklees.	Ongoing theme of project. Project itself runs initially from September 2016 to August 2017 with a possible extension for one or two years.	A match funded initiative between Kirklees Council, Diabetes UK and the CCGs has started that will recruit, train and support volunteer peer champions to engage and provide support to communities in the Birkby/Fartown and Batley areas. This will incorporate the development of targeted resources, including a focus on diabetic foot health.  Diabetes UK is recruiting a BME champion co-ordinator that will improve links between Locala and Diabetes UK.
Both CCGs are participating in wave 1 of the national RightCare programme. This focuses on improving outcomes, by better understanding and reducing variation. Diabetes is identified as one of the initial areas for focus for both CCGs and this will provide an additional impetus to ensure that there are optimal pathways of care.	Ongoing	Diabetes is one of the continued areas of focus for both CCGs and the data packs have shown scope for improvement in addressing the quality of care. The areas of improvement mirror those identified within the CCG Clinical Baseline Assessment results.  Updated data packs have now been published for cardiovascular conditions and for long term conditions, both of which include diabetes, and the CCGs are reviewing their improvement plans to ensure that they reflect the updated analysis.

<sup>1</sup> The two CCGs and Locala meet monthly to progress these areas of work, addressing any differences across the patch and dealing with any issues that arise.

## Other relevant information

5. The Committee may also be interested to receive the following updates on matters relating to diabetes:

- **MyHealthTools module on diabetes** – MyHealthTools is being re-launched in early 2017. The new diabetes module, which has been developed with input from people with diabetes and health professionals, will be available from March 2017. The aim is to support people with diabetes to live well with their condition.
- **National Diabetes Prevention Programme (NDPP)** – Kirklees Council with Greater Huddersfield and North Kirklees CCGs in partnership with Calderdale CCG and Local Authority, Wakefield CCG and Local Authority, Airedale Wharfedale and Craven CCG, Harrogate Rural and District CCG, and Bradford and North Yorkshire local authorities were successful in their bid to join Wave 2 of the National Diabetes Prevention Programme. The Programme, which offers evidence-based behaviour interventions, will begin in Kirklees in April 2017. The two CCGs and Kirklees Public Health are working together to ensure the Programme's success for their population.

- **Diabetes Treatment and Care Programme Transformation Fund**

On 12<sup>th</sup> December, NHS England launched a fund for transformation in Diabetes Treatment and Care. This is focused on four specific areas:

- Increasing the uptake of structured education for people with diabetes
- Improving the achievement of NICE recommended treatment targets
- New or expanded multidisciplinary footcare teams
- New or expanded inpatient diabetes specialist nursing services

As the funding is non-recurrent, the CCGs and partners are looking at how it could best be used to improve outcomes for people with diabetes in Kirklees. Any bids we make will be discussed with and supported by the Diabetes Networks.

- **Kirklees Wellness Model** – Public Health are commissioning a Wellness Model for the delivery of lifestyle interventions that will launch in 2018, and will contribute to the prevention of diabetes and link with the National Diabetes Prevention Programme. The aim is “to support people to live longer, healthier, happier lives through greater integration and by moving resources towards a life-course based approach rooted in prevention and early intervention and away from avoidable treatment and care”. The Wellness Model will empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives. It will support the NHS 5 Year Forward View and Sustainability and Transformation Plans by diverting people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs.

### **Alignment with Sustainability and Transformation Plan (STP)**

6. The draft West Yorkshire and Harrogate Sustainability and Transformation Plan was published on 10<sup>th</sup> November 2016.
  
7. The work being undertaken on diabetes aligns with the overall STP priorities of prevention at scale, primary and community care and specialist services and with the following areas of the Kirklees place-based plan:
  - Early intervention and prevention
  - Improving the capacity and quality of primary care (including GP Forward View)
  - Development of an adult wellness model
  - Development of business models to encourage providers to maximise independence

## APPENDIX A

### Performance figures from report to Kirklees Health and Social Care Scrutiny Committee, 4<sup>th</sup> October 2016

#### Diabetic Foot Disease

The latest available data for diabetic foot disease in Kirklees shows that between 2012 and 2015<sup>i</sup> there were:

- 1,168 episodes of care for diabetic foot disease, accounting for 8,637 nights in hospital. This is significantly below the national average.
- 503 individual patients admitted for diabetic foot disease. In Greater Huddersfield, just under half of these had more than one episode of care during that period (significantly lower than the national average) and 12% had four or more episodes (similar to the national average). In North Kirklees, two thirds had more than one episode of care during that period and a quarter had four or more episodes (both significantly higher than average)
- 68 major amputations (above the ankle) – 33 from Greater Huddersfield and 35 from North Kirklees
- 125 minor amputations (below the ankle) – 91 from Greater Huddersfield and 34 from North Kirklees

Compared to the 2015 profiles, the above figures show an increase in the number of episodes of care and nights in hospital for diabetic foot disease, but a decrease in the number of amputations. The former may be due to increased awareness of foot problems and increasing numbers of primary and community staff being trained to do a foot check at every opportunity.

#### Diabetic retinopathy

Uptake of diabetic eye screening and service performance is strong in Kirklees. In 2015/16:

- Uptake of routine diabetic eye screening by those offered it exceeded the acceptable (70%) and achievable (80%) levels
- The issuing of results of routine diabetic eye screening within 3 weeks exceeded the 70% acceptable level, and Calderdale and Greater Huddersfield exceeded the 95% achievable level in all four quarters and Wakefield and North Kirklees in one quarter
- The proportion of those with referred proliferative diabetic retinopathy attending for assessment within 4 weeks of notification of positive test from all screening pathways exceeded the achievable level of 80%.

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<sup>i</sup> Public Health England Diabetes Footcare Activity profiles, 2016