

Structured Education Provision A Case For Review

Structured Education Network
6th November 2019

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The Mid Yorkshire Hospitals
NHS Trust



Structured Education in West Yorkshire



Calderdale and Huddersfield
NHS Foundation Trust



Leeds Community Healthcare
NHS Trust

Current Provision & Delivery in Wakefield and Kirklees

	Wakefield		Kirklees		
Diabetes Type	Type 1	Type 2	Type 1	Type 1	Type 2
Course Name	MY DICE	DESMOND	MY DICE	DAFNE	DESMOND
Accredited	✘	✓	✘	✓	✓
Educator Role	Diabetic Specialist Nurses / Dietitian	Diabetic Specialist Nurses / Dietitian	Diabetic Specialist Nurses/Dietitian	Diabetic Specialist Nurses	Podiatrists
Admin Support	0.80 wte		0.25 wte		
Venue Delivered	Acute Trust	Acute Trust	Acute Trust	Community	Community

Advantages and Disadvantages of the Current Model

- Diabetes Expertise
- Peer Support
- Positive evaluation of the programmes delivered
- Links to the wider diabetes specialist in order to answer specific questions



- Provision impacted by:-
 - Balancing the provision of courses alongside managing a clinical caseload
 - Winter pressures
 - Sickness
 - Difficulty in providing out of hours sessions
 - Limited/No offer to protected population



Patient Survey in Kirklees

➤ Key themes

- Communication for booking on courses and follow up
- Course time and venue not convenient around working hours and caring responsibilities
- Language options
- Other health problems
- Would prefer 1:1
- Would prefer online offer



Challenges



Limited
Access to
Multi Lingual
Educators

Limited
provision of
translators

Very little up
take to the
BAME
DESMOND
programme

No specific
provision for
people with
learning
disabilities

No resources in
different
languages or
easier to read
formats

Programme
Admin is 1
person

SE Provision v
clinical
workload

Variance in
waiting
times

Protecting
Specialist
Workforce

Finances
in the
block
contract

Commission
ing capacity
to monitor,
evaluate &
improve



Potential Future Model

- Approaching commissioning across the CCGs in a coordinated way and using a single service specification enabling the scaling up of diabetes across the footprint
- Face to Face education is still the first offer
- Roll out of the Healthy Living for People with Type 2 Diabetes digital education programme
- Combing the above into a contract which can be managed on a wider footprint
 - Combining budgets and committing investment
 - Flexibility - finances can be negotiated – removing block contracts
 - KPIs built into the contract
 - Contract management centralised for CCGs - One provider – one centralised admin team to manage referrals , waiting times
 - Performance Monitoring – NDA Reporting

Future Proofing

- Education programmes must be flexible to adapt to the needs of the local population, but health messages must be consistent
- Offering training in local venues at times convenient to the patients and in languages and style that are needed - Structured education courses can improve health outcomes in a diverse and transient population
- Having access to better data to help identify which areas to focus communications and engagement to increase uptake of the programme
- Protecting the specialist workforce - resource freed up to focus on work where skills are better utilised

Thank You