



Yorkshire and the Humber Clinical Networks

Is our Service Improving?

A first look at the results from the Yorkshire and the Humber Structured Education Survey for 2017-18

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Courses

Course name	2014/15	2015/16	2016/17	2017/18	Accreditation
DESMOND	7	7	9	8	Accredited
DICE	0	0	0	1	Not Accredited
DOTTIE	1	1	1	1	Not Accredited
HARRIET	1	1	1	1	Not Accredited
Good2Go	2	2	2	2	Accredited
The LEEDS Programme	0	0	0	1	Accredited
Living with Diabetes	2	2	2	2	Accredited
X-PERT	4	3	4	3	Accredited

There are many different courses being delivered across Yorkshire and the Humber

Returns

TYPE 1

CCG Name	Qualitative	Quantitative
AWC CCG	Y	N
Barnsley CCG	Y	N
Bassetlaw CCG	N	N
Bradford CCGs	Y	Y
Calderdale CCG	Y	Y
Doncaster CCG	Y	Y
Harrogate & RD CCG	Y	Y
ER Yorkshire CCG	Y	Y
Hull CCG	Y	Y
Gtr Hudds CCG	Y	N
Leeds CCG	Y	Y
N Kirklees CCG	N	N
NE Lincs CCG	N	N
N Lincs CCG	Y	N
Rotherham CCG	Y	Y
Scarborough & R CCG	Y	Y
Sheffield CCG	Y	N
Vale of York CCG	Y	Y
Wakefield CCG	Y	Y

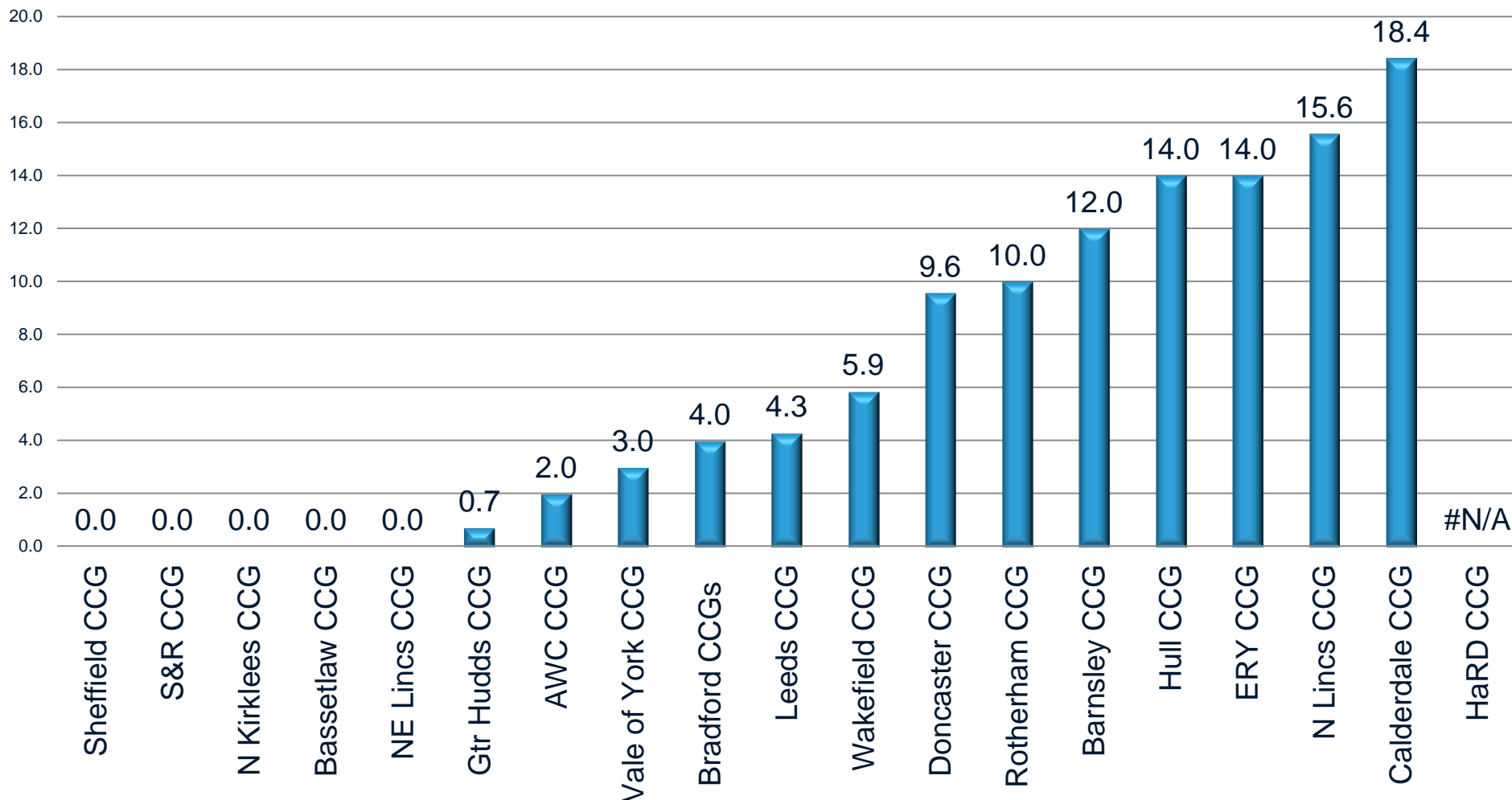
TYPE 2

Shorter CCG name	Qualitative	Quantitative
AWC CCG	Y	N
Barnsley CCG	Y	Y
Bassetlaw CCG	Y	Y
Bradford CCG TOTALS	Y	Y
Calderdale CCG	Y	Y
Doncaster CCG	Y	Y
ER Yorkshire CCG	N	N
Gtr Hudds CCG	Y	Y
Harrogate RD CCG	Y	Y
Hull CCG	Y	Y
Leeds CCG	Y	Y
N Kirklees CCG	Y	Y
N Lincs CCG	Y	Y
NE Lincs CCG	Y	Y
Rotherham CCG	Y	Y
Scarborough & R CCG	Y	Y
Sheffield CCG	Y	N
Vale of York CCG	Y	Y
Wakefield CCG	Y	Y

Qualitative data (what courses are being run, the process being followed)– was easy to supply . Many areas struggled providing the quantitative data (how may people have been referred to you and how many were trained). It's important to know this to be able to justify your service and bid for funding

Waiting Times

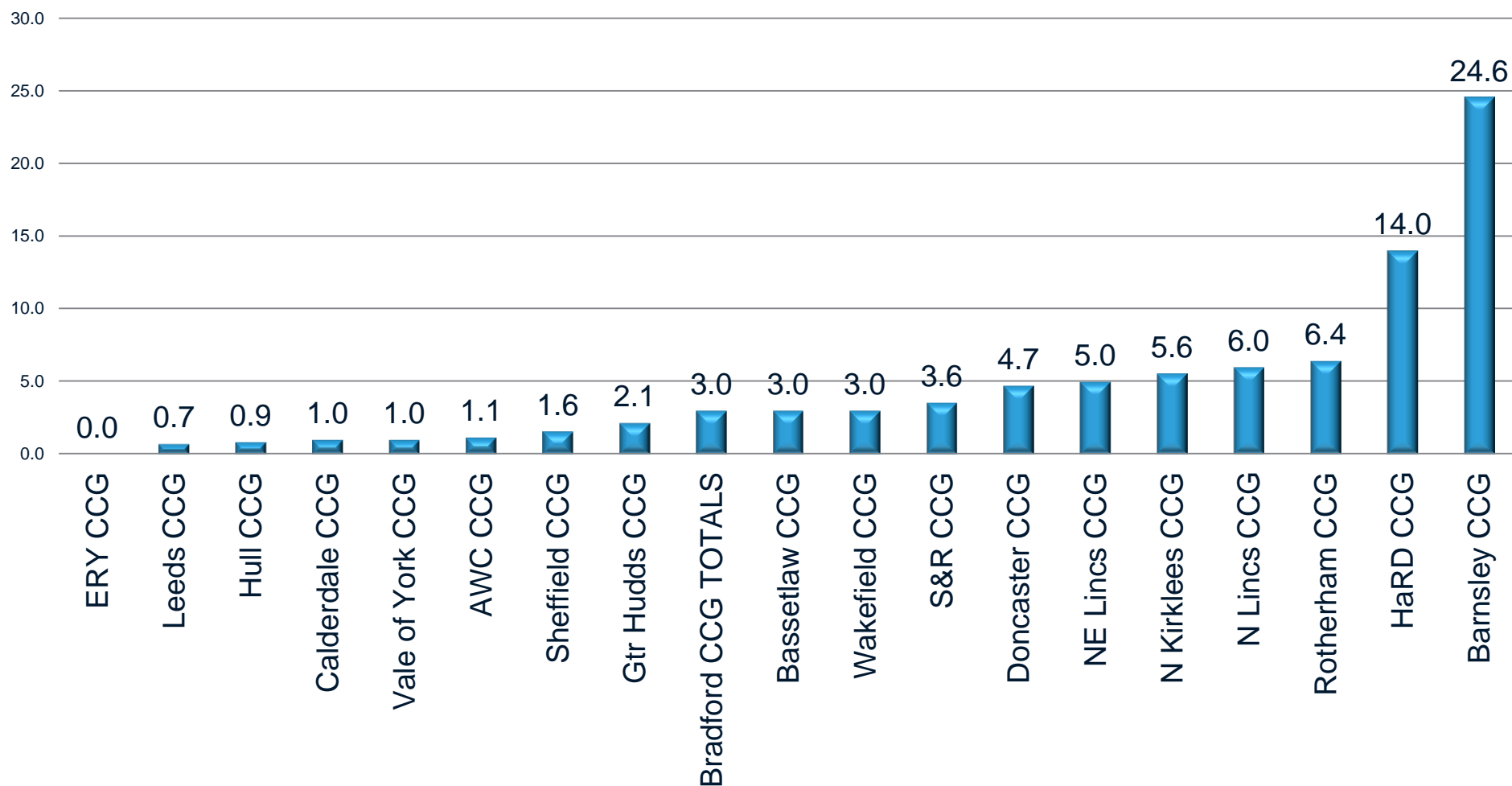
Type 1 - Waiting time in Weeks as at August 2018



The question was: If I came to you today asking for structured education – what would be the next available course date? Waiting times across the region are improving – This is for Type 1

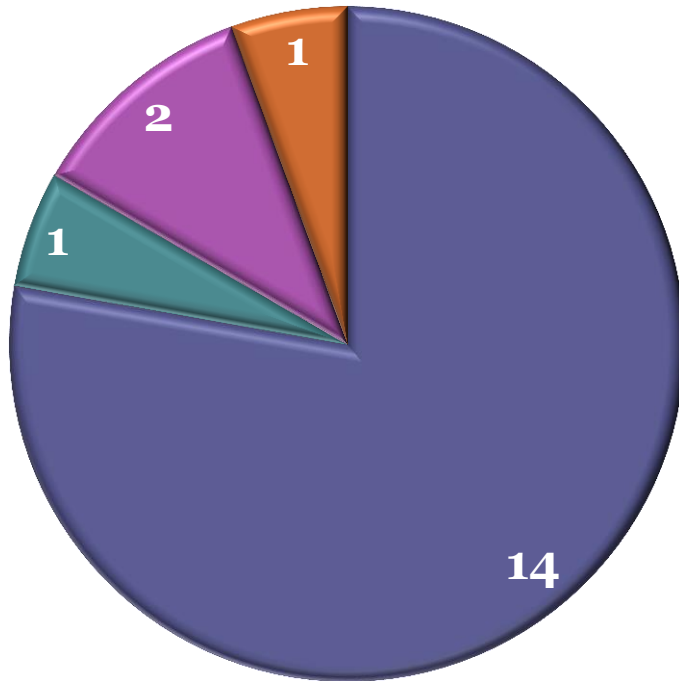
Waiting Times

Type 2 -Waiting time in Weeks as at August 2018

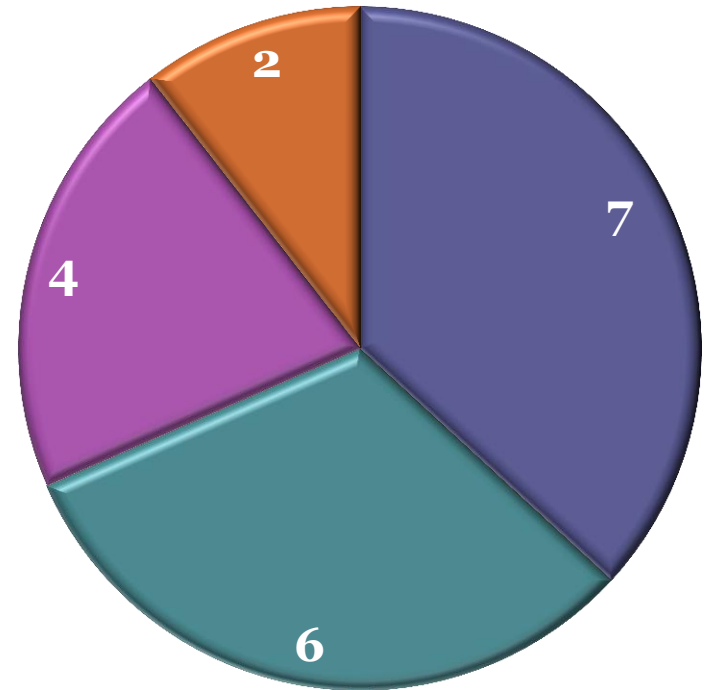


This is for Type 2. Harrogate has had staffing difficulty and Barnsley had a change in organisation – both are now resolved

2015-16



2017-18



- No reminder - letter sent then referred to GP if nothing heard in 4 weeks
- 1 reminder
- 2 reminders
- 3 reminders

Reminders

There has been a real push to remind patients and encourage them to attend courses

Initiatives to improve attendance

TYPE 1

2016-17

We changed the content of the invite letter, made it more friendly and highlighted course dates and venues so people know where courses are.

Explain the course that we provide to the patient at routine appointments
DSN & DSD's remind practices during education sessions. Patients are informed at their appointments

Locally advertised in GP practices with posters, leaflets. Information about course in back of glucose monitoring diaries given to patients attending diabetes centre, information about the course is available on website

Text reminder service

The next four slides are direct from Providers – outlining the work they are doing to improve attendance at structured education Type 1 and Type 2 over 2016-17 and 2017-18

2017-18 – TYPE 1

Healthcare professional education.

Sent info to all practices, leaflets, flyers, trying to clear waiting list

Patients get text confirmation of and a reminder text a few days before the course.

Dieticians ringing people, ratified the diabetes database, getting SystmOne, collecting evaluations, Patient groups

Dedicated administrator, personal contact , Newsletter with dates shared with Primary Care

Added more 5x1 day courses , have started a robust reserve list, so can quickly fill spaces if we have drop outs

Train 2 additional educators (fallen through), looking into 1 day over week over 5 weeks,

Introduction of opt in letter , more detailed patient information about how the course runs so patients more informed before they attend. Aiming to get patients booked onto a course more quickly . About to go onto PAS system for waiting list management , patients will get text reminders as well as phone call. Considering pump DAFNE for next year . Undertaken a pilot patient education questionnaire to see what type of education patients would prefer

Explain the course that we provide to the patient at routine appointments

DSN & DSD's remind practices during education sessions. Patients are informed at their appointments

Telephone contact to patients explaining course, reminder letters

Prof Heller involved in DAFNE - all doctors talk to patients about it - attendance rates very good

Locally advertised in GP practices with posters, leaflets. Information about course in back of glucose monitoring diaries given to patients attending diabetes centre, information about the course is available on website

Initiatives to improve attendance

TYPE 2

2016-17

Promotion within GP surgeries, Link Nurse sessions

Promotion to GP and practice nurses at events.

Changed the invites, Offered single full day session

Target sessions

Won national team award for DESMOND 2014 (Well Done North Kirklees!)

To improve attendance we now send out opt-in letter advising them to contact us to attend and if they do not contact us within 4 weeks they are removed from the list

DSN & DSD's inform/remind practice staff during educational sessions. Patients are informed at their appointments

Posters and flyers in GP practices, information re course available on website, promoted to practices nurses to attend to increase awareness of course and therefore increase referrals, electronic referral system to make referring in the session easier

Local promotion

<p>2017-18</p> <p>Training for referring healthcare professionals. Media work around provision. Advertising in local community. Working with religious leaders in South Asian community.</p>	<p>Flexibility of courses – people can add on to another course and not miss anything . Large room sizes. Give dates and time choice. Run a waiting list . Double amount of people attending courses. Leaflets and bus campaign, practice service improvement co-ordinator.</p>
<p>Global email with information flyer sent to all practices . BEST session (GP education). Flyers in Hospital and GP areas , Banner in GP surgeries , Link nurse sessions</p>	<p>Changed wording of invite, include all venues and session times, has increased attendance. Also if they DNA we send them a letter inviting them to re-book instead of removing them as a DNA patient.</p>
<p>Promotion to GP and practice nurses at events. Referral form updated and sent to CCG to recirculate to GP practices</p>	<p>Dedicated Administrator, Personal contact f, Newsletter with dates shared with Primary Care</p>
<p>Send DOTTIE leaflet, Reporting better, GP practice day</p>	<p>Send text message reminders, Lay educators trained - not been used as yet,</p>
<p>Target sessions, posters and banners in GP practices, locality meetings, GP bulletin, marketing event. Dedicated DESMOND Clerical Assistant, Follow-ups by telephone. Electronic referral system</p>	<p>New administrator, Facebook group, Self referrals, lay educators, e-referral, extra courses, engaging with practices - identifying practices that don't refer - visit and talk about diabetes</p>
<p>Posters and flyers in GP practices, information re course available on website, promoted to practices nurses to attend to increase awareness of course</p>	<p>DSN & DSD's inform/remind practice staff during educational sessions. Patients are informed at their appointments</p>
<p>telephone patients to explain session, which has increased attendance. Text messaging – increasing reminders</p>	<p>Working with community groups, PCDNs, Developed leaflet and posters, going out to practice managers, BAME work with local health trainers</p>

Use SystemOne?

- 13 Areas
- Standard Read Codes

13 Areas are now using SystemOne to enter data directly onto the Clinical System. Due to the way the National Diabetes Audit reports on data it will be a little while before this data filters through to the national reports but keep entering it as it will show up eventually.

Lots of work is being done in the area to ensure the correct Read codes are being sent to practices

NDA Offered/Attended

National Diabetes Audit

TYPE 1 – Offered SE		TYPE 2 – Attended SE	
Y&H	England	Y&H	England
37% ↓	38%	12% ↑	4%
72% ↓	75%	11% ↑	8%

The National Diabetes Audit figures are lower than those reported by Providers

Somethings Haven't Changed

- Culturally Sensitive Provision
- Education Review

In this survey only one area – Bradford - reported any education provision in different languages using different food group. Other work is going on in the region using interpreters

Few areas report providing an education review at 12 months as listed in NICE guidance

Digital Structured Education

- Why did we ask that?
- HeLP Diabetes
- APPG

YH - Type 1 Referred	879
NDA Type 1 Newly Diagnosed in YH	865
YH - Type 2 Referred	9,221
NDA Type 2 Newly Diagnosed in YH	20,345

Many CCGs are looking at options to commission education with a digital element. We discussed what digital education entails and how there is a large group of people who do not access any form of education and how digital options can be used as a supplement to what is already provided

We also discussed the perception of some that GPs tend to refer lower skills people for SE

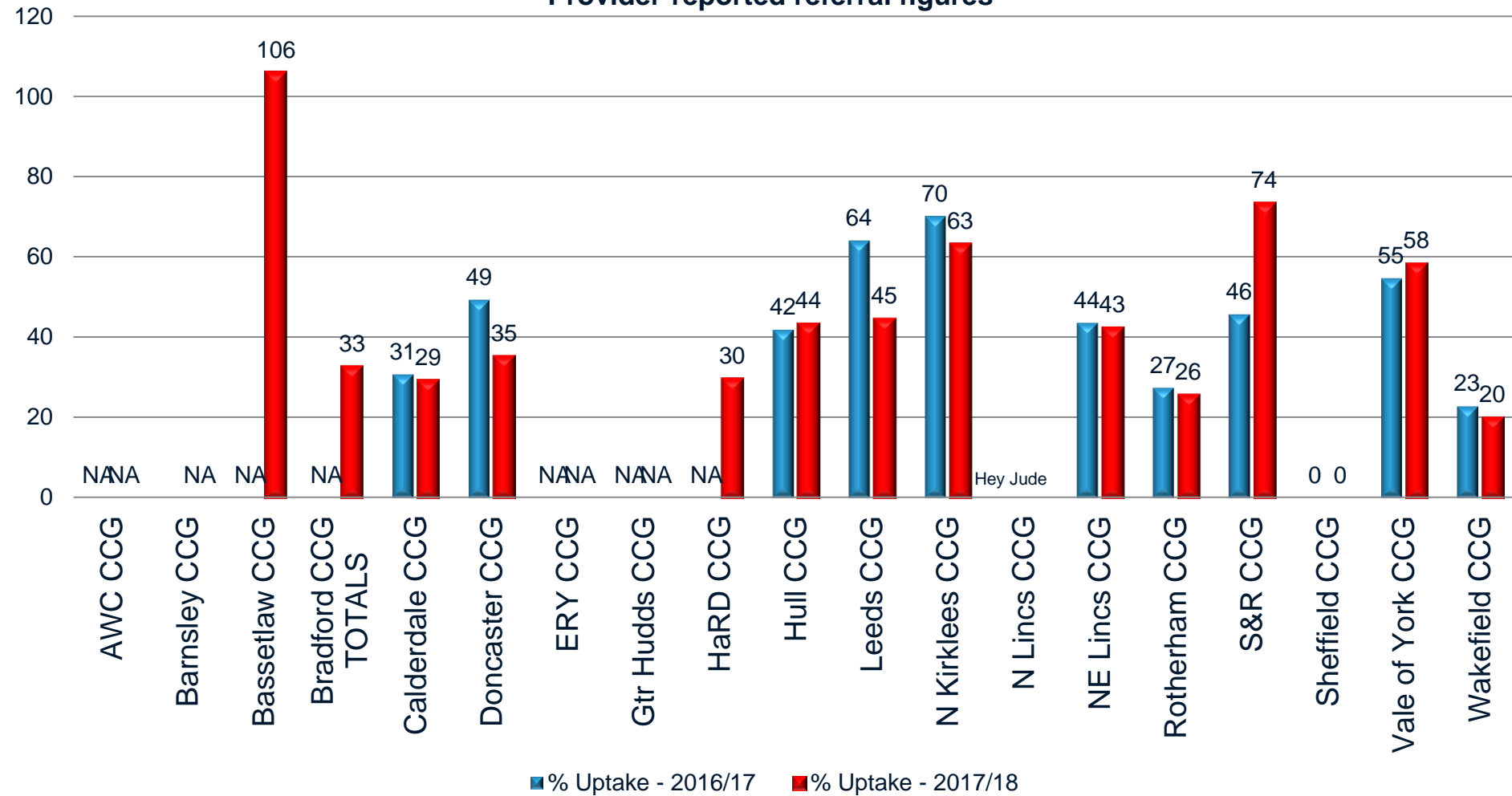
Treatment and Care Funding

- £1,465,000 2016-17
- £1,434,00 2017-18

- Show improvement
- Continued investment

Almost £3m has been invested in structured education over the last 2 years. In order to encourage any further investment we need to ensure that we have information to support our service – the NHS is not good at shouting about the good work it does

TYPE 2 - Uptake of Structured Education Courses as a % of Provider-reported referral figures



We can see from a previous slide that Providers are receiving referrals from less than half of newly diagnosed T2 people in YH. This graph shows what percentage of people have received education from the number of people that Providers say were referred to them

Attendance

Item	TYPE 1		TYPE 2	
	2016-17	2017-18	2016-17	2017-18
Average	15.56	23.92	23.74	31.87
Range	0 - 68%	0-71%	0 - 70%	0 - 106%
0s	11	8	9	6
10 - 19%	1	1	0	0
20 - 29%	2	2	2	4
30 - 39%	2	2	1	2
40 - 49%	2	3	4	3
50 - 59%	0	2	1	1
60 - 69%	1	0	1	1
70 - 79%	0	1	1	1
Over 100%	0	0	0	1

Y&H are providing education to an average of 32% of people – higher than the NDA average states. Some areas are doing much better than that – the table above shows the number of areas who have achieved an attendance rate. There are 6 areas reporting 0 attendance (through not being able to provide data) and 7 areas are reporting 40% or higher in 2017-18

So We Are Improving!

Well Done – Keep up the good work



Video Resources

Airedale NHS FT:

We thought you might be interested in a video we have developed for HCPs to share with their T2 patients. It features real life patients who have attended our courses:

<https://www.youtube.com/watch?v=ownaUJhqtXg>

Also – NHS Kernow Diabetes Video Resources

Some really interesting videos on Diabetes – for general use.

<https://kernowccg-diabetes.healthandcarevideos.com/diabetes>

Should people with Type 2 diabetes be advised to include or exclude carbohydrate from their diets?