Improve the Care of Type 2 Diabetic Patients in Quayside Medical Practice

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Patient Story:

In mid-August I had a consultation with a type 2 diabetic patient who had brought in a record of her BMs over the past few weeks which were persistently high. She had no recent diabetic review or recent Hba1c.

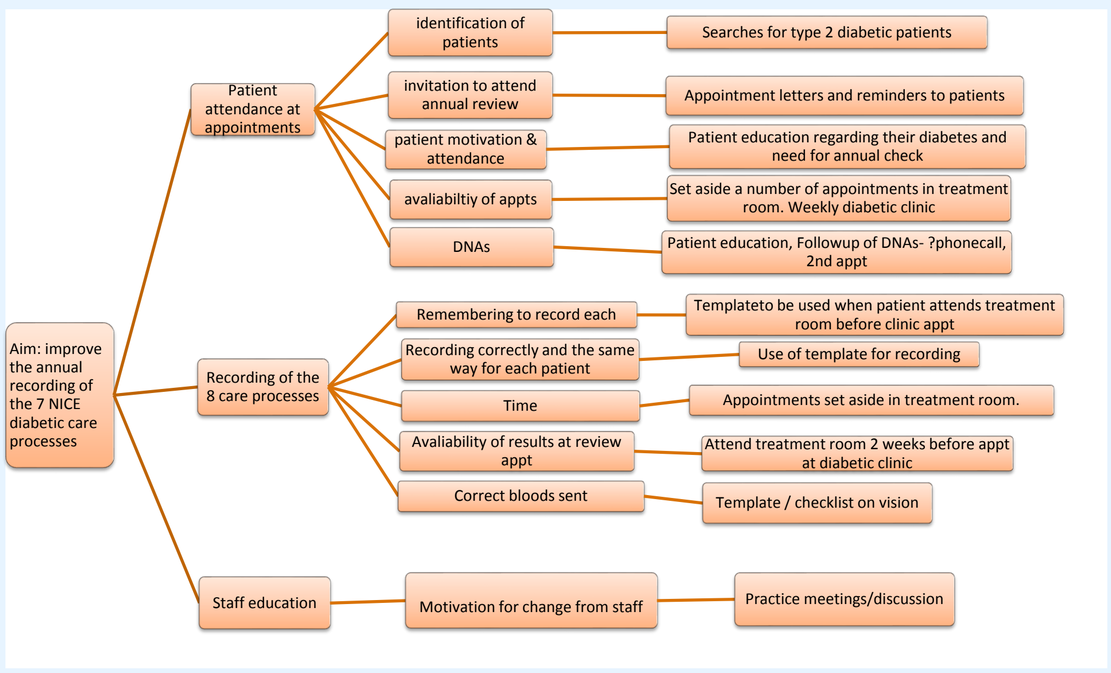
Background:

Following the recent retirement of the practice nurse it was recognised that there was no longer a structured clinic in place with dedicated staff and time to look at diabetic care. The other GPs in the practice had noted similar consultations to the one above & had been receiving high Hba1c results in their lab links. A practice meeting was organised to discuss the issue. The other practice nurse is currently undertaking a diabetic degree. The invaluable knowledge that this would provide was recognised & it was decided to establish a weekly diabetic nurse-led clinic, with the support of one of the GPs. Following observation of one of the initial clinics it was recognised for it to run efficiently, & to make best use of the time & skills of the nurse, it was better if the patient attended with their bloods, BP, weight etc already recorded, and in actual fact these should be recorded on an annual basis in diabetic patients as per NICE; which wasn't always being done.

Aim: To improve the annual recording of the 7 diabetic care processes, as recommended by NICE, to 100% of the registered Type 2 DM patients by May 2018.

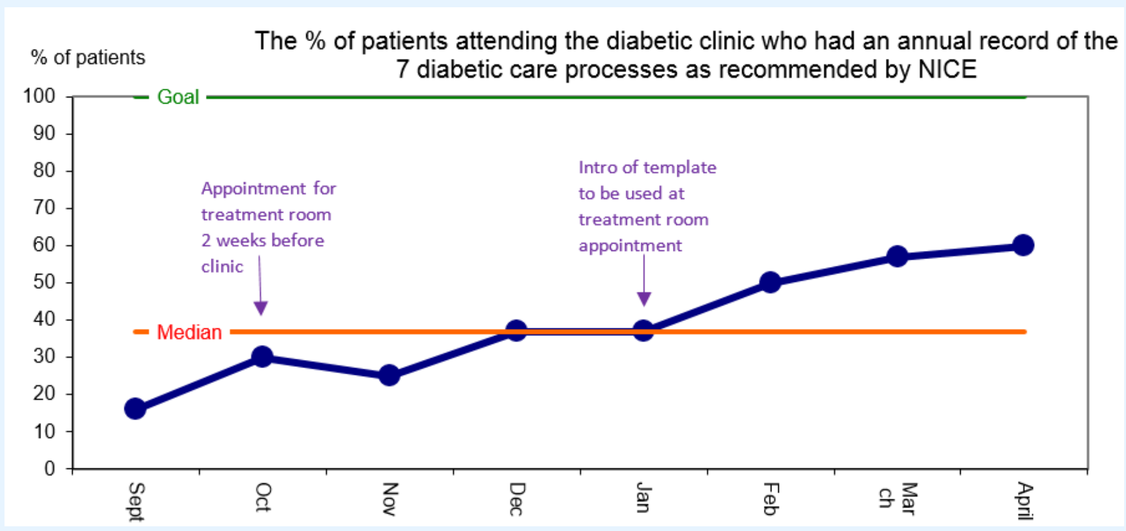
The 7 care process are: BMI, BP, Hba1c, cholesterol, smoking status, alb:creat ratio, serum creatinine.

Improvement Methodology



- Established diabetic clinic on a Friday morning with a dedicated nurse, doctor, and admin staff.
- Patient given appointment to attend treatment room 2 weeks before diabetic clinic to have BP, weight, smoking status recorded & bloods & ACR sent.
- Introduction of template on Vision to be used when the patient attends treatment room to record the 7 care processes.

Results



Outcome Measures

- **Outcome measures:** The % of patients with an annual record of all 7 of the diabetic care processes
- **Process Measures:** Use of template in treatment room
- **Balancing measures:** Time & appointments taken in treatment room

Outcome

Following the introduction of the template to the treatment room there was some improvement in the % of patients who attended the diabetic clinic who had an annual record of all 7 of the diabetic care processes as recommended by NICE (improved to 60%).

Unfortunately we are still very far off our goal of 100% of patients.

The main barrier to reaching this goal at present is staff shortage and the variety of staff who are seeing the patient for their treatment room appointment- some patients are being seen by bank staff or phlebotomist rather than our practice health care assistant, and they are either unaware to use the proforma, or are unable to carry out certain parts, e.g. record a BP.

Next Steps

- There is a new health care assistant starting in the practice next month. The plan is for her to have a dedicated weekly session just for seeing diabetic patients in preparation for their review at the diabetic clinic 2 weeks later. We hope that this will provide consistency and hope to get her to fill out the template fully and therefore record the same things for each diabetic patient she sees in this clinic.
- Ongoing work may include looking at whether the results are being acted upon – as obviously the accurate recording of these 7 care processes is just the beginning of a long process to improving the care and outcomes of the type 2 diabetic patients.