NHS

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ASPIRE
Action to Support Practices Implementing Research Evidence

Can your practice further improve the care of people with type 2 diabetes?

1st report May 2015	2nd report July 2015	3rd report October 2015	4th report January 2016	5th report April 2016

Dear Practice Manager and colleagues

Evidence-based care can make a real difference to outcomes for diabetic patients. Despite this 64% of patients do not achieve all three NICE recommended glucose, blood pressure and serum cholesterol levels[1]. Poor management of these levels increases the risk of cardiovascular events and death. The ASPIRE team is working with your practice to help more of your patients achieve their recommended levels and prevent adverse events.

There are things you can do to make sure that your patients are reaching recommended targets. ASPIRE offers quarterly comparative feedback, practice educational meetings, computerised searches to identify patients, and additional pharmacist support to review patient notes. You can use any of these as you wish to improve your levels of evidence-based care.

Please share and discuss your data with your team. We will also send you ten copies of this report. If you require more copies of this or previous reports, or have any other queries about ASPIRE, please contact Dr Tom Willis (**aspire@leeds.ac.uk**; 0113 343 6731).

Yours sincerely

Dr Robbie Foy
General Practitioner & Professor of Primary Care on behalf of the ASPIRE team

Why does improving diabetic care matter?

Sub-optimally controlled diabetes increases the risk of complications, including major cardiovascular events and death.

Personalise targets to patient needs and abilities

Glycaemic control

- The usual target for people treated with lifestyle measures alone, or taking one anti-diabetic drug is ≤48 mmol/mol
- For those on two or more anti-diabetic drugs (including insulin), the usual target is ≤59 mmol/ mol.

Blood pressure control

- If the patient has kidney, eye or cerebrovascular damage, their target blood pressure is <130/80 mmHg.
- For others, the target is <140/80 mmHg

Cholesterol control

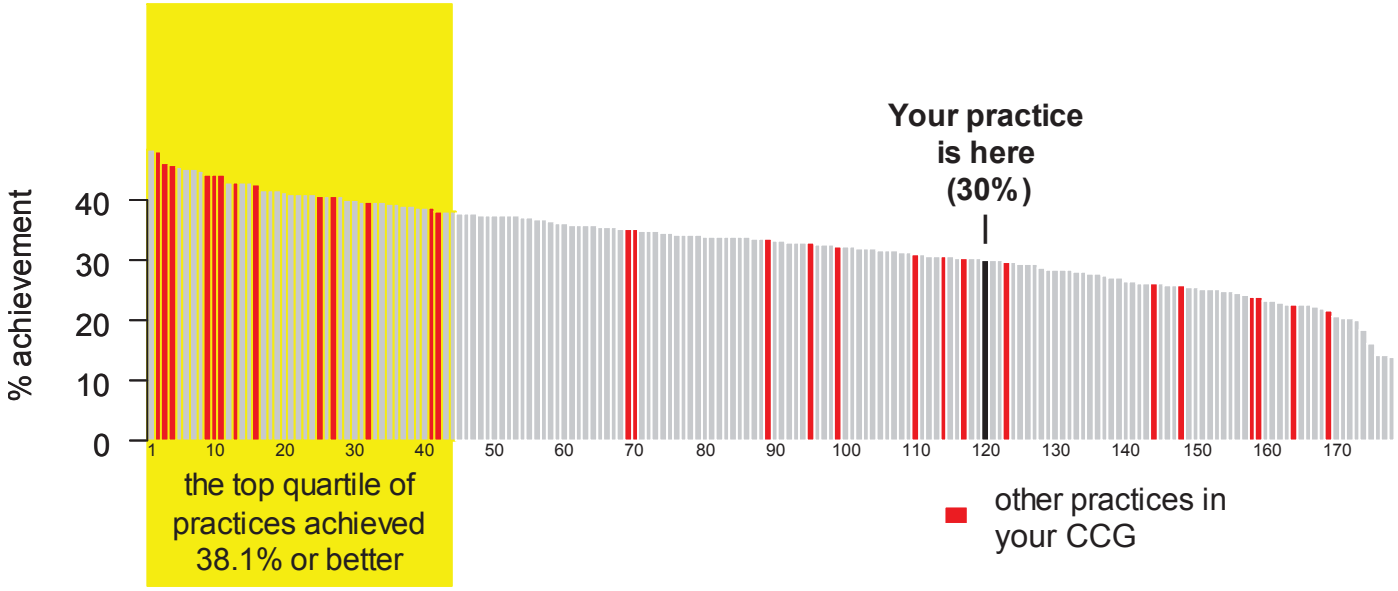
- Start a statin in patients of any age with known cardiovascular disease.
- Consider a statin in all people with diabetes aged over 40 years.
- Start a statin in all patients with diabetes aged under 40 years if they have:
  - established nephropathy
  - other cardiovascular disease risk factors

For more information on ASPIRE, please see **http://medhealth.leeds.ac.uk/aspire**

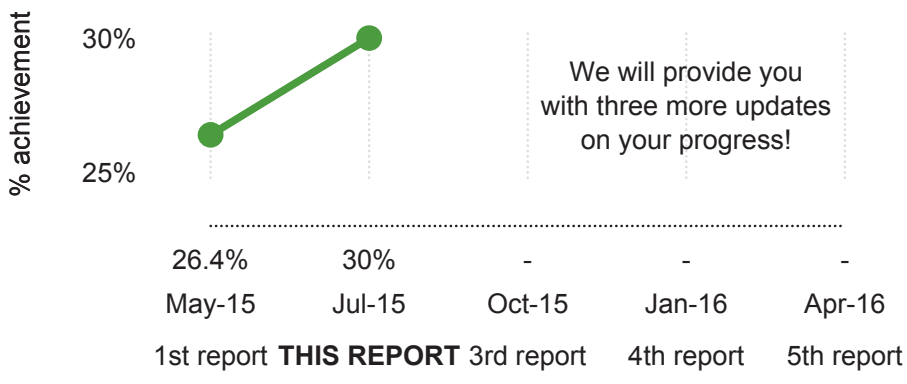
How well is your practice doing?

Achievement in participating practices across West Yorkshire June 2014 to June 2015

- Your practice (black bar) and % achievement (30%)
- Achievement throughout West Yorkshire overall (range 14 to 48.5%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 38.1% or above)
- Other practices within your CCG (red bars, n=28)



What has changed?



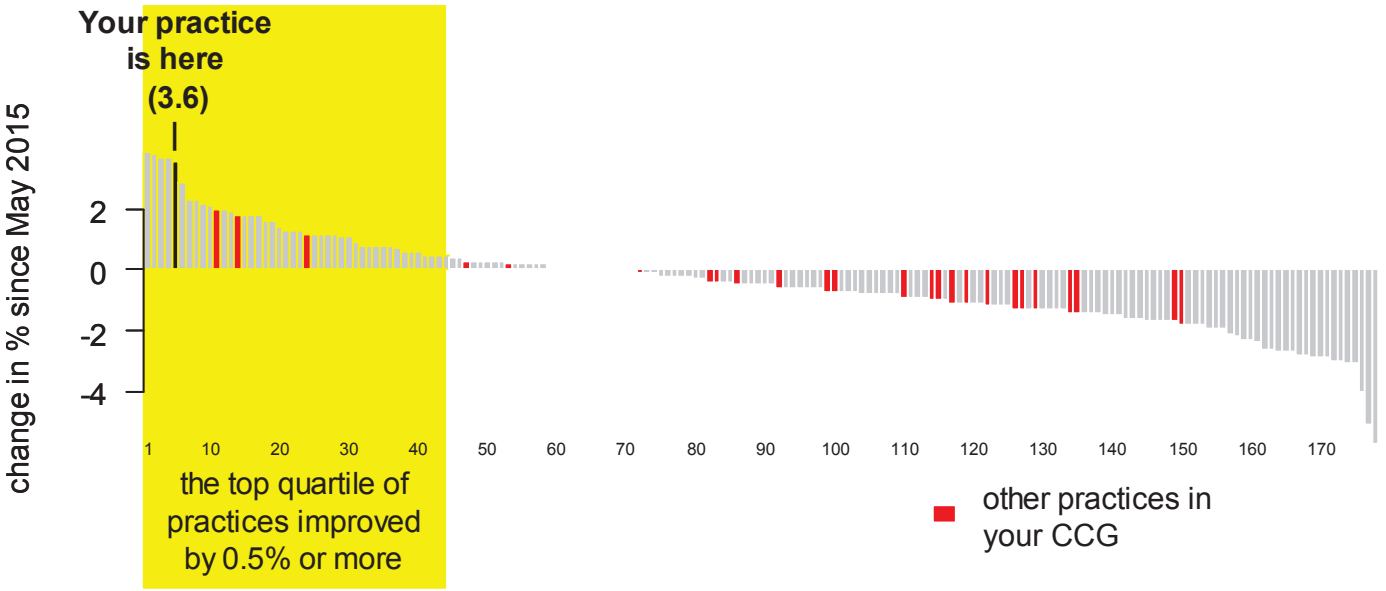
Your achievement rose by

3.6%

Now, 108 out of 360 patients are in line with evidence-based targets whilst 252 could benefit from further action.

Please share these data with your colleagues. Your team are helping diabetic patients achieve recommended levels of glucose, blood pressure and serum cholesterol. Can you identify what has had the most impact? Please review your action plan to ensure this improvement continues.

What have other West Yorkshire practices achieved in three months?



Where can we take action?

Your practice achievement on indicators for diabetes

Your Progress

Indicators	Proportion of patients (%)	Change in proportion since May 2015	Number of patients	Number of patients to be reviewed	Proportion of patients to be reviewed (%)
Last recorded HbA1c below or equal to 59 mmol/mol	**59.7**	**+1.6**	**215/360**	**145**	**40.3**
Last recorded blood pressure below 140/80 mmHg (or 130/80 mmHg if there is kidney, eye or cerebrovascular damage)	**58.9**	**+1.1**	**212/360**	**148**	**41.1**
Last recorded cholesterol level below or equal to ≤5.0 mmol/l	**72.2**	**+5.3**	**260/360**	**100**	**27.8**
Achieving all three of above recommended levels	**30**	**+3.6**	**108/360**	**252**	**70**

References

1. The Health and Social Care Information Centre, National Diabetes Audit 2012-2013; Report 1: Care Processes and Treatment Targets, 2014.

What will you do next to increase achievement of patient targets and lower the risk of avoidable adverse events?

- Identify a lead clinician who can take action on this.
- Disseminate this report to all relevant colleagues.
- Contact Naila Hussain at Prescribing Support Services (01274 299 536; **aspire.admin@nhs.net**) to arrange a convenient time for a 30 minute outreach session to create a plan for action and a follow-up visit to maintain achievements.

- Run the SystmOne searches to create a list of relevant patients. We have made these available within SystmOne and sent instructions on how to action them. Please contact **aspire@leeds.ac.uk** if you have any queries.
- Consider other sources of help in your local area, such as your local Medicines Management Team.

- Discuss current practice within a team meeting to identify what could be changed/ improved. Our outreach facilitators can help with this discussion.
- Use the action plan template to create a plan for reviewing your relevant patients.
- Up to two days pharmacist support to review patient notes will be offered at your outreach visit or contact **aspire.admin@nhs.net** to arrange.
- Access and alert colleagues to the 'Looking after your diabetes' Goal Setting and Action Plan to use with patients.

Frequently Asked Questions

Since the last report in May 2015, we have received some questions relating to the data and/or ASPIRE in general. We have collated the most common queries and our responses below:

• Where do these data come from?

These data were extracted from SystmOne in July 2015 by the NHS Yorkshire & Humber Commissioning Support Unit and cover June 2014 – June 2015. The ASPIRE team have created a bespoke search for each indicator that goes beyond QOF codes to capture the intricate ways that clinicians code patient data. We have made searches available on SystmOne so that you can identify relevant patients – please contact **aspire@leeds.ac.uk** if you require more information.

• Are there any financial benefits of participating?

We offer our resources free of charge to practices. We also offer a minor 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.

• Why can't I produce the same numbers as the report?

It is important to remember that you may have changed patient care since we collected these data. SystmOne updates on a daily basis so it may not be possible to replicate the figures in your practice feedback reports.

• How is ASPIRE funded?

ASPIRE is a five-year research programme funded by the National Institute for Health Research (NIHR). Grant Reference Number RP-PG-1209-10040. We have the support of all CCGs in West Yorkshire and our research involves over 200 general practices in the region.

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