



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

1<sup>st</sup> report  
May 2015

2<sup>nd</sup> report  
July 2015

3<sup>rd</sup> report  
October 2015

4<sup>th</sup> report  
January 2016

5<sup>th</sup> report  
April 2016

### Dear Practice Manager and colleagues

Practices across West Yorkshire are working to manage Type 2 diabetes effectively, helping patients to achieve their recommended blood pressure, glucose and serum cholesterol levels. The ASPIRE team is working with your practice to help achieve these goals for your patients. There are practical tools that you can access such as SystmOne searches and pharmacist support to identify relevant patients and review care. We have provided examples of how other practices have used these tools to improve their patient care (see page 4).

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 practice 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](mailto:aspire@leeds.ac.uk); 0113 343 6731).

Yours sincerely

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

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

### Why review your care of patients with type 2 diabetes?

Improving the management of the three NICE recommended glucose, blood pressure and serum cholesterol levels can prevent the risk of complications including major cardiovascular events and death.

### What have other practices taken advantage of?

- Educational outreach meeting: a free, 30min, pharmacist-led meeting to review your data and identify plans for action. These meetings are only available for another five months. Contact Naila today ([aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) / 01274 299 536).
- SystmOne searches that allow you to identify patients who might be in need of review.
- Up to two days of pharmacist support to tailor these searches to your practice needs and review patient management.



**National Institute for  
Health Research**

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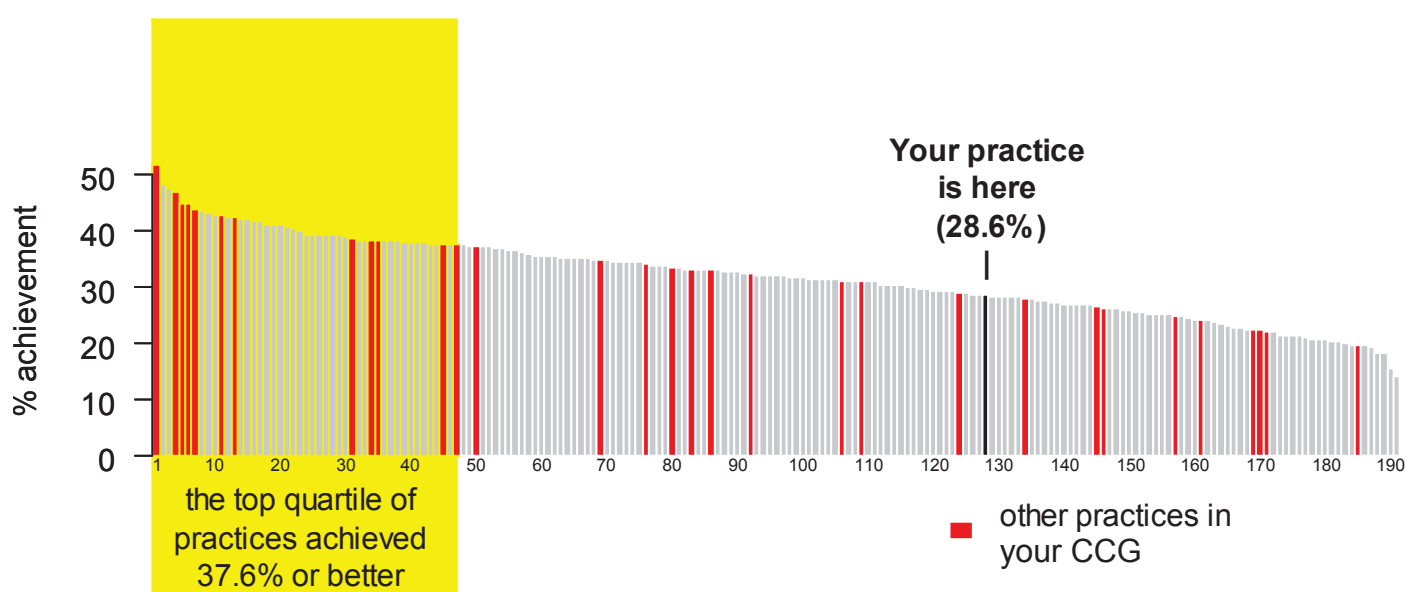
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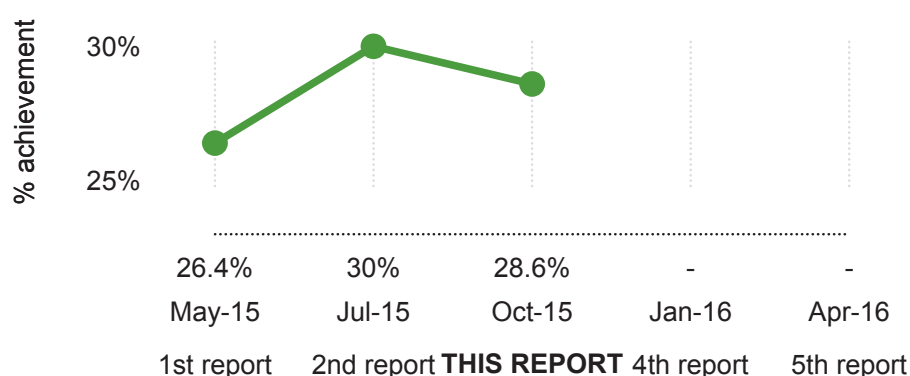
# How well is your practice doing?

## Current achievement in participating practices across West Yorkshire

- Your practice (black bar) and % achievement (28.6%)
- Achievement throughout West Yorkshire overall (range 14.3 to 51.9%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 37.6% or above)
- Other practices within your CCG (red bars, n=31)



## What has changed?



Your achievement rose by

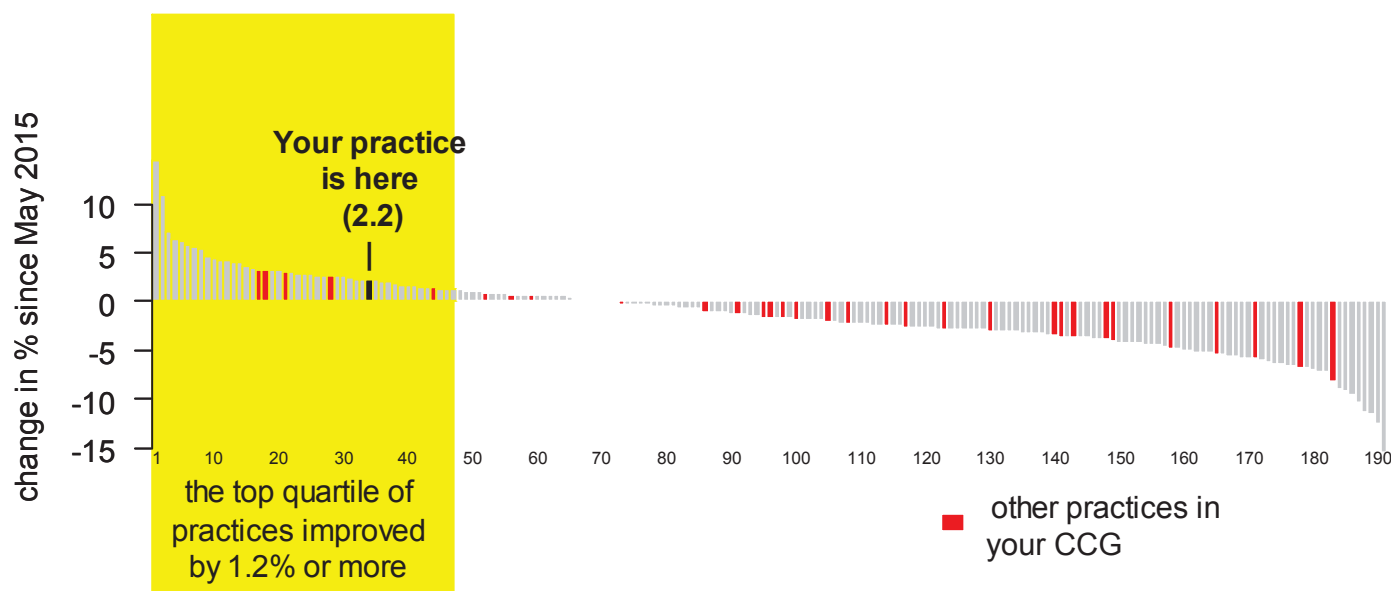
**2.2%**

since May 2015.  
Now, 106 out of 371 patients are in line with evidence-based targets whilst 265 could benefit from further action.

Congratulations! 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.

1<sup>st</sup> report  
May 20152<sup>nd</sup> report  
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## What have other West Yorkshire practices achieved in six months?



## Where can we take action?

### Your practice achievement on indicators for diabetes

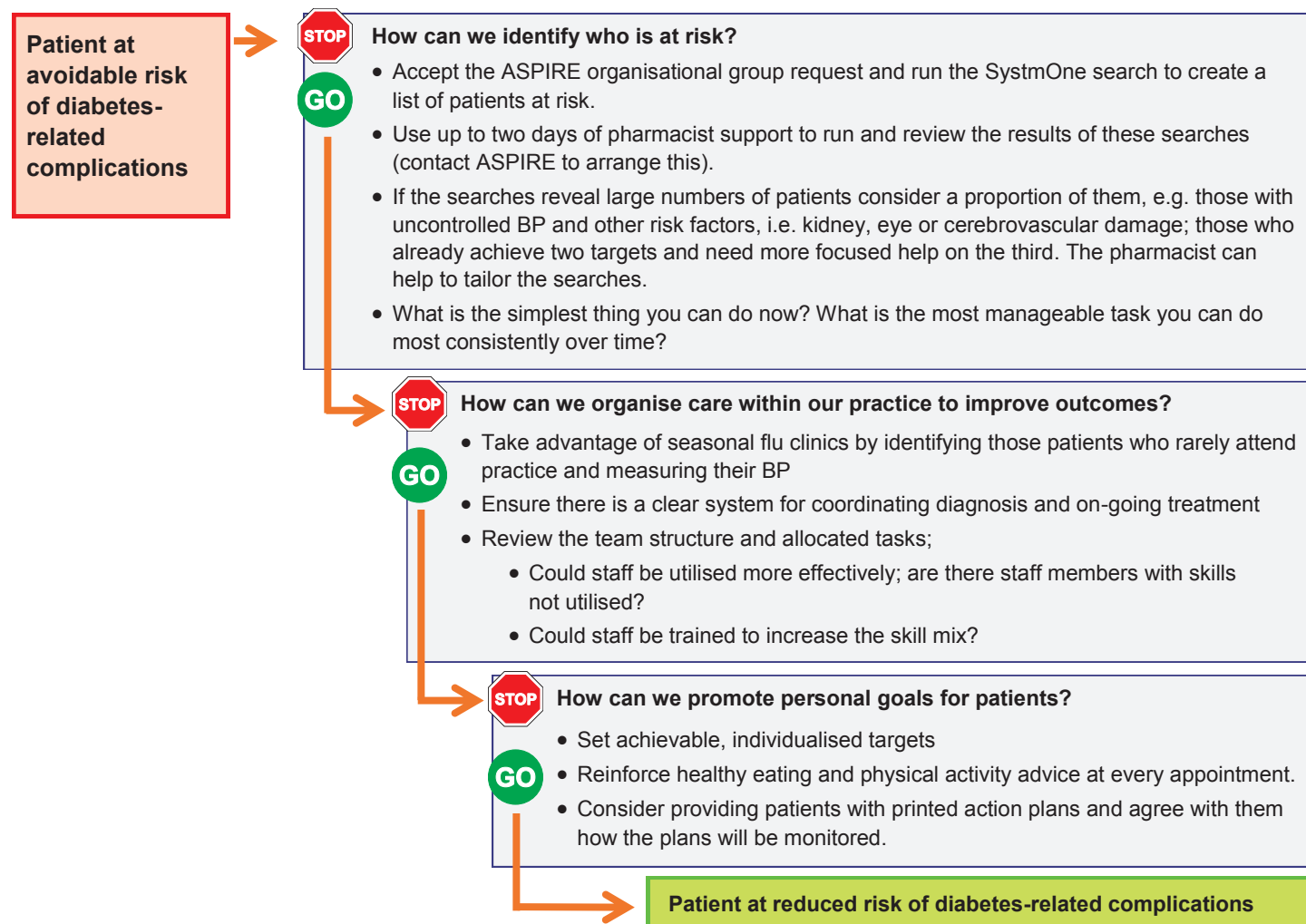
### Your Progress

### Data for Action Plan

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	+0.9	219/371	152	41
Last recorded blood pressure below 140/80 mmHg (or 130/80 mmHg if there is kidney, eye or cerebrovascular damage)	55.5	-2.3	206/371	165	44.5
Last recorded cholesterol level below or equal to $\leq 5.0$ mmol/l	73.6	+6.7	273/371	98	26.4
<b>Achieving all three of above recommended levels</b>	<b>28.6</b>	<b>+2.2</b>	<b>106/371</b>	<b>265</b>	<b>71.4</b>

## What actions could we take to increase achievement of patient targets and lower the risk of avoidable adverse events?

Use your action plan template to identify what will work for your practice team. Consider who can do each task and make full use of the entire team's specialist skills. Here are some suggestions, including examples used by other practices in ASPIRE.



## Frequently Asked Questions

Since earlier reports, you have raised some questions about the data and/or ASPIRE in general:

### • What will happen in the educational outreach meeting?

During a 30 minute practice meeting we can review your achievement data, identify what works in your practice, identify realistic priorities for action and help you to create a manageable plan to improve the care of your patients. We can come back at a later date to review what's worked and help you improve further. Please contact [aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) to arrange a convenient time.

### • We're already involved in the Year of Care; how does ASPIRE differ?

ASPIRE aims to provide practical, practice-level support to implement evidence-based recommendations from NICE and hence improve patient outcomes. Year of Care aims to drive improvement at a higher level by looking at the relationship between patients and the NHS, and encouraging self-management over time. We hope that ASPIRE is complementary to other such initiatives and there is no reason why your practice can't be involved in both at the same time.

### • We are simply too busy – what can you do to help?

We can offer up to two days of pharmacist support to identify your patients and review their risk – please contact [aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) to arrange this. We offer our resources free of charge to practices. We also offer a modest 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.