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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 management of diabetes can make a real difference to patients' lives[1,2]. Two-thirds of people with diabetes do not achieve all three NICE recommended glucose, blood pressure and serum cholesterol levels[3]. Practices across West Yorkshire are improving their management of diabetes, but more can be done. The ASPIRE team can offer support to improve outcomes for your practice population.

We know that managing your diabetic patient population can be challenging. There may be large numbers of patients who are not reaching their targets; we can support you to identify those at highest risk. Research suggests that designating clear roles and lines of responsibilities are important in improving diabetes outcomes.

We have provided some guidance (page 4 of this report) to support you in achieving better outcomes for your diabetic patients more effectively. Practical tools provided through ASPIRE are still available to you until the end of March, including SystmOne searches, and pharmacist support to help you identify relevant patients and review their 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**; 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**

"There is considerable variation between the lowest and highest achieving practices in West Yorkshire in the proportions of patients with diabetes who have achieved all recommended glycaemic, blood pressure and cholesterol levels.

Much of this variation cannot be explained away by differences in patient characteristics. A properly organised system of care with reflective practice that is embedded across all practices can have the biggest impact."

Ian McDermott
GP with a Special Interest in Diabetes, Leeds

Latest guidance from NICE, published December 2015[4]:

Blood glucose
- Use individualised targets aiming for <59 mmol/mol (7.5%), and ideally lower
- Consider on a case-by-case basis those who are older, frail or with reduced life expectancy
- Relax targets for people at high risk of the consequences of hypoglycaemia (e.g. impaired awareness of hypoglycaemia, driving or operating machinery)

Blood pressure
- Aim for below 140/80 mmHg
- Aim for below 130/80 mmHg if there is kidney, eye or cerebrovascular damage

The targets used in ASPIRE follow this guidance. Our search tools can assist practices in identifying patients who may be failing to achieve one or more of their targets.

National Institute for Health Research

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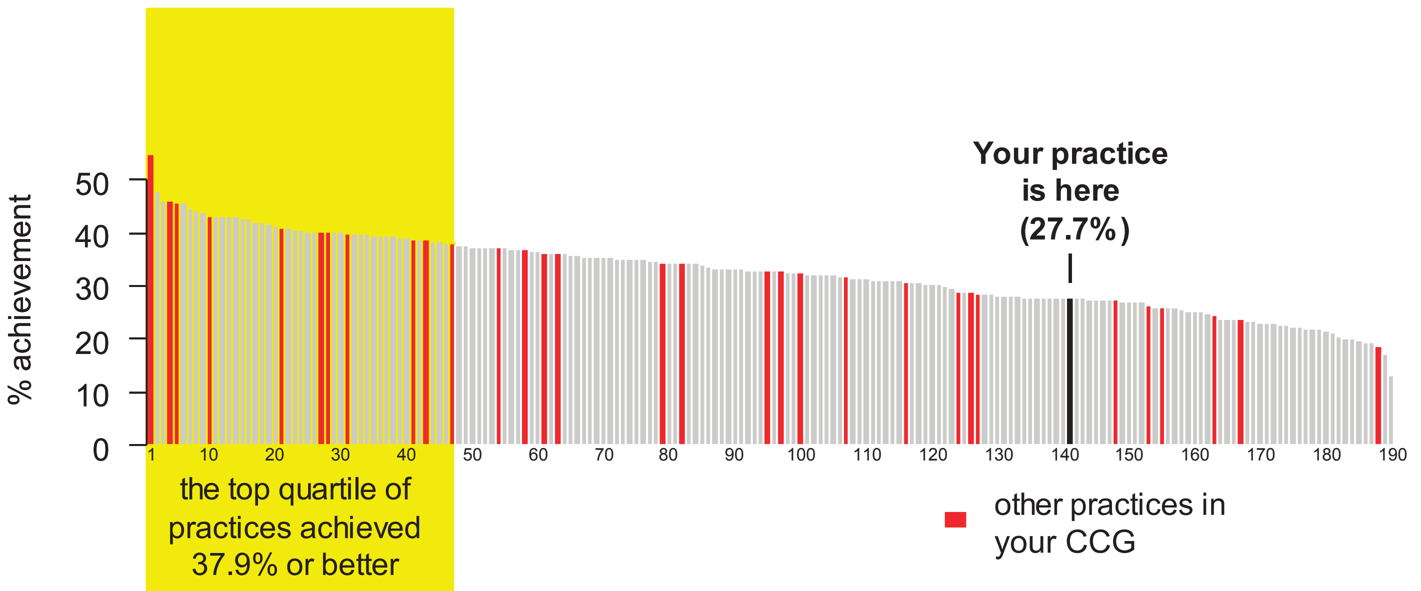
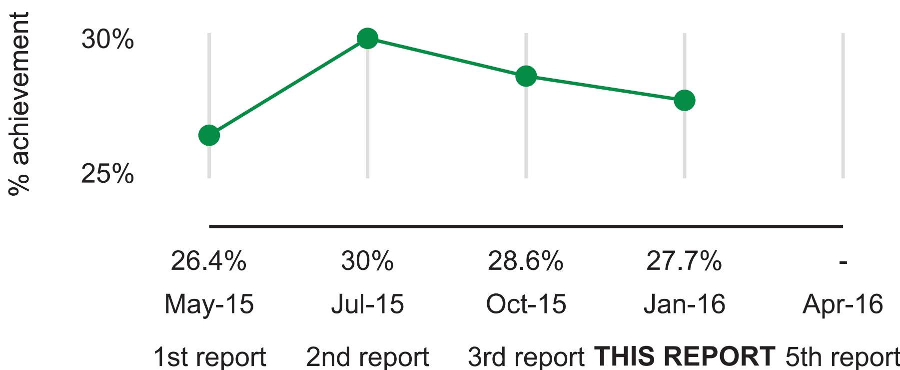
How well is your practice doing?

Current achievement in participating practices across West Yorkshire

- Your practice (black bar) and % achievement (27.7%)
- Achievement throughout West Yorkshire overall (range 13 to 54.9%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 37.9% or above)
- Other practices within your CCG (red bars, n=31)



What has changed?



Your achievement rose by

1.3%

since May 2015.
Now, 105 out of 379 patients are in line with evidence-based targets whilst 274 could benefit from further action.

Congratulations! Please share these data with your colleagues. Your team are helping patients with type 2 diabetes achieve recommended control for 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.

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ASPIRE Action to Support Practices Implementing Research Evidence

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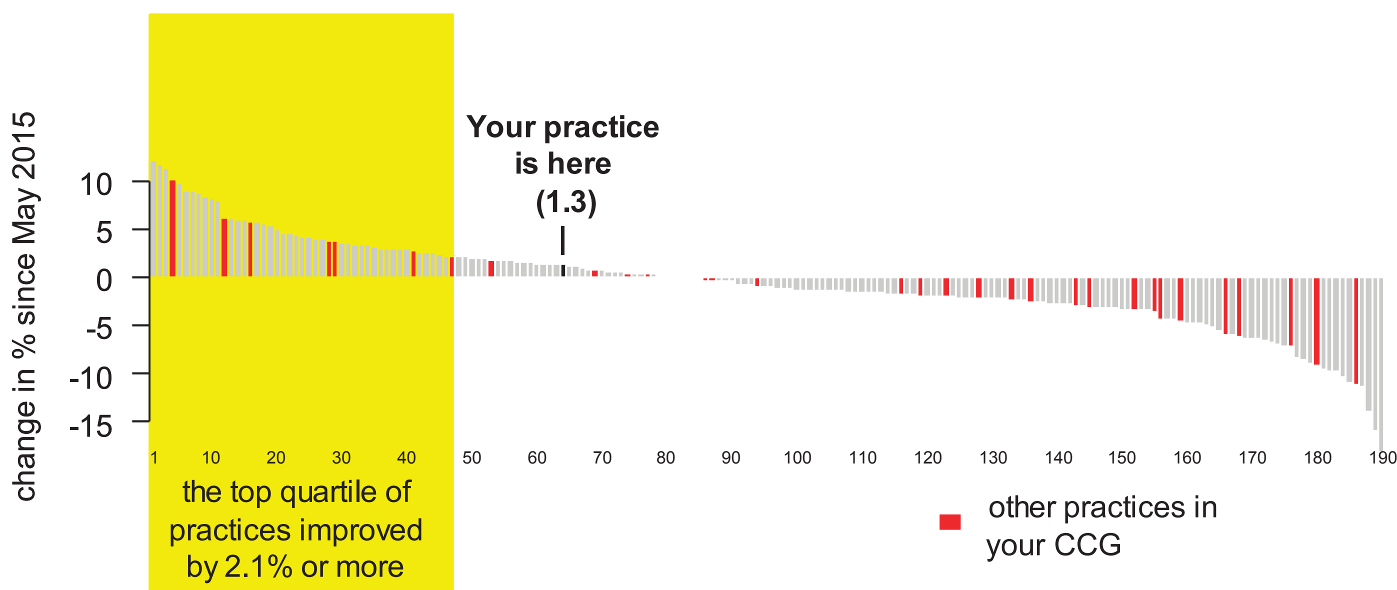
What have other West Yorkshire practices achieved in nine months?



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	60.7	+2.6	230/379	149	39.3
Last recorded blood pressure below 140/80 mmHg (or 130/80 mmHg if there is kidney, eye or cerebrovascular damage)	54.9	-2.9	208/379	171	45.1
Last recorded cholesterol level below or equal to ≤5.0 mmol/l	72	+5.1	273/379	106	28
Achieving all three of above recommended levels	27.7	+1.3	105/379	274	72.3

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Action planning & achieving change

The following questions might help your team to think about how you could work to improve practice performance:

What are we struggling with at our practice?

- Which indicator(s) or subgroup(s) of patients are we concerned about? Where should we start?

Who is this a problem for?

- Which members of our team can identify patients or review their management?

What have we or others done before, for this or similar problems?

- How can we maximise what we do well in this and other areas?

What do we need to do to move forward?

- Who in our team can run and review the ASPIRE SystmOne searches to identify eligible patients?
- Have we arranged our ASPIRE outreach meeting?
- How can we use two days of pharmacist support?

What have other practices done?

One of the practices participating in ASPIRE decided to concentrate initially on reviewing patients who were very close to achieving the three targets (blood pressure, cholesterol and HbA1c). Our practice pharmacist support was used to tailor SystmOne reports to identify these patients and invite them for review. In addition, reports were created to identify patients who were infrequently seen in the practice. This meant that they could be invited for review and their current levels checked and management plan updated.

The pharmacist also sent SystmOne tasks to an identified clinician regarding all of the patients who either had a high HbA1c, or had not had it recently checked.

Frequently Asked Questions

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

Will ASPIRE help our QOF performance?

The effective management of diabetes is a clinical area relevant to several QOF indicators. Achievement of the indicators in this report may benefit performance on the following QOF indicators: DM002, DM003, DM004, DM007, DM008, and DM009. These all assess the proportion of eligible patients achieving specific blood pressure, cholesterol and HbA1c targets.

We hope that our intervention will help QOF achievement, but the plain truth is that we won't know until we have analysed our results.

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** to arrange this. We offer our resources free of charge to practices. We also offer a modest 'Service Support Cost' sum for research activity.

We have recently provided information on how ASPIRE can help to provide evidence for a CQC submission. Please contact us if you did not receive this.

References

1. Tricco, A.C., et al., *Effectiveness of quality improvement strategies on the management of diabetes: a systematic review and meta-analysis*. Lancet, 2012. **379**(9833): p. 2252-61.
2. Shaw, R.J., et al., *Effects of nurse-managed protocols in the outpatient management of adults with chronic conditions: a systematic review and meta-analysis*. Ann Intern Med, 2014. **161**(2): p. 113-21.
3. The Health and Social Care Information Centre, National Diabetes Audit 2012-2013; *Report 1: Care Processes and Treatment Targets*. 2014.
4. National Institute for Health and Care Excellence, *Type 2 diabetes in adults: management*. 2015, National Institute for Health and Care Excellence.

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