NIHR | Applied Research Collaboration North West Coast

ARCBITE

Brokering Innovation Through Evidence

Evaluation of a recently developed, integrated consultant-led, community-based Diabetes Service

Background:

Diabetes is a long-term condition, where the body is unable to metabolise the sugar in foods eaten because of the inability of the body to produce insulin or produce sufficient insulin. It is a condition that is a major challenge for the NHS and the cause of an estimated 24,000 avoidable deaths each year. Recognised complications of the condition include, chronic kidney disease, sight loss, increased risk of cardio vascular disease (including heart attack and stroke) and amputations. Consequently diabetes poses a significant burden to those living with the condition, their families, carers, social care and the NHS. A city wide partnership was developed to tackle the challenge posed by diabetes to health services in a North West Coast city over the next 10-15 years and to improve outcomes for people living with diabetes and reduce variation in service delivery and access. The purpose of the partnership was to develop a more integrated approach to diabetes care with consultant medical staff, GPs, Practice Nurses, Community nursing, therapy services, Social Care, 3rd Sector and patients all working together to deliver localised patient-centred care. The service model was developed following a city-wide consultation with people who have diabetes, discussion with other relevant stakeholders and a review of models of diabetes care across the UK.

What was the aim of the project?

The aim of the project was to evaluate the impact of the multidisciplinary, community-based care partnership on the diabetes population within a North West Coast city and on accident and emergency admissions and hospital admissions and readmissions. The evaluation also sought to identify where consistency of information at each encounter had not been met.

What did we do?

Both quantitative and qualitative methods were used to evaluate the impact of the multi-disciplinary service. Data were collected from GP records (outcome measures), through patient questionnaires and focus groups to explore patient experience, a questionnaire for health professionals about engagement and contract outcome measures.

How did we involve people?

This was a co-produced initiative with professionals and patients. We worked with the NIHR CLAHRC Public Advisors framework, ensuring patient and public involvement throughout the project and its evaluation.

What we found and what does this mean?

- An overall improvement in HbA1C across the city – indicating that patients' average blood sugar levels (over 2-3 month periods) are improving.
- A reduction in secondary care clinic caseloads - by discharging out to LDP community and primary care.
- A reduction in referrals from Primary Care into Secondary Care clinics, leading to improved referral to treatment waiting times in secondary care clinics.

- 22% fewer admissions to hospital for hypoglycaemia (low blood sugar).
- A reduction in admissions of frequent attenders to hospital by providing wrap around care and support.

Patient's experience:
Of 48 respondents to questionnaires, 36 felt every effort was made by the clinician to help them understand their diabetes, 40 felt able to talk about concerns that the clinician may not have already talked about, 39 felt the clinician listened to the things that mattered to them, 32 felt every effort was made to involve them in decisions made about their care, 47 felt confident in the clinicians' professional expertise and 34 were offered a referral to another service to support concerns raised.

Health professional's experience:
Respondents indicated that the service had been positively received in primary care and that the service had a positive effect on patient engagement and care. The referral process was deemed to be simple and easy to use, although more information was needed on referral criteria. Areas for improvement included provision of information about ongoing management plans and outcomes.

Health inequalities:
The evaluation identified a number of health inequalities in terms of engagement of specific groups and populations with the service, the service is working to address these by working with relevant organisations, agencies and groups. We used the HIAT (www.hiat.org.uk) to work with the public to identify Health Inequalities to be considered and how to research them.

What Next?

Outcomes of the evaluation have been used to inform service development - supporting a number of reviews to target areas.
Working relationships with other NHS partners and third sector services have been strengthened to address health inequalities and provide advice, care and support in accessible locations.
Pilot projects set up to improve engagement with specific populations (e.g. homeless populations).
Work at a Practice and Neighbourhood level targeting communities across the city and working with community leaders in the BAME and Eastern European Communities and established groups to gather feedback. Hold bi-annual large focus groups, with sub-group champions to gather a citywide perspective to ensure service developments meet the needs of the local population.
Work to be undertaken to improve educational literature to make it more accessible (e.g. literature produced in other languages, appropriate resources for patients with hearing and visually impairments).
Making changes to social media platforms to make them more informative and inclusive.

Who was involved?

- Liverpool CCG (Clinical Commissioning Group)
- Aintree University Hospital Trust

What is NIHR CLAHRC / ARC North West Coast?

The Applied Research Collaboration North West Coast (ARC NWC) superceded CLAHRC NWC in September 2019. It is a partnership between universities, NHS, public, etc.

Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region.

https://arc-nwc.nihr.ac.uk/

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