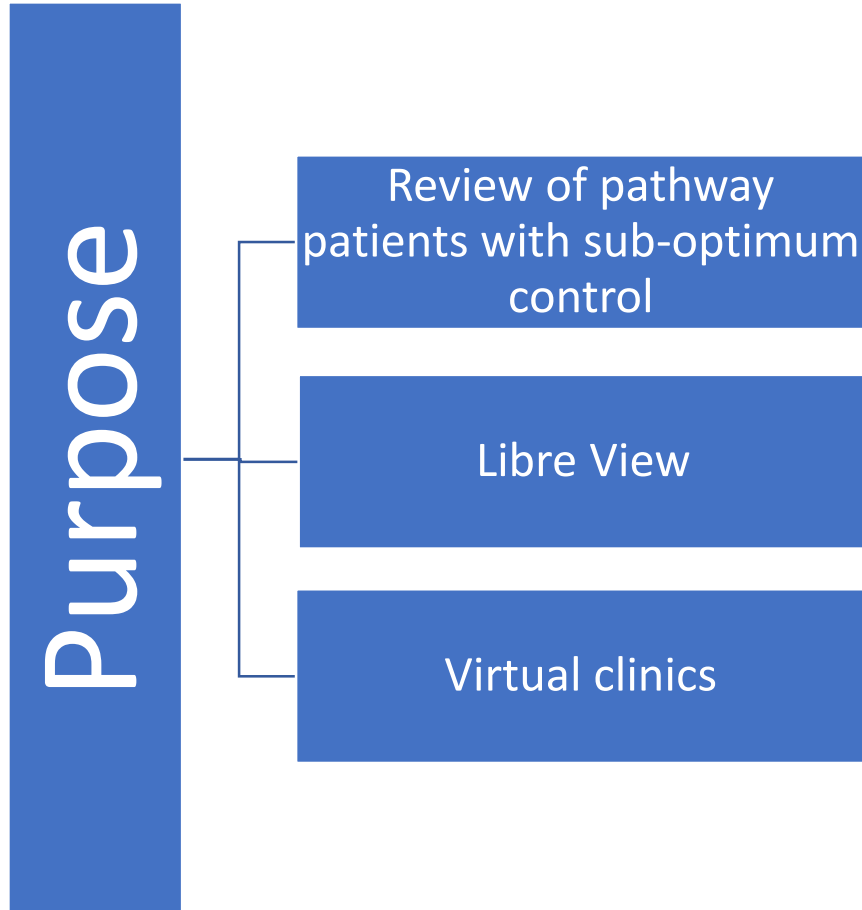


Blackpool Teaching Hospital NHS Trust

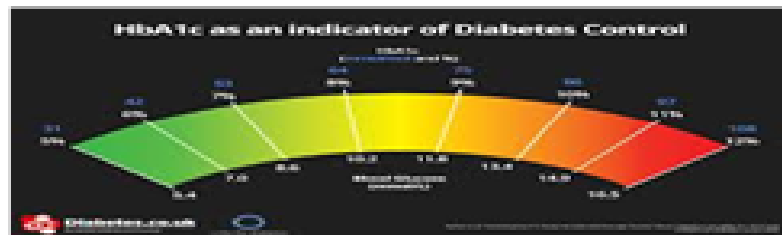


Our purpose and our areas of work : Reduction in HbA1C



- Improve data collection/ IT systems do all AR in first half of the year.
- Weekly YoutherapY clinics
- More frequent review of patients with sub-optimum control: nurse led and virtual clinics
- Review of structured education and resources. Focus resources on teenage group.
- Increased use of diabetes technology... roll out Freestyle Libre
- What's App group all team members

**PATHWAY FOR A CHILD OR YOUNG PERSON (CYP)
WITH SUB-OPTIMAL GLYCEAMIC CONTROL**



**2 CONSEQUENTIVE HbA1c
> 75mmol/L**

- Individual assessment of CYP and family. Wherever possible see both parents/ carers.
- Individual action plan
- Review of injection sites and injection
- Extra appointment to review CHO counting
- Consider change of glucometer/ trial Freestyle libre
- Where appropriate encourage personal Diasend plus 1-2 weekly upload, review via virtual clinic.
- Psychological review, refer Youtherapy
- Consider CGMS
- Consider Tresiba (insulin Degludec)
- Consider hospital admission for stabilisation
- Review IHCP, discuss with S/Nurse
- Commence/continue age appropriate Goals of Diabetes

REVIEW IN CLINIC 6-8 WEEKS

DISCUSS IN MDT MEETING

REVIEW HbA1c IN 8 weeks.

**HbA1c
>75mmol/L**

**HbA1c
<75mmol/L**

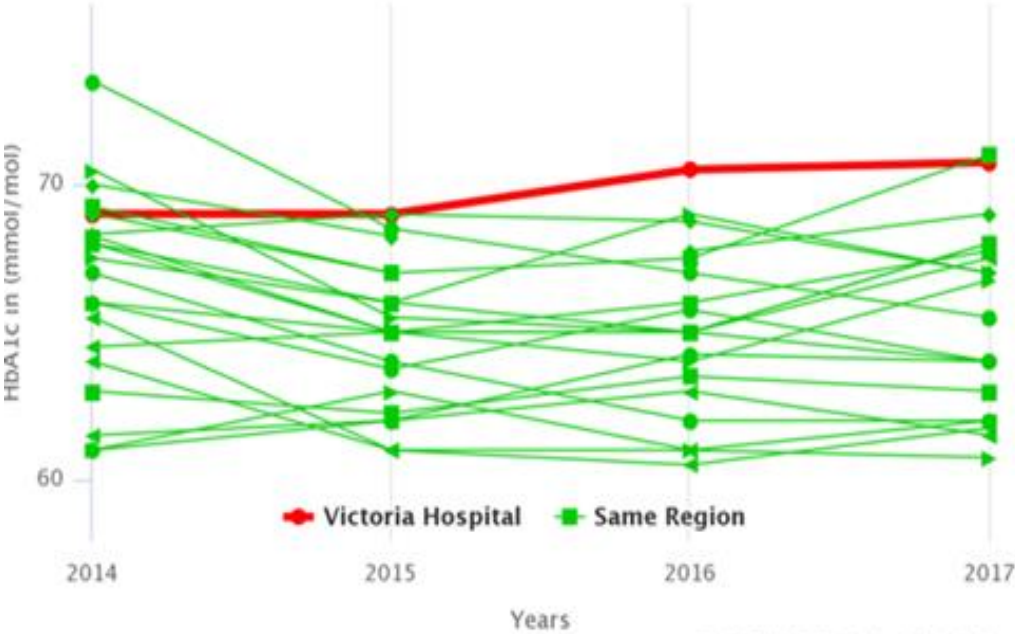
**3/12 Review
continue with
individual package
of care**

Our improvement journey- the steps we took



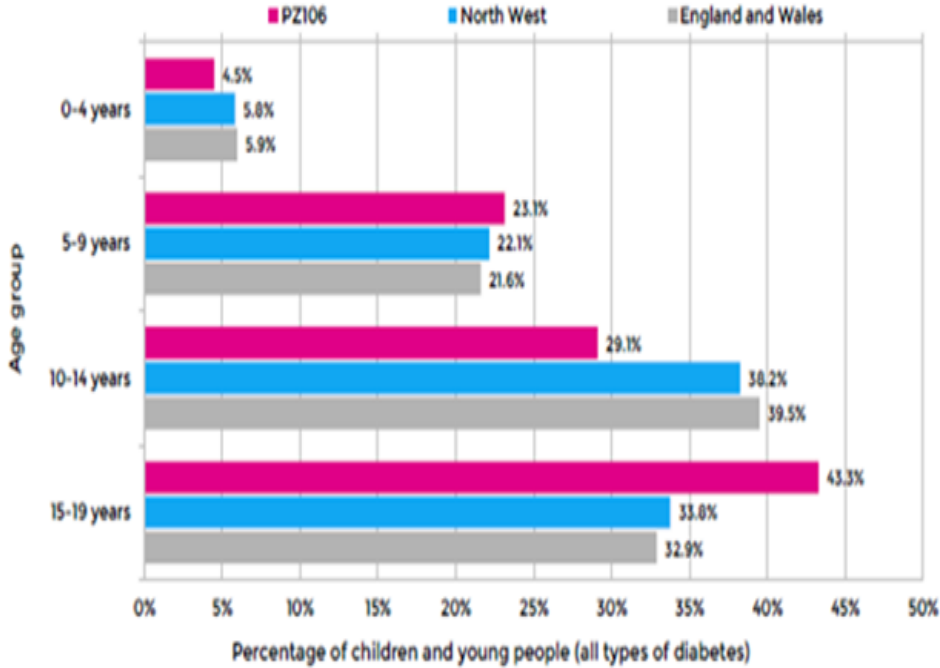
NPDA / NEXUS data

Median (unadjusted) HbA1c for children and young people with Type 1 diabetes



© RCPCH NPDA Online / Net Solving 2

Age of children and young people by unit, region and overall



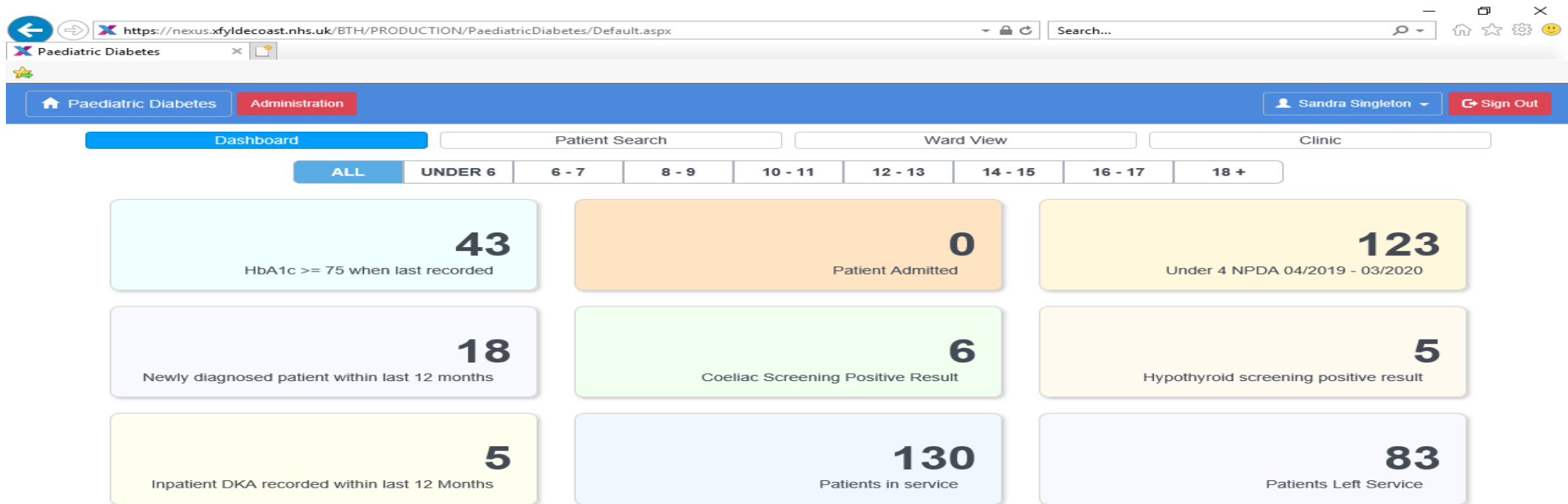
Improvements so far

- **84** (68 %) Annual Review already completed
- Reduction in DKA admissions
Only **2** since April 2019 vs 9 in previous audit year.
- **43** patients with sub-optimum control
- Freestyle Libre rollout: **41** patients (33%)
- NPDA upload Median HbA1C 2018-19: 70mmol/L

April 2019 - September 2019 :

Median HbA1C so far 67mmol/L showing downward trend

Dashboard for NEXUS system



What have we learnt and how are we building that learning into our daily work

- Embracing new ideas and working in partnership with patients
- There is no 'I' in team
- Better communication within the team
- WhatsApp group
- Greater engagement with management
- Patient Experience Officer
- Regular uploading of data

One barrier that is bugging us

- Time that team is available to meet
- Individual team members constraints
- Complexity of present case load
- Reduced resources within workforce

How others could help us understand/ overcome the problem?

- Patients and families
- Management
- Governance team/ audit
- Excellent team working
- Investment in the service