Tameside and Glossop Integrated Care NHS Foundation Trust

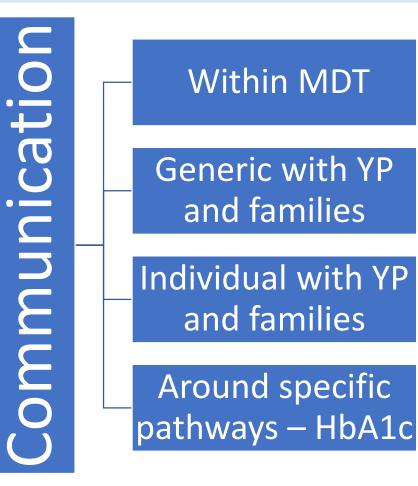


Dr Jackie Birch- Paed Consultant Jenny Butterworth- Lead PDSN Karen Wright- PDSN Rachel Lawson- Dietitian Rebecca Shaw- Dietetic Assistant Kate Moss- Psychologist Jade McAleer- Diabetes Clerical Co-ordinator

Dr Sarah Tatnall- Lead Paed Consultant



Our purpose and our areas of work

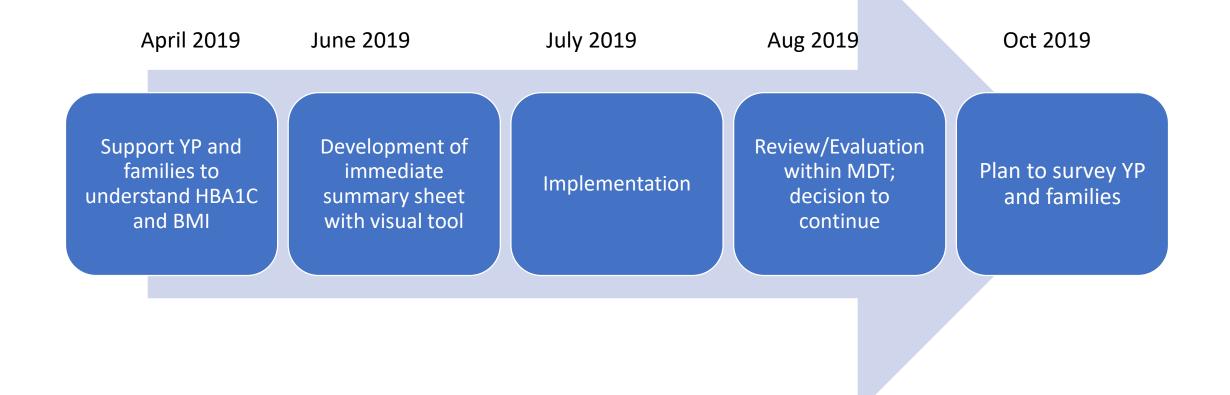


- Generic Communication with YP and Families:
 - Survey; unexpected outcome
 - Adaption: Explore preferred options
- Individual Communication with YP and Families:
 - Hand written action plan (July 2019)
 - Focus on HbA1C and BMI with visual tool
 - Patient centred High HbA1c tool

Our improvement journey- the steps we took: Generic Communication

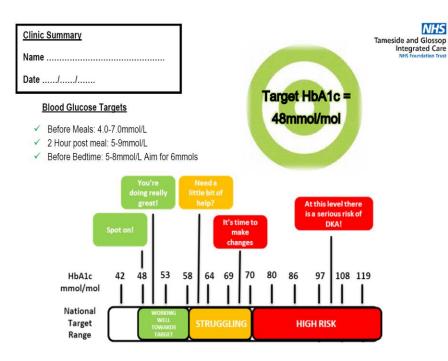


Our improvement journey- the steps we took: Individual Communication 1



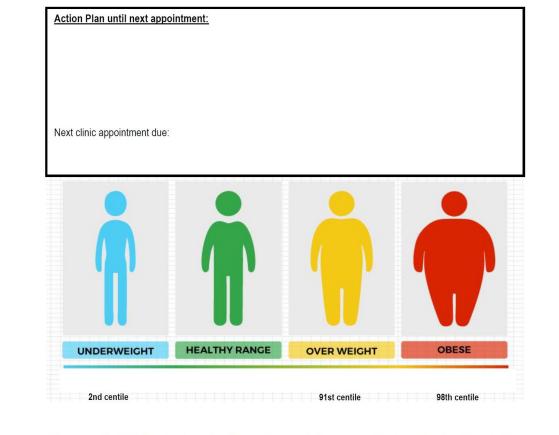
Our improvement journey- the steps we took: Individual Communication 2

Support YP and families to address high HBA1C; audit indicates need for changeDevelopment of new high HbA1c pathway with motivation to change emphasisImplementation using small number PDSA cycles (post RCPCH QIP days!)Review/Evaluation within MDT; decision to continuePlan to survey YP and families/re- audit	Jan 2019	Feb-Apr 2019	July 2019	Aug 2019	2020
	families to address high HBA1C; audit indicates need for	new high HbA1c pathway with motivation to	using small number PDSA cycles (post RCPCH QIP	within MDT; decision to	and families/re-



Insulin to Carbohydrate Ratios:		Insulin Sensitivity Factors (correction dose)			
Breakfast: Lunch: Tea: Supper:	1 unit forg 1 unit forg 1 unit forg 1 unit forg		1 unit drop Other:	mmol	
Levemir/Lantus/Tresiba		Units		Changed to	Units
Total Daily Insulin Dose					Units
Sick Day Dose		10% =	Units	20% =	Units

Name of Insulin Pump:			
Total Basal Insulin:	Units		
Pump basal rate changes:			



Living an active lifestyle and eating well are important ways to look after yourself and your diabetes. Your weight, height and body mass index (BMI) are a measure of how well balanced your food and activity are and so we measure these at every clinic visit. If you would like to know more about this or have any concerns about eating, drinking or activity then please ask to speak to the dietitian or dietetic assistant.

Named Nurse:	Tel no: 0161 922 4844/5433
Children's Dietitian & Dietetic Assistant: Rachel and Becky	Tel no: 0161 366 2376
Appointments: Jade McAleer	Tel no: 0161 922 5262
Team Psychologist: Kate Moss	Tel no: 0161 922 5262

Mon – Fri: Between the hours of 08.30 -16.30 please contact designated key worker office/mobile numbers Mon – Fri, Out of hours (16.30-09.00) and all day Weekends/Bank holidays please contact the hospital switch board on 0161 922 6000 and ask to be out through to the on-call paediatric registrar

Data- the impact we hope for.....

- Generic Communication
 - Improved Flu jab and Retinopathy screening uptake as evidenced by NPDA data
 - YP and families able to access team information/guidelines at their convenience via apps
 - Survey
 - In-App monitoring of use
 - Reduced admissions



- Individual Communication: Immediate Clinic Summary Sheet/High HbA1c pathway
 - Understanding of health data (HbA1C and BMI)
 - Motivation to change
 - Written reminder of key discussion/changes immediately available
 - Improved HbA1c and BMI data for our population – improved long term health

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

• Positives !!

- All MDT involved; work not confined to role specific tasksoutstanding teamwork
- Small number PDSA cycles are achievable and beneficial

- Things to Remember
 - Ask your YP/families first !
 - Don't make too many changes at once – overwhelming
 - Learn from other teams

One barrier that is bugging us

• Financing initiatives eg Apps

• How have other teams approached this ?

• Time Constraints/ other pressures

 Peer reviews/ gaps within team/clinical need and priority