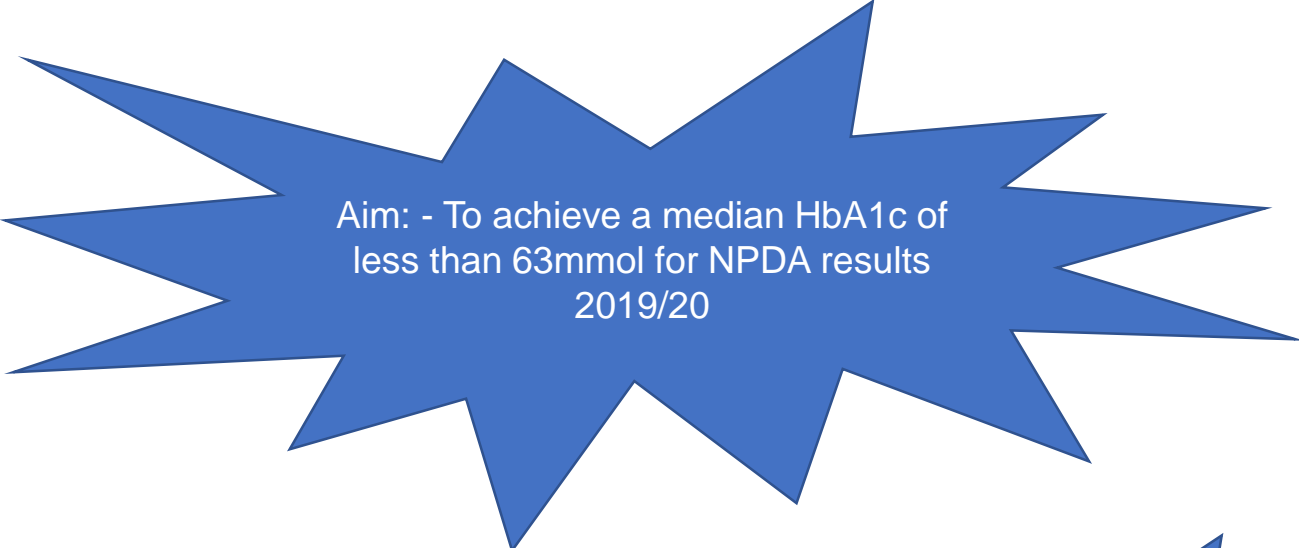


Lancashire Teaching Hospitals

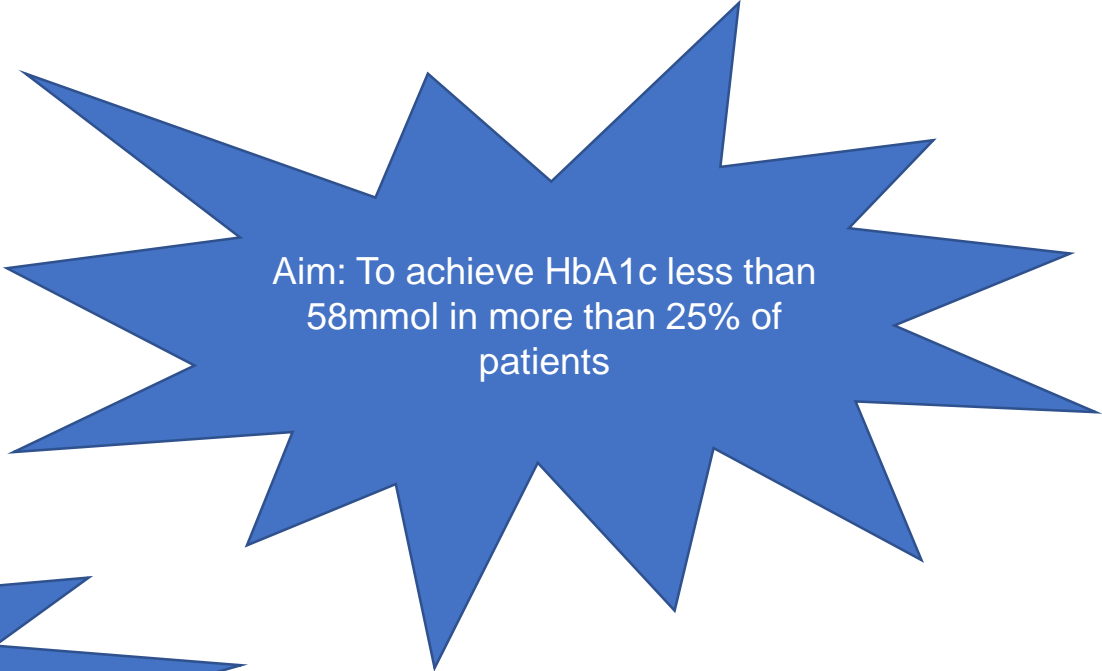
Dr O Ayoola	Consultant
Dr D Kendall	Consultant
Vicki Ellison	PDSN
Rachel Hind	PDSN
Jan Buckingham	PDSN
Georgina Briffett	PDSN
Karen Harrison	Dietitian
Aqeela Patel	Dietitian
Kate Orme	Diabetes BPT Analyst



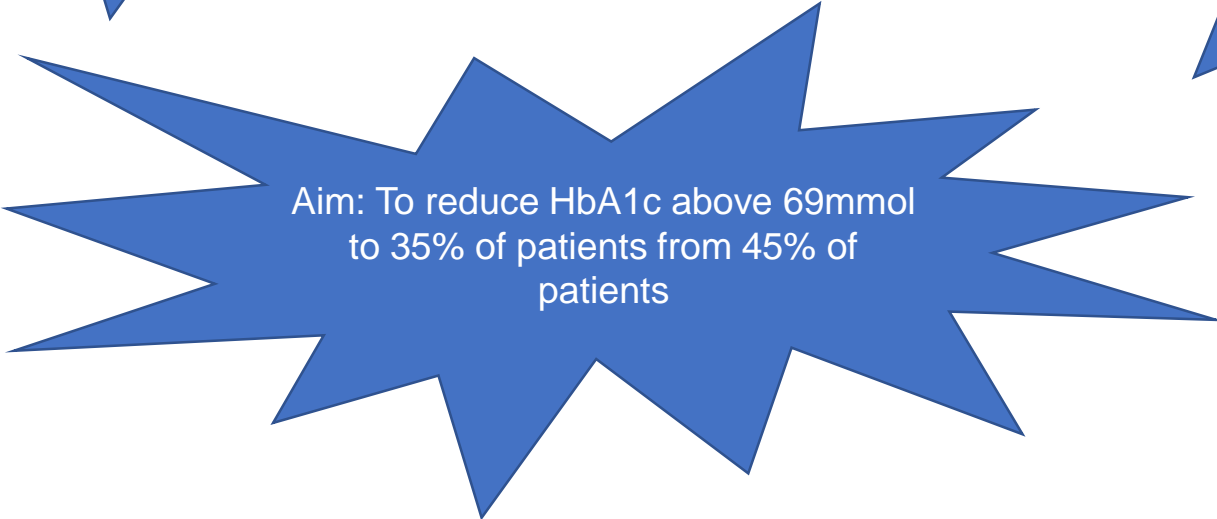
Our purpose... is to empower and educate children & young people with diabetes to live happy and healthy long lives through compassionate patient centre care.



Aim: - To achieve a median HbA1c of less than 63mmol for NPDA results 2019/20

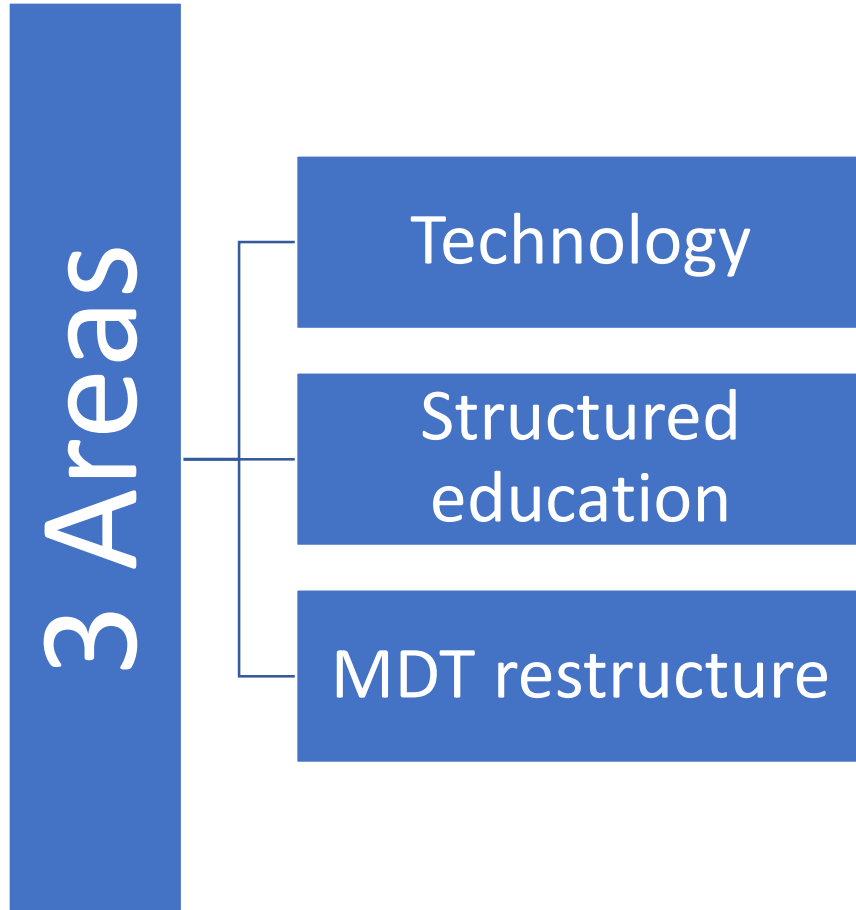


Aim: To achieve HbA1c less than 58mmol in more than 25% of patients



Aim: To reduce HbA1c above 69mmol to 35% of patients from 45% of patients

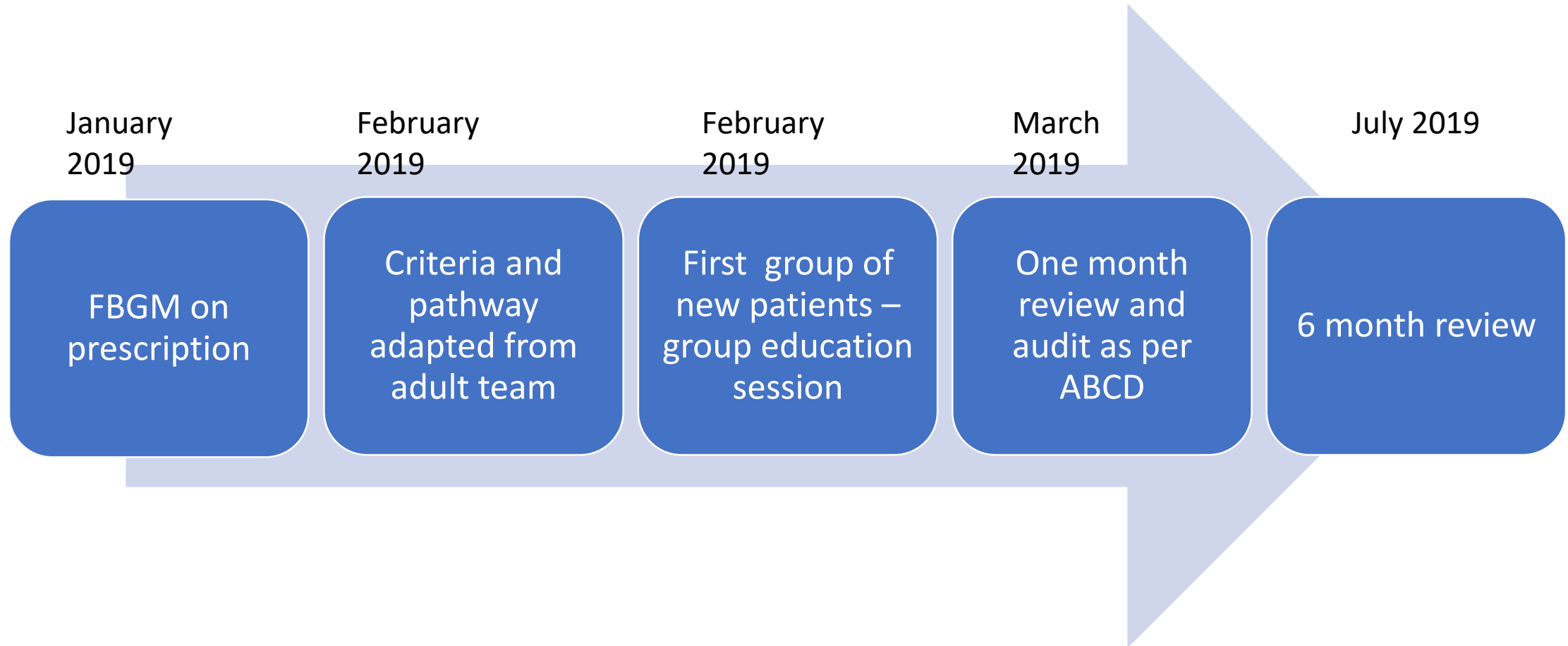
Areas of work: Technology focus



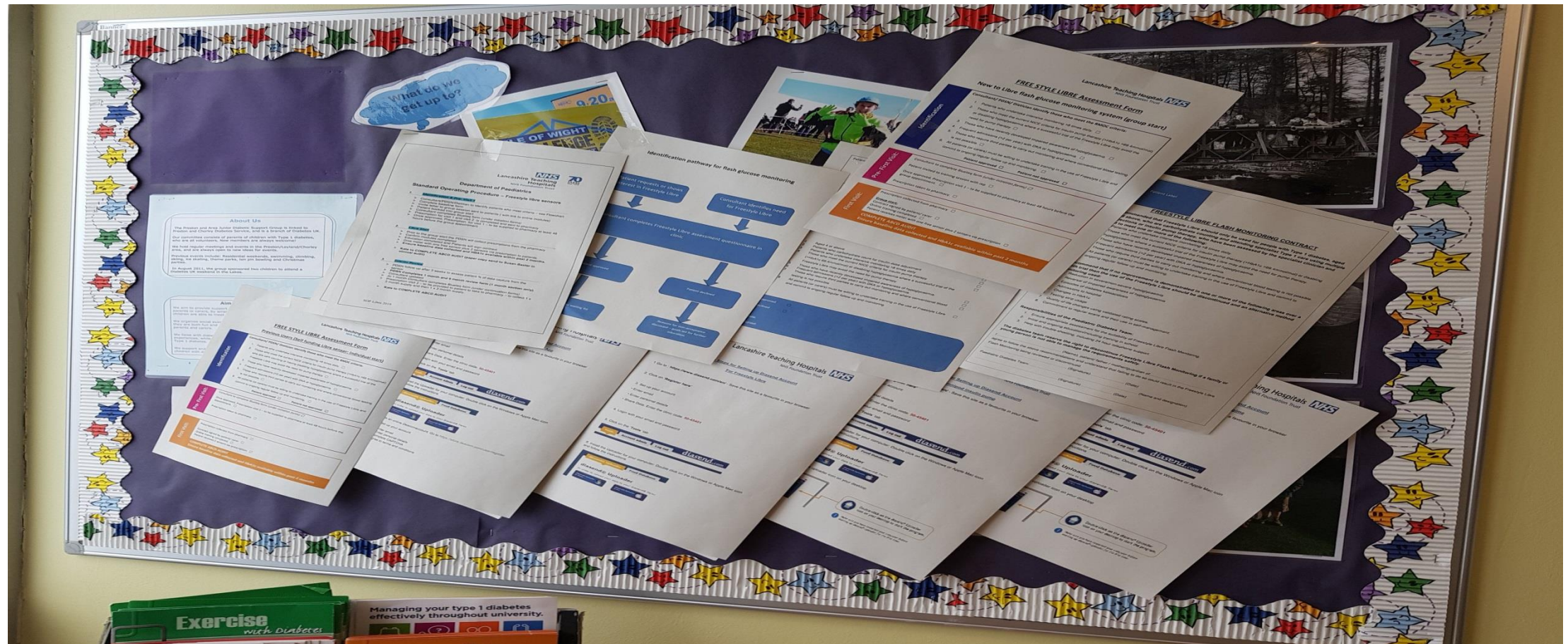
Technology

- Started using Freestyle Libre
- Developed pathway for criteria, education and prescription
- Blueteq and ABCD audit
- Made ongoing prescription dependent on regular downloads
- First two groups now have prescriptions

Our improvement journey- the steps we took to implement Freestyle Libre



New Resources



Data- that show the impact so far

- 18 patients now using Freestyle Libre on prescription
- 10 patients about to start on pumps (currently have 75 on pumps)
- HbA1c improved
- HbA1c less than 58mmol in 2017-18 – 35.6%
- HbA1c less than 58mmol in 2018-19 – 54.1%
- HbA1c above 69mmol in 2017-18 – 38.4%
- HbA1c above 69mmol in 2018-19 – 28%

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

- We have learned that many families struggle to download BG data at home and don't tell us even if they have downloaded
- Some patients come to clinic every 3 months but never make insulin changes between clinics
- Some patients motivated to start CHO counting due to strict libre criteria
- We have developed education resources to enable all patients to download meters and pumps at home and started a virtual download clinic every 2 weeks
- We have adapted guidelines to enable safe insulin dose adjustment at home
- Planned more CHO counting group sessions and more 1:1 education sessions

One barrier that is bugging us – complexity and administrative burden of Blueteq prescribing system

- Await outcome on recent NHS England directive from our CCG
- ? Change to amber prescribing
- Eliminate postcode lottery

How others could help us understand/ overcome the problem

? Communication channels with CCG