Implementing Innovation, Integration & Sustainability

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West Hampshire Approach
Geared for success

Leadership & Engagement

Patients & Surgeries Front and Centre

Flex and Adapt Constantly!

INNOVATION

INTEGRATION

SUSTAINABILITY
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Leading change is not easy

Elisabeth Kübler-Ross: http://www.ekrfoundation.org
Adoption and spread

Diffusion Gap
(Between first 16% and the rest of the population)

A clear vision

- Every little helps
- Be the best
- Vorsprung durch technik

The most effective teams have a clear vision and can navigate *priority thickets*

*BMJ Qual Saf* 2013

Culture and behaviour in the English NHS Mike West
### Five Dysfunctions of a Team

<table>
<thead>
<tr>
<th>Dysfunction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattention to results</td>
<td>Individual goals and status erode the focus on collective success</td>
</tr>
<tr>
<td>Avoidance of accountability</td>
<td>Avoiding interpersonal discomfort prevents team members from holding each other to account</td>
</tr>
<tr>
<td>Lack of Commitment</td>
<td>Lack of clarity or buy-in prevents team members sticking to the vision</td>
</tr>
<tr>
<td>Fear of Conflict</td>
<td>A desire to preserve artificial harmony even when counterproductive</td>
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<tr>
<td>Absence of Trust</td>
<td>The fear of being vulnerable prevents the development of trust across the team</td>
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Five Dysfunctions of a Team: Patrick Lencioni 2002
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WEST HAMPSHIRE COMMUNITY DIABETES SERVICE

**Block contract** across West Hants CCG

24,500 diabetes population (total: 500,000)

49 surgeries

T1 & T2 Clinical care

T1 & T2 education

GP Outreach visits: **PRACTICE MAKES PERFECT**

**Staff:**

One WTE Consultant

Band 7 Nurses (prescribers)

Band 6 Nurses

Dietitians

Diabetes Educators
Our aim: West Hampshire Community Diabetes Service

To ensure all people with diabetes have **access** to excellent skills and knowledge so they can **achieve** their individual goals and become **active** participants in their care whenever possible.
## Our STP Data

<table>
<thead>
<tr>
<th>CCG</th>
<th>HbA1c % pts achieving good</th>
<th>All Three Treatment targets % achieved</th>
<th>CCG IAF Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portsmouth</td>
<td>52.1</td>
<td>40.3</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Fareham &amp; Gosport</td>
<td>53.7</td>
<td>40.6</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Isle of Wight</td>
<td>53.7</td>
<td>40</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>South East Hampshire</td>
<td>56</td>
<td>41</td>
<td>Outstanding</td>
</tr>
<tr>
<td>North Hampshire</td>
<td>56.8</td>
<td>34.5</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Southampton</td>
<td>56.9</td>
<td>36.3</td>
<td>Inadequate</td>
</tr>
<tr>
<td><strong>West Hampshire</strong></td>
<td><strong>58.5</strong></td>
<td><strong>36.7</strong></td>
<td><strong>Inadequate</strong></td>
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BP outcomes poor in WH, hence lower TT scores and rating.....linked to primary care processes?
National Diabetes Audit Data

• When looking at HbA1c, BP and Cholesterol:
  – West Hants suffers from wide variation
  – Our CCG averages are lower than NHS England
  – Differences are not accounted for by elderly pop.
Wonder is the beginning of Wisdom....

SOCRATES
WISDOM practices - 2016/2017 percentage of patients achieving all three treatment targets

Percentage

NDA graph

Forestside Medical Practice
Gratton Surgery
Chawton House Surgery
The Watercress Medical Group
Hedge End Medical Centre
North Baddesley Surgery
Park Surgery
Bursledon Surgery
Abbeywell Surgery
Twin Oaks Medical Centre
Forest Gate Surgery
Totton Health Centre
Waterfront and Solent Surgery
St Mary's Surgery
Testvale Surgery
Boyatt Wood Surgery
Whitchurch Surgery (Two Rivers)
The Andover Health Centre Medical Centre
Friaigate Practice
Chariton Hill Surgery
Twyford Surgery
St Luke's Surgery
Dr SJF Goodison and Partners
New Milton Health Centre
Fordingbridge Surgery
Stokewood Surgery
Barton Surgery
Ringwood Medical Centre
West Meon Surgery
Bishops Waltham Surgery
Archers Practice
The Fryern Surgery
St Clements Partnership
How will WISDOM address variation?

- Knowledge + Process
- T2 Patient Care

Primary Care Clusters

Increase no. of patients achieving 3TT
Our learning from outreach
Knowledge vs Process

• Each surgery has a bespoke set of processes
• How do these vary and importantly are they related to outcomes?
• What do you think?
• For example:
  – When are patients recalled?
  – Do you have a practice nurse with an interest in Diabetes?
  – Who manages blood pressure (GP or PN)?
  – How do practice nurses and GPs communicate?
WISDOM: Our Aims

- Quickly assembled a team September 17
- Led by two GPs with a special interest
- Identified core aims and messages
- Light touch specialist consultant governance
- Let autonomy drive improvement
Our targets & why

**EMT**: Early Missed Targets

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<th>Criteria</th>
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<td>≥ 58 ≤ 70</td>
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**HbA1c stratification:**

- Green under 58 mmol/L
- Amber 58 to 70
- Red over 70

*(not 75 as in QOF “target”)*

Each surgery pulls data using PRIMIS Diabetes.
Why **AMBERS**?

- WISDOM project aims to identify patients with Early Missed Targets:
  - Prevent future complications
  - Easy medication changes
  - Managed within primary care (with support)
  - Integrates with the specialist community service
From Innovation to Implementation: in six months

• **Excellent practice engagement**
  – 37/49 (Q3 16/17) 75%
  – 44/49 (Q1 17/18) 90%

• **Cluster feedback:**
  – 92% “practice would change as a result of this meeting.”

• **WISER (T2 ed refresher)**
  – 65 patients
  – Content specific for refresher course
  – 8 sessions
  – Feedback 87.7% of patients would recommend the course

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Sustainability: Monitoring demand
Fail fast and learn faster

Can you think of a situation where attempts to change something failed?

What were the factors?

What happened next?

How long did that all take?

Don Berwick
Culture eats strategy for breakfast

Peter Drucker