

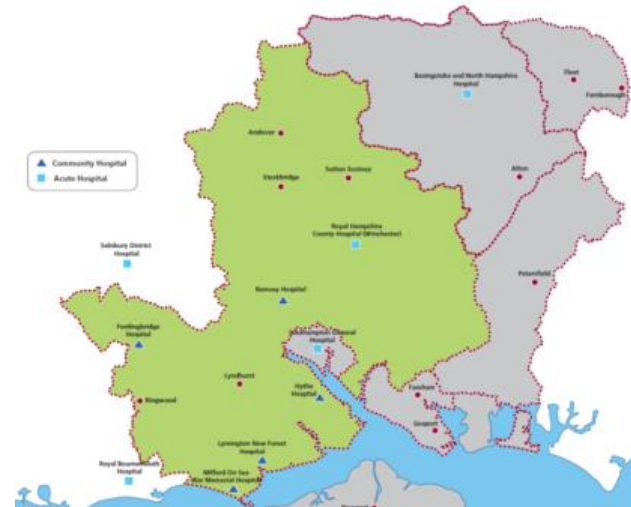
# Implementing Innovation, Integration & Sustainability

Dr Kate Fayers

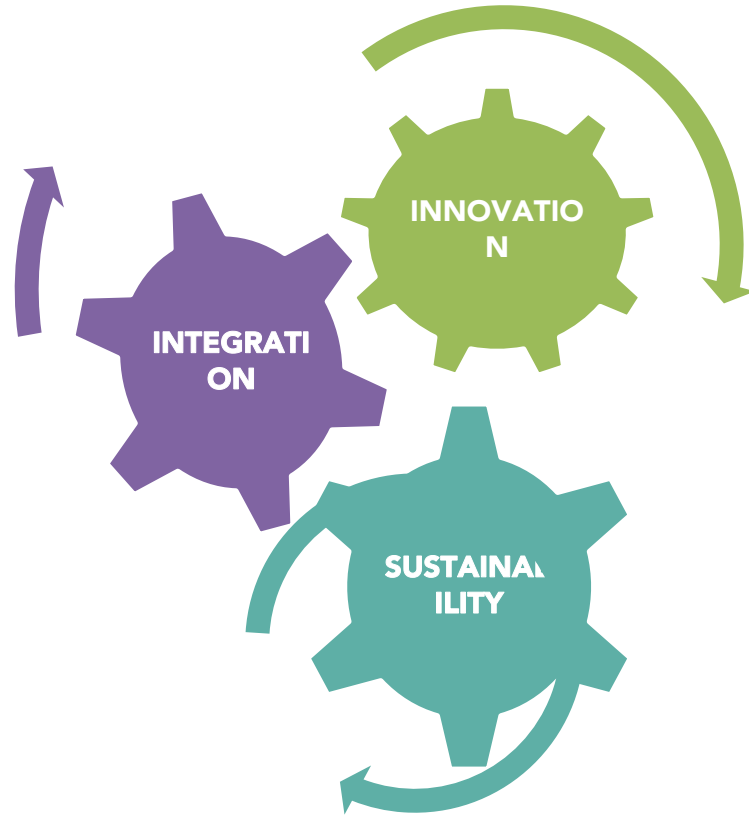
Consultant Diabetologist

West Hants Community Diabetes Service

[Kate.fayers@southernhealth.nhs.uk](mailto:Kate.fayers@southernhealth.nhs.uk)



# West Hampshire Approach



# Geared for success

**Leadership & Engagement**

**Patients & Surgeries  
Front and Centre**

**Flex and Adapt  
Constantly!**

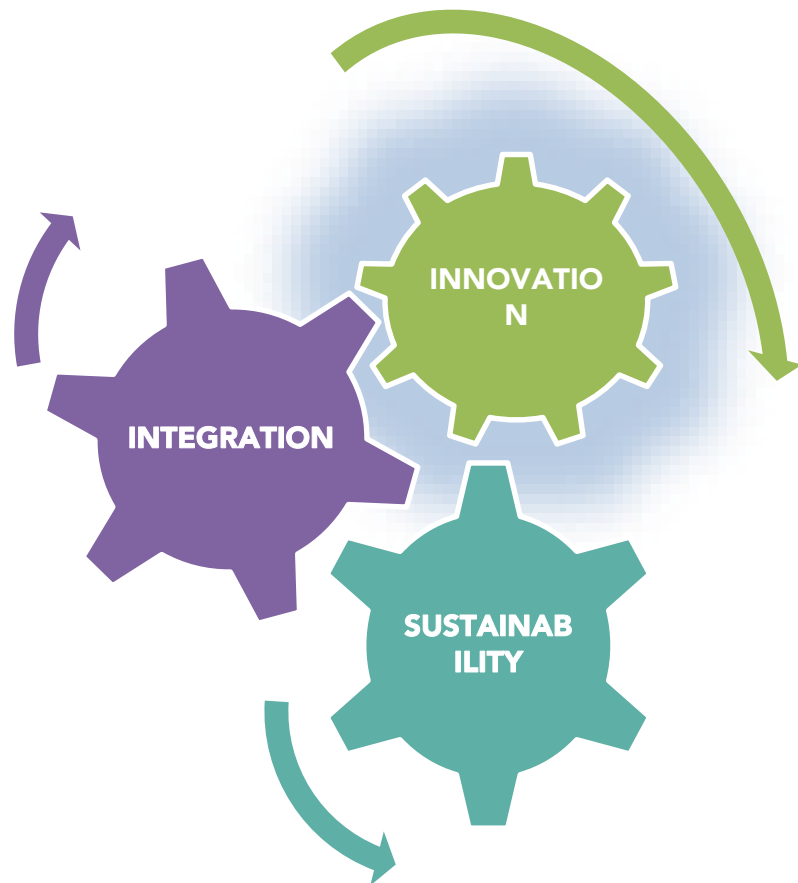


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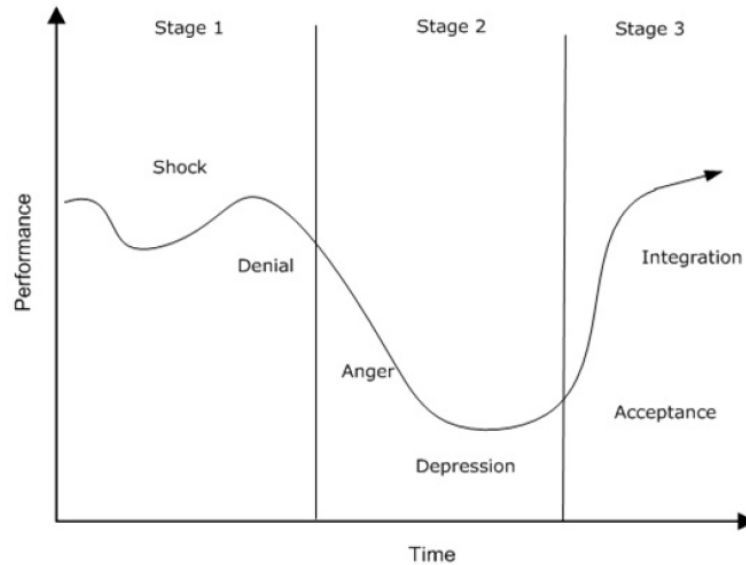
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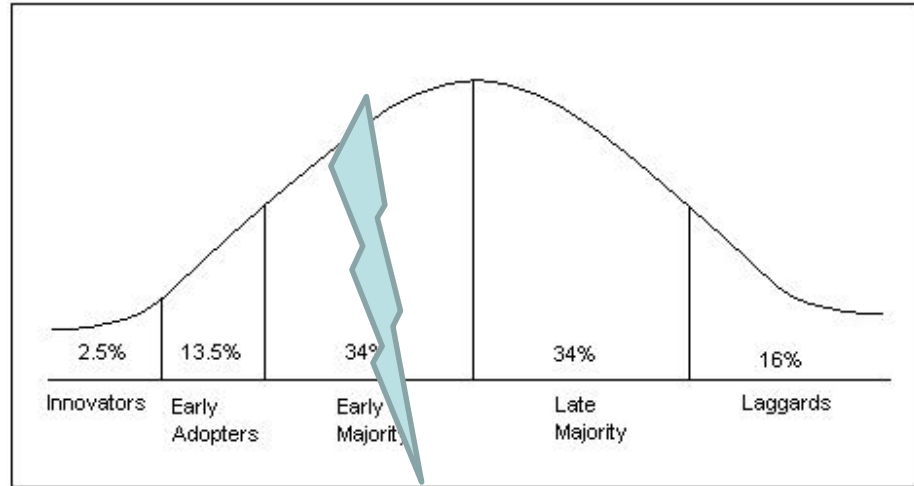


# Leading change is not easy

The Change Curve



# Adoption and spread



Diffusion Gap

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

Rogers E. Diffusion of innovations. New York: Free Press, 1983.

# A clear vision



BMJ Qual Saf 2013

Culture and behaviour in the English NHS Mike West

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

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

# Five Dysfunctions of a Team

## Inattention to results

- Individual goals and status erode the focus on collective success

## Avoidance of accountability

- Avoiding interpersonal discomfort prevents team members from holding each other to account

## Lack of Commitment

- Lack of clarity or buy-in prevents team members sticking to the vision

## Fear of Conflict

- A desire to preserve artificial harmony even when counterproductive

## Absence of Trust

- The fear of being vulnerable prevents the development of trust across the team

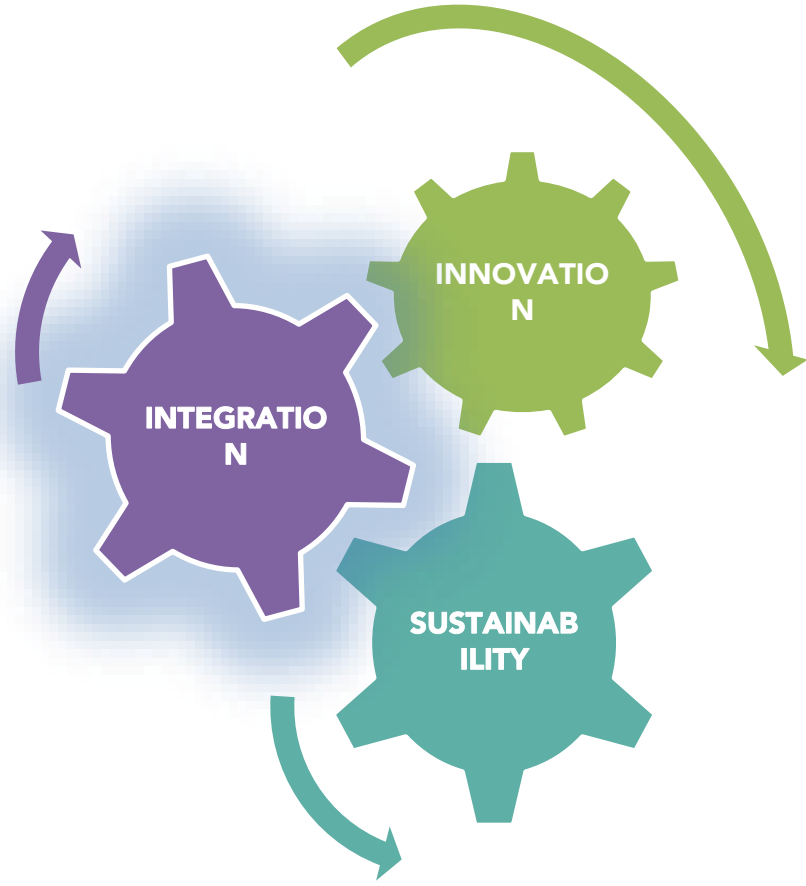


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# WEST HAMPSHIRE COMMUNITY DIABETES SERVICE

**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:**

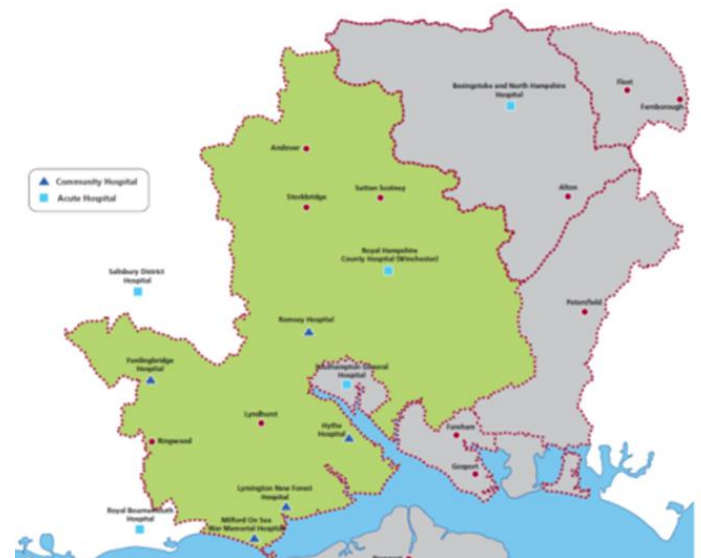
One WTE Consultant

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



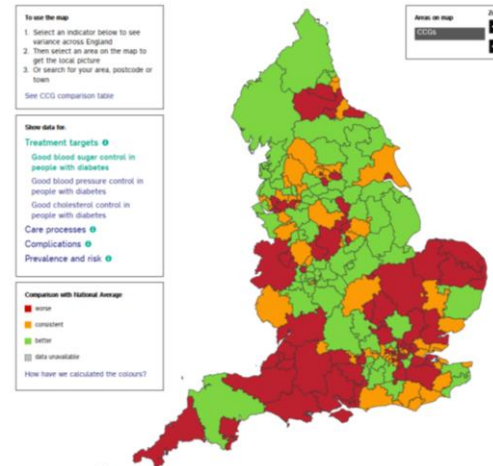
# Our STP Data

| CCG                   | HbA1c<br>% pts<br>achieving<br>good | All Three<br>Treatment<br>targets<br>% achieved | CCG IAF Rating       |
|-----------------------|-------------------------------------|---|----------------------|
| Portsmouth            | 52.1                                | 40.3  | Requires Improvement |
| Fareham & Gosport     | 53.7                                | 40.6  | Outstanding          |
| Isle of Wight         | 53.7                                | 40  | Requires Improvement |
| South East Hampshire  | 56                                  | 41  | Outstanding          |
| North Hampshire       | 56.8                                | 34.5  | Requires Improvement |
| Southampton           | 56.9                                | 36.3  | Inadequate           |
| <b>West Hampshire</b> | <b>58.5</b>                         | <b>36.7</b>                                     | Inadequate           |

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.



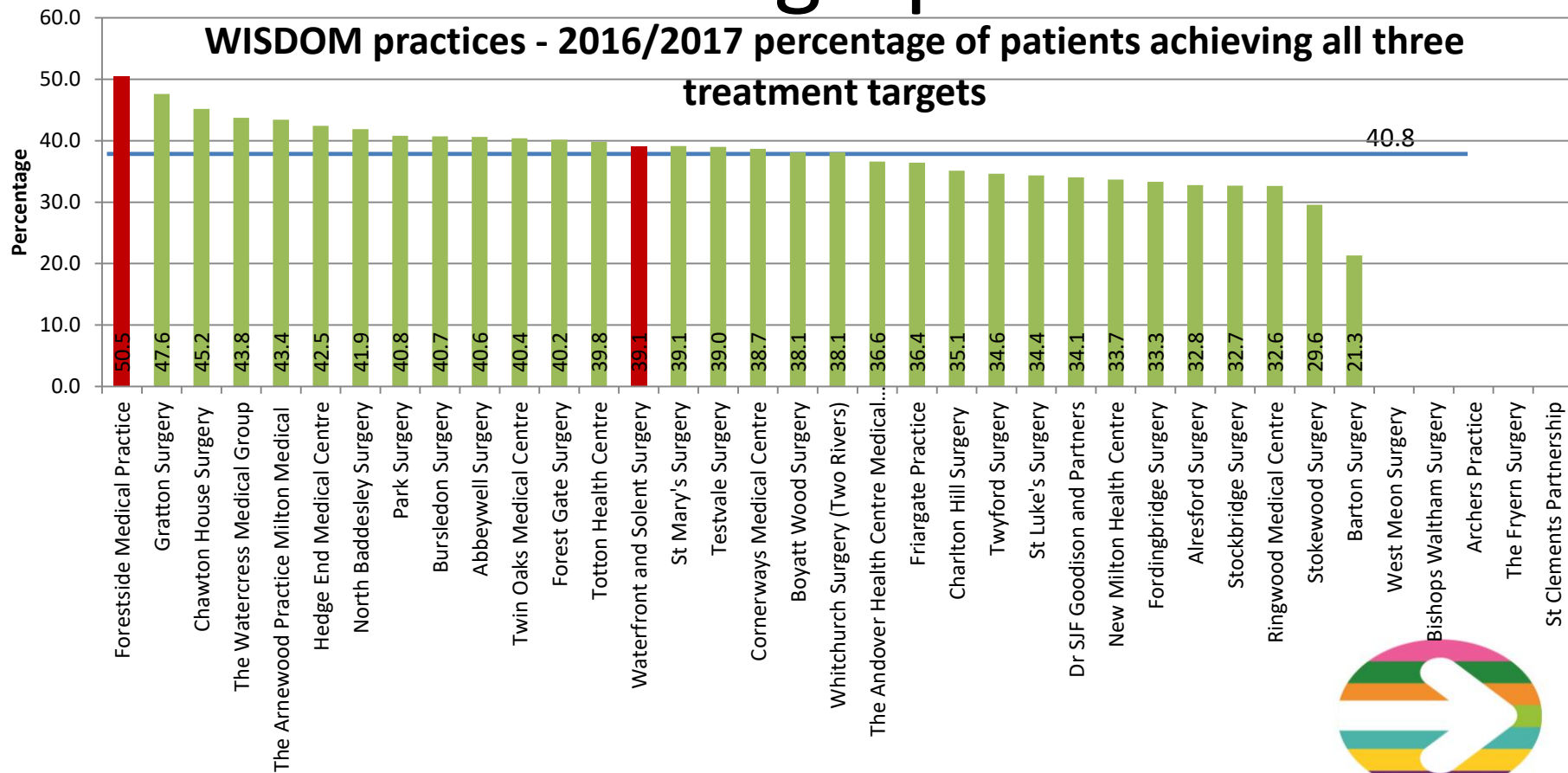
**Wonder is the beginning of Wisdom....**

**SOCRATES**

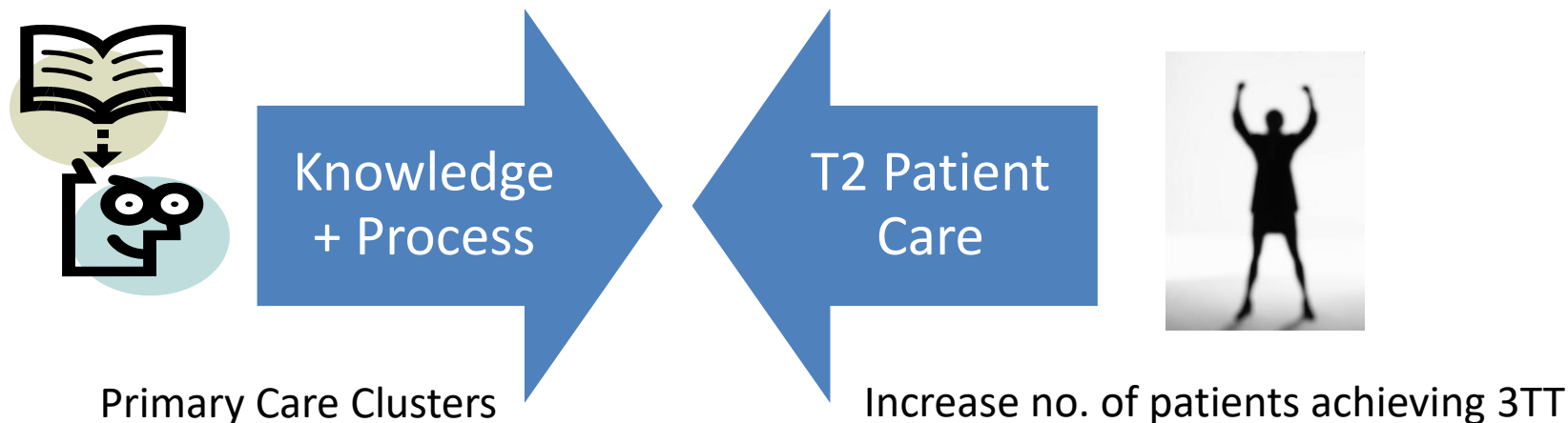
West Hampshire Integrated Specific Diabetes Outcome Measures

**INTRODUCING WISDOM SEPTEMBER  
2017**

# NDA graph



# How will WISDOM address variation?



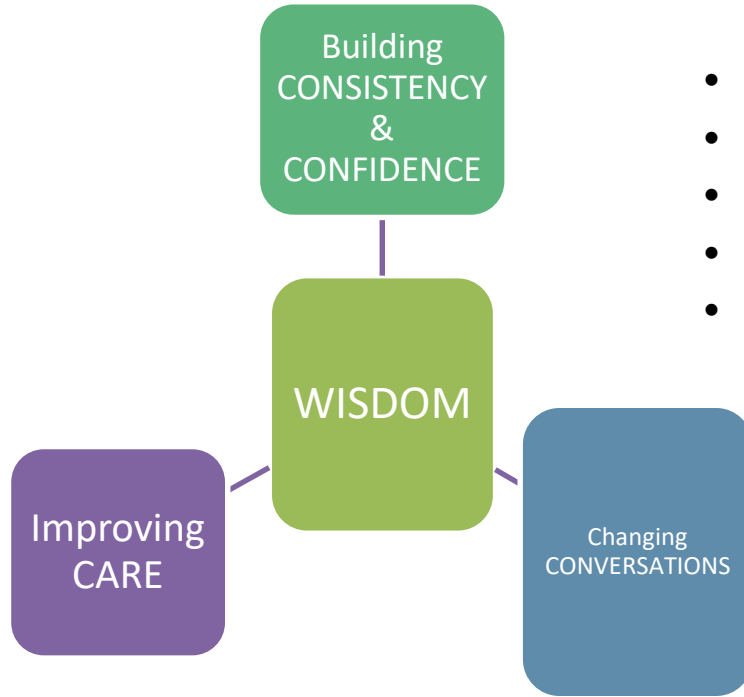


# Our learning from outreach

## 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

| Treatment Target | Criteria          |
|------------------|-------------------|
| HbA1c            | $\geq 58 \leq 70$ |
| Blood Pressure   | 140/80 -160/90    |
| Cholesterol      | Over 5            |

## HbA1c stratification:

← **Green under 58 mmol/L**

– **Amber 58 to 70**

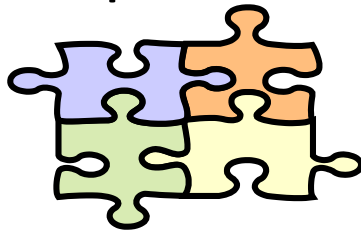
– **Red over 70**

*(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

## EMT: Early Missed Targets

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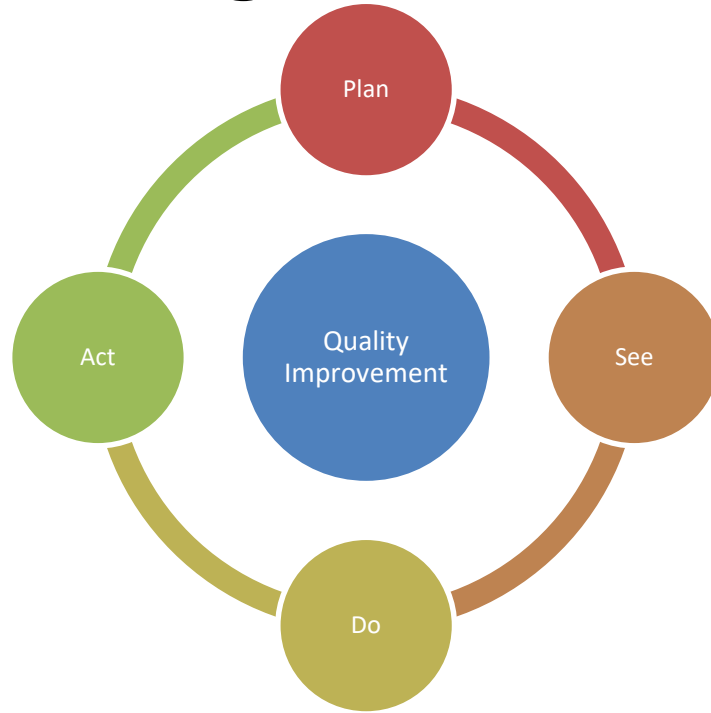
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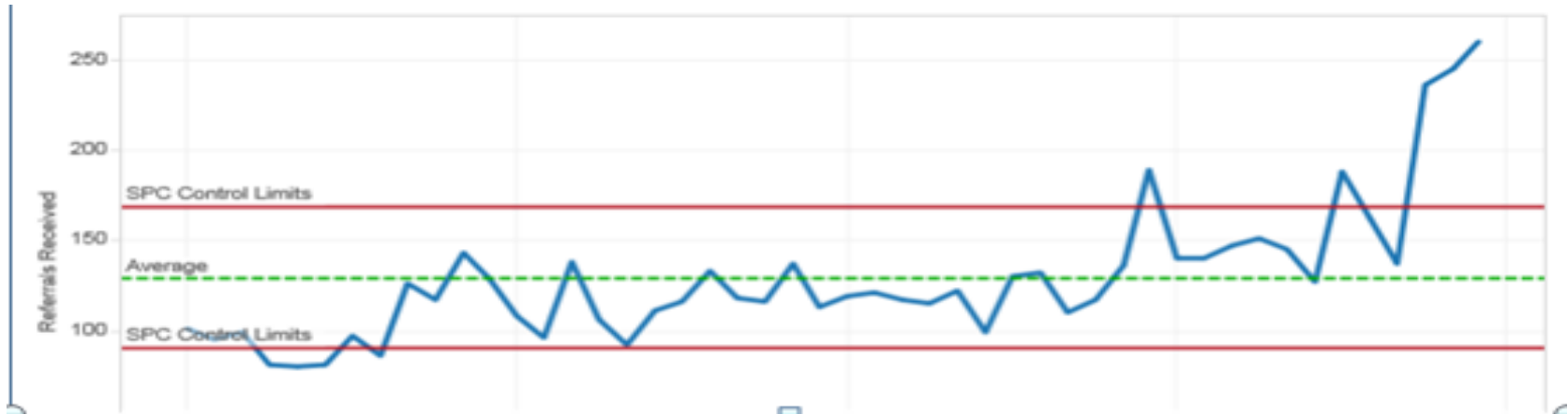
**Flex and Adapt  
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# Sustainability: Marginal Gains



# 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?



# Culture eats strategy for breakfast

Peter Drucker

A decorative graphic in the bottom right corner consisting of several overlapping diagonal lines in yellow, purple, teal, orange, pink, and green, extending from the bottom left towards the top right.