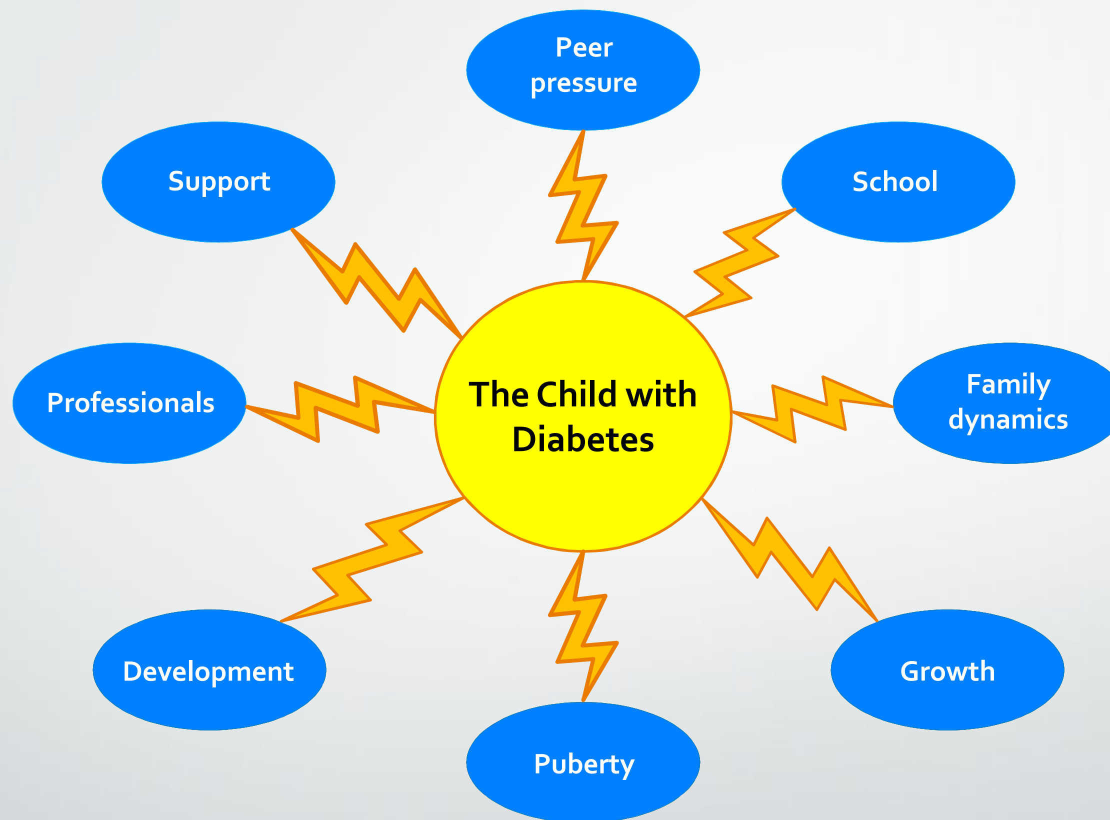
Adolescents and the Transition Period

Designing a Service for Diabetes in the Young

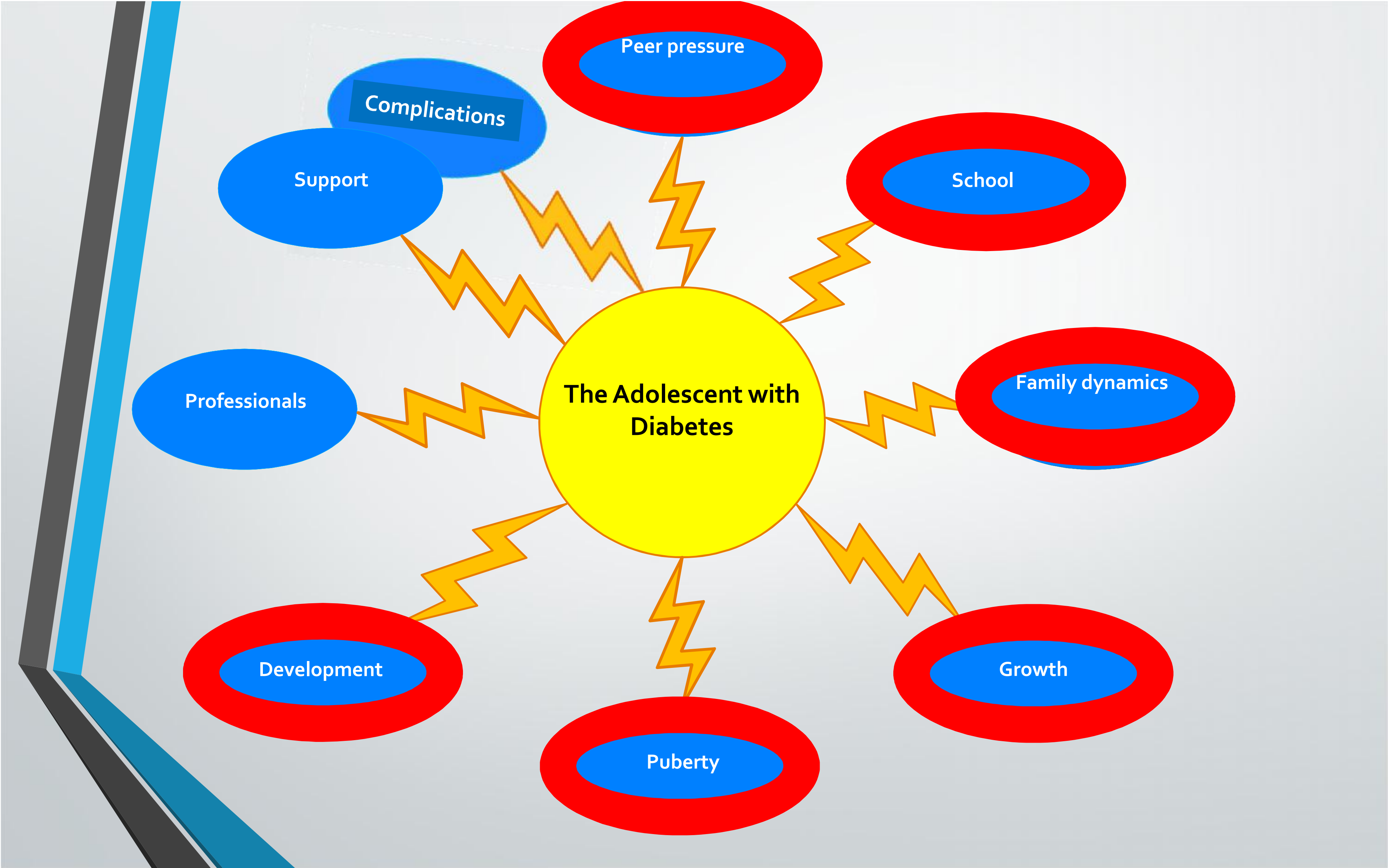
Kenneth J Robertson

I'm still proud of the concept but profoundly worried for its future

Managers and politicians will destroy the NHS unless we guide them (whether they want to be or not) and HELP them to solve their problems


Peer
pressure
Support
School
Professionals
The Child with
Diabetes
Family
dynamics
Development
Growth
Puberty

Adolescents


Peer pressure
Complications
Support
School
The Adolescent with Diabetes
Family dynamics
Professionals
Development
Puberty
Growth

Yorkhill

- Glasgow

“Scotland’s Superhospital”

- Glasgow

Childhood and Adolescent Diabetes 1997

7

The Point and Purpose of the Clinic — Personnel and Practical Aspects

KEN ROBERTSON AND BILL LAMB

POSITION OF THE OUT-PATIENT CLINIC IN THE 'CARE MODEL'

Historically, children with newly diagnosed diabetes were admitted to hospital for stabilisation and education, discharged home after one to two weeks, and then seen regularly in out-patient clinics by general paediatricians with little contact between visits. This model of care is now

Long Term Conditions Management

- Root and branch restructuring
- Integration with modern living
- Implementation of enabling technology
- Abolition of artificial barriers
- Improved outcomes
- Improved efficiency

DIABETES EDUCATION AND SELF-CARE

- Multidisciplinary working
- Group teaching
- Clinical systems
- Appropriate use of technology
- Use of data

Diabetes is unique

- **No other condition requires such continuous effort and deep understanding from the sufferer**

- Insulin is one of the deadliest drugs
- We expect patients to self-titrate
- Most healthcare professionals don’t understand how to do this

Rigid and inflexible

- Wrong place and wrong times for 'consultations'
- Usually insufficient time
- Clinic model not changed since 1949
- Patchy and generally poor support out of hours
- TrakCare !!!!!!!!!!

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Transparency

- Desired outcomes not clearly stated for patients, clinicians or managers
- Obfuscation at all levels

‘Skip-Care’

- We have perhaps 120-240 minutes per year with family who manage the condition for 525,600 minutes
- i.e. approximately 0.03% of the year
- ‘Doing the dance’

Funding

- At best staccato
- No planning – rigid annual budget
- No understanding of technological impact
- Gulf between children's and adult services
  - Money
  - Staffing
  - Teaching

Transition

- Linear
- Awful in most places
- Timing wrong
- Disengagement commonplace

Technology

- Implementation dreadful
- Piecemeal
- Stop/Start
- Often case by case
- Bereft of planning
- Vendor-specific
- A major cause of stress in the system

NHS Information Technology

- Monolithic
- Bean-counting
- Hamstrung by old technology
- Communication straitjacketed

And the tin lid.....

- **All deficiencies amplified by the stark difference in experience for the rest of our patients' lives - social media, banking, shopping, booking…**

So what do we have to do?

- Fight harder than we ever have before
- Stop the rot – Diabetes in NOT just another chronic condition
- Break free from constraints
- Diabetes has always been innovative – it's time to be more so

Diabeter

Environment

Buildings

- Get away from hospitals
- Clear that 'over-medicalisation' is a big issue for young people
- Put 'contact in context'
- Accessibility

The 'Jobby Police'

- No soft furnishings
- Staff uniforms
- Wipeable toys

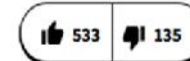
TOP DEFINITION

Jobby

Scots, Faeces, rubbish.

Ah'm gonnae jobby masel. That film wis pure jobby. C'mere ya wee jobby. Or for instance, tartin' up hooses in a cooncil scheme: "Aye well, ye cannae polish a jobby".

by Pedro March 04, 2004



The Urban Dictionary

Technology

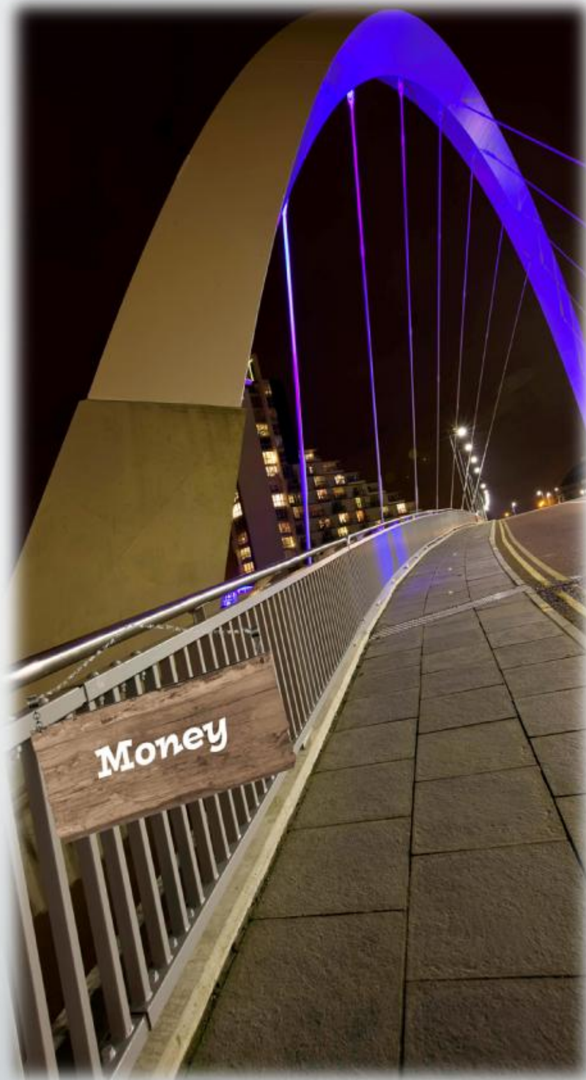
- Moved from ‘widget’ to package of care approach
- Clear contractual obligations on both sides

IT

- Continuous support – 'Cloud Care'
- Materials management
- Proper clinical system
- Modern communications – Skype, messaging, Facebook

CLYDEPORT
Timing

- 0-25 yrs
- Offer more flexibility but has to be supported by technology
- Efficiency implications


Money

- Journey of care
- Tainted by HRG experience
- Impact of ‘the tariff’
- Learn from insurance/actuarial approach

We can out-Diabeter Diabeter

- Third sector support
- Outpatient/Inpatient integration
- Adult/Paediatric integration
- Health/Social Care integration
- Access to psychology
- SCI-Diabetes as glue in Scotland
- Learning for other long-term conditions
- Go National

Paediatric / Adult Barriers

- The Adult Diabetologist / General Physician bind
- Make transition something for professionals to manage – not patients

The Economist

Theresa May v Brussels

Ten years on: banking after the crisis

South Korea's unfinished revolution

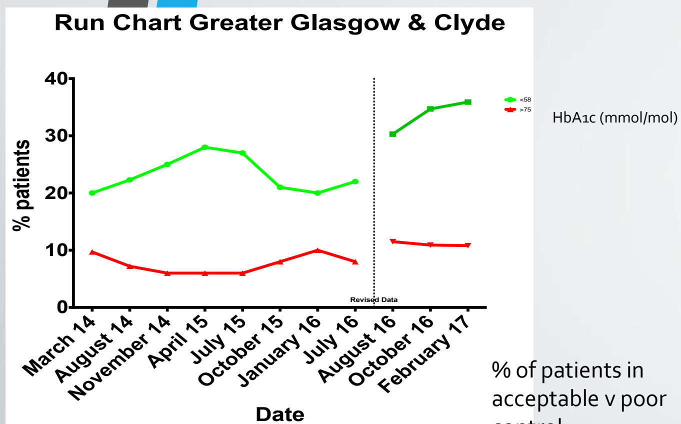
Biology, but without the cells

MAY 6TH–12TH 2017

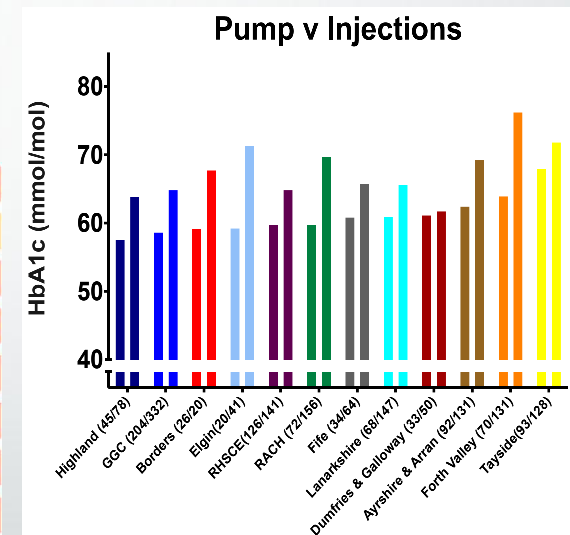
The world's most valuable resource

Data and the new rules of competition

Data must be better used to improve care



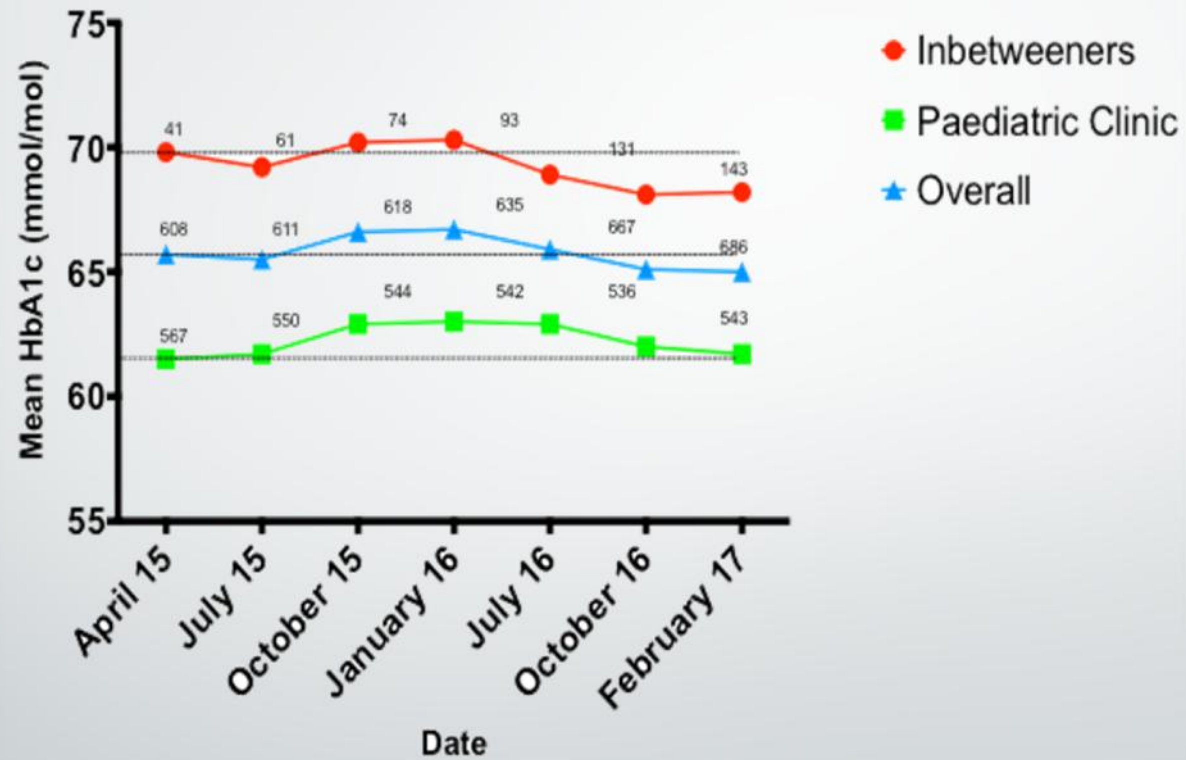
% of patients in acceptable v poor control
NB Applies only to patients under 15yrs and
with diabetes of more than 2yr duration

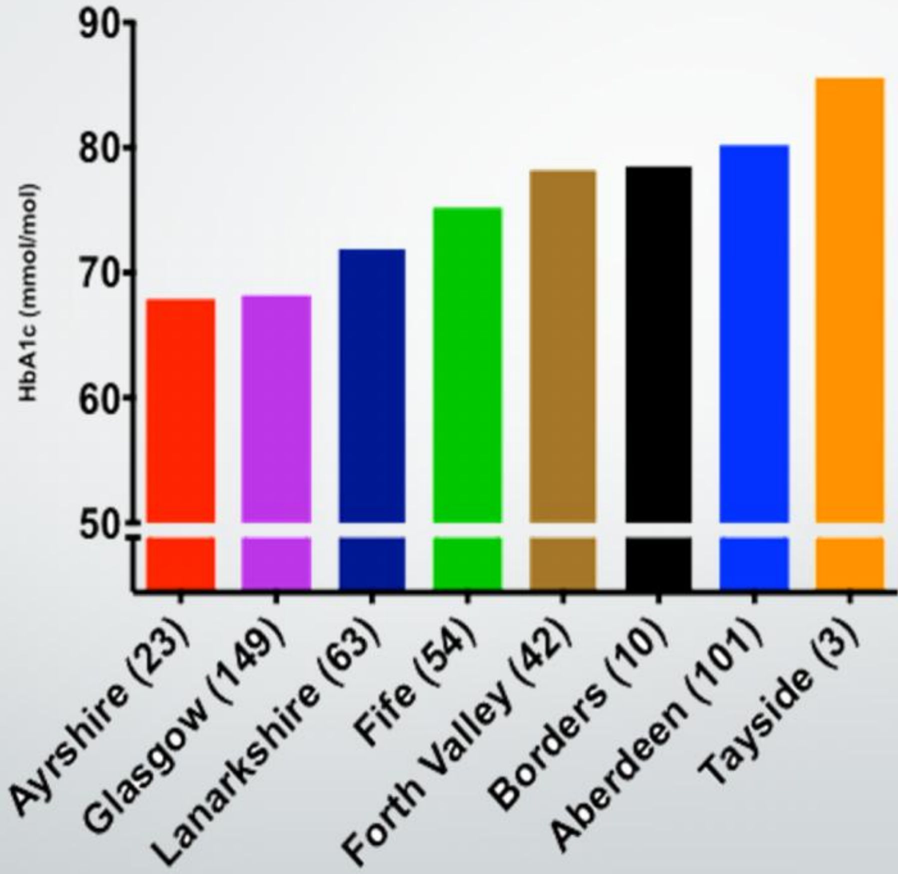


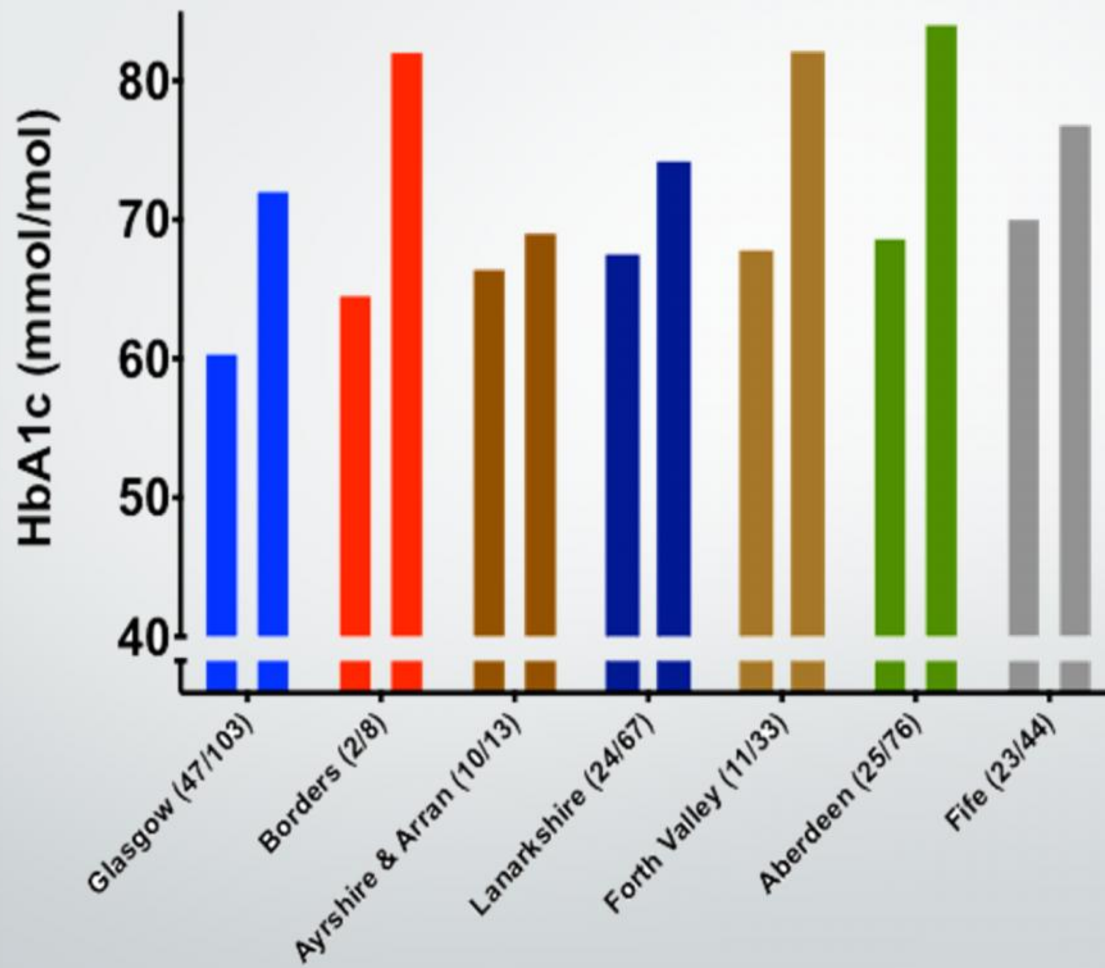
Blood Glucose Control in Scottish
Children's Diabetes Clinics
Pump v Injections

The Inbetweeners

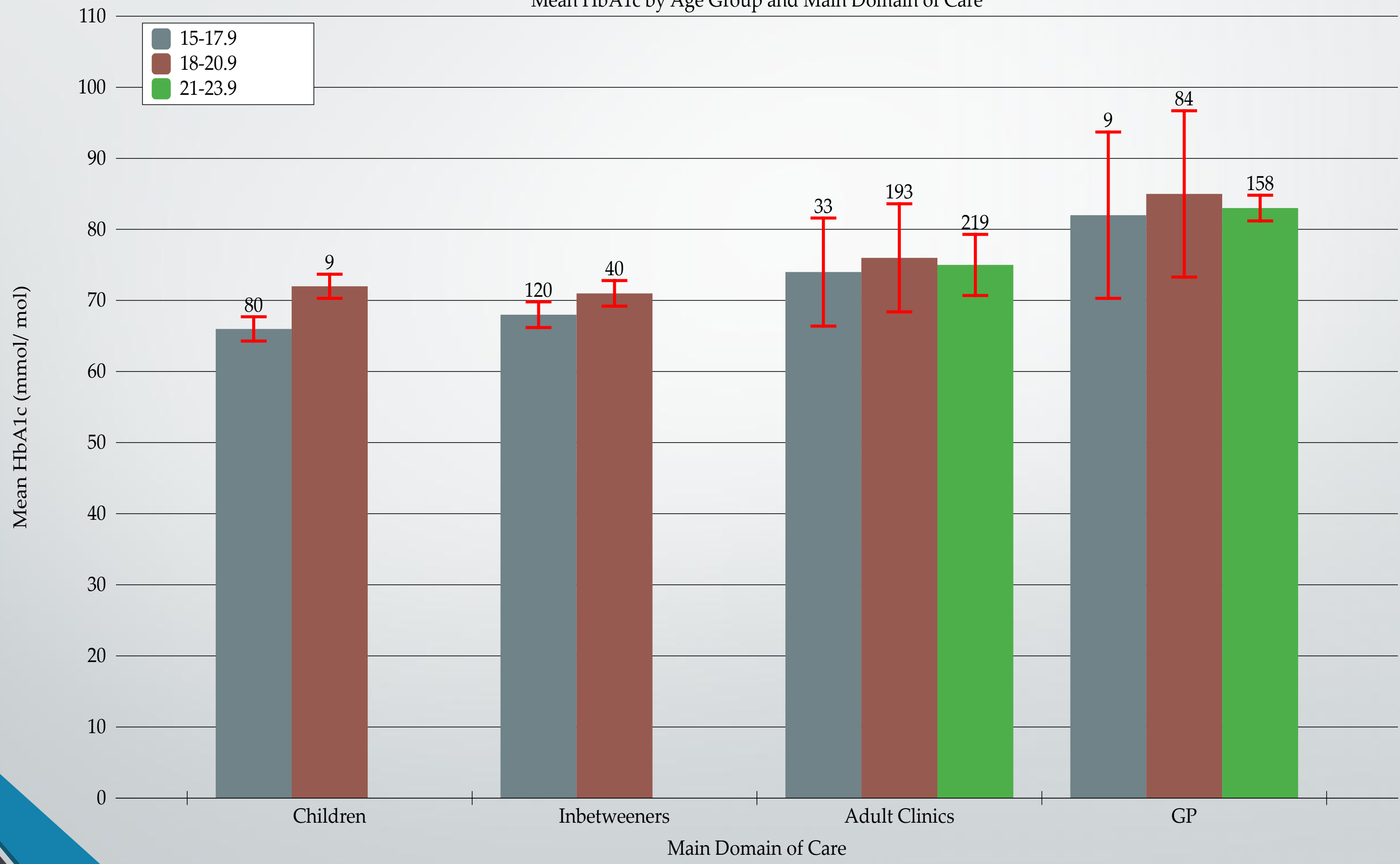
- Embryonic 0-25 service – Health Board Policy since 2015
- Currently 170 patients in 15-19 yr cohort being managed by paediatric/adult team
- Will appoint a dedicated adult nurse specialist next week
- Looking at 'hub' development
- 'Clyde-Cloud' – adopted as a National Services Scotland project


GGC All Patients to 18yr
(numbers on points = patient number)
Mean HbA1c (mmol/mol)
75
70
65
60
55
41
61
74
93
131
143
608
611
618
635
667
686
544
542
536
567
550
543
April 15
July 15
October 15
January 16
July 16
October 16
February 17
Date
Inbetweeners
Paediatric Clinic
Overall


Transition Domains (15-18yr)
HbA1c (mmol/mol)
90
80
70
60
50
Ayrshire (23)
Glasgow (149)
Lanarkshire (63)
Fife (54)
Forth Valley (42)
Borders (10)
Aberdeen (101)
Tayside (3)



Transition (15-18yr) Pump v Injections
HbA1c (mmol/mol)
80
70
60
50
40
Glasgow (47/103)
Borders (2/8)
Ayrshire & Arran (10/13)
Lanarkshire (24/67)
Forth Valley (11/33)
Aberdeen (25/76)
Fife (23/44)



Mean HbA1c by Age Group and Main Domain of Care
15-17.9
18-20.9
21-23.9
110
100
90
80
70
60
50
40
30
20
10
0
Mean HbA1c (mmol/ mol)
80
9
120
40
33
193
219
9
84
158
Children
Inbetweeners
Adult Clinics
GP
Main Domain of Care

Tell ‘em what you told ‘em

- What we do doesn’t work
- The NHS is creaking
- We need a new way
- It won’t happen unless we make it.

How will we know we've succeeded?

- Control
- Continued engagement
- Complications
- Costs