

Wilmington
Healthcare

NEYHDTSN 9th October 2017

Table discussion notes

- 'PLACE BASED' NOT AN
STP 'PRIORITY' - IS THIS RIGHT?

- SUPPORT FOR P.C. FROM SPECIALIST TEAMS
TO UNDERPIN SHIFT OF PATIENTS TO
COMMUNITY.

- EDUCATION AND RESOURCES TO ENABLE
SELF CARE. MANY PEOPLE WITH T2
HAVE NOT HAD PATIENT EDUCATION.

SCALING UP DIABETES PREVENTION - DPP + BEYOND.

WHAT SHOULD LOCAL STRATEGIES INCLUDE?

? INVOLVEMENT OF THIRD SECTOR IN CONVERSATIONS.

PATIENTS AT RISK: RENEW STAKEHOLDER MAPPING

→ DIABETES STRATEGY - HAVE WE GOT ONE WRITTEN DOWN.

→ HOW IS THIS SHARED WITH GPs??

→ ? LINKS WITH STP PLANS.

→ NEED TO CO-ORDINATE WHAT'S OUT THERE + CASCADE *

(A) BRUNN { UP SKILLING POWER } PRIMARY CARE.

WHO ELSE DO WE NEED TO WORK WITH?

PREVENTION

(A) PATIENT EDUCATION.

WEIGHT MANAGEMENT ENGAGEMENT TOOL.

MAPPING - LOCALLY - STP LEVEL

? RETINAL SCREENING AGE

YRS.

(B) WHO ARE COMMISSIONING LEADS IN W YORK + HIRE/GRATE

Joana Walker Ireland Wood.

- KATE EVANS - NORWICH
- AIREDALE
- JESS CALDWELL
- KIRKLESS COUNCILS ADULT SOCIAL CARE
- KETH - N. YORKS.
- KATH HALLWELL

STP STRATEGY

- REDUCE VARIATION
- BASELINE POSITION - SERVICES + DEMOGRAPHICS
- CULTURE CHANGE
- WHERE DOES PREVENTION START? CONSENSUS AT WHAT POINT THIS BEGINS.
- INCLUDE RELATIONSHIP TO OTHER STRATEGIES.
- COMMUNITY CHAMPIONS
- PROTECTION OF NON-MANDATED SERVICES

SOCIAL MEDIA - HEALTH CHAMPIONS

HCV①
②

FB - ADD ON POST COURSE

- DEFAULT FOR WHO UNABLE TO ATTEND

DUK

SELF SUPPORT GROUPS

COMMUNITY PHARMACYS

HYPO TOOLKIT: E-CONSULTATIONS

DDT HRW STP

Transforming Outcomes

1. STP approach to SE → promoting benefits
2. Outcomes from SE → what next + how to put SE into action
3. More information available in different formats ie APP following SE
4. Sustainability / effective network
5. See SE as an enabler → launchpad for further action
6. All groups working together → local groups for support
→ peer support programmes
7. Self-management - need tools / support in place.
8. PH campaigns, motivational interviewing
9. Year of care ~~is~~ approach }
10. Re-brand education to more user-friendly.
11. Make ~~more~~ better use of existing resource / time
Spent with HCP
12. Hubs - collaborative working in PC

WYH2
Programme budgets? CCA/
providers

- NHS England
- How long for?

- Encourage HCA to train for certain tasks
- Local network clinical ref group / delivery group to overcome challenges

- diabetes services run by block contracts
 - not always best for patient e.g. injectable therapy GLP-1 / insulin
- motivational interviewing techniques

- Healthy Lifestyle advisors in waiting room - engage patients
- Public Health - Legislation

- * Target high risk patients
 - ↓ EE frequent flyers A+E

- * Utilise community pharmacy
- Funding from SC doesn't follow patient to PC