

Population-based diabetes care: a perspective from Scotland

Dr Scott G Cunningham – Technical Consultant University of Dundee / NHS Tayside

Disclosure

 Shareholder of MyWay Digital Health Limited, which works with areas outwith Scotland to extend use of the My Diabetes My Way platform.





 62% of people in Scotland voted to remain

Introduction

- Diabetes in Scotland
- SCI-Diabetes Collaboration
- Local, regional & national audit & reporting
- EUBIROD: international reporting
- Supporting research
- My Diabetes My Way
- Patient records access

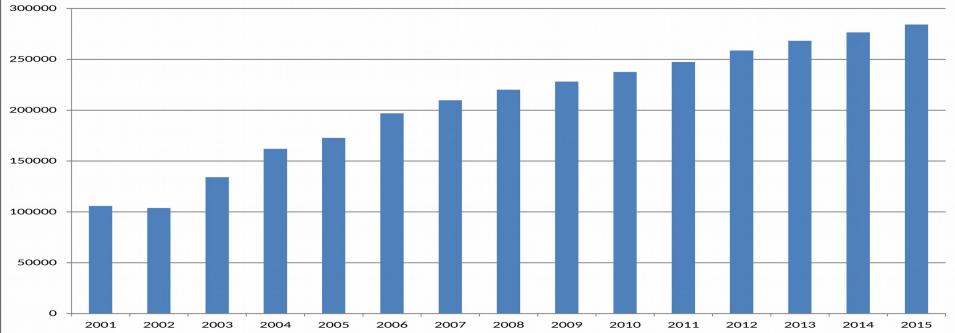
Diabetes in Scotland

Scotland's diabetes prevalence

- 2002: 103,835 (2%)
- 2016: 291,981 (5.5%)
 - Type 1: 10%; Type 2: 89%; Other types: 1%

• 153,028 (15.6%) aged 65 and over

Number of people recorded with diabetes (all types).

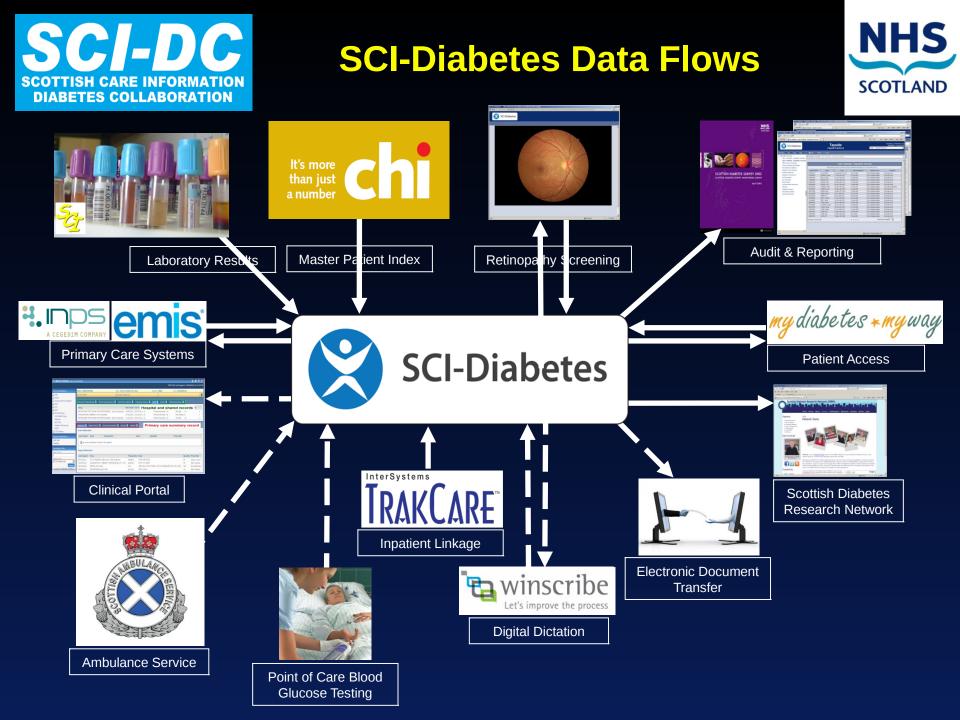


😵 SCI-Diabetes - Clinical Summa 🗙					
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Main Menu 🛨 User Help	👬Domains 📌Contact	🗋 Forms 🛛 🔚 Save 🚔 Print 🏷 Res	et 🕜 Undo Reset 📌 Default 🦛 Logout	t (CUNNINGHAM, Scott)	
BALL, Dennis	Patient ID/CHI			nder Female	
Address An Address, In A Town Navigation < Population Overvie		Tayside Practice 3, Tay erview > Patient Record > Clinical Summary		atment Insulin + Oral Agent	🔷 Allergies recorded 🛛 🕞 🧟 Refresh
Apatient Record E Patient Facilitation E Demographics	Diabetic Diagnosis/Status	ennew - Fallent record - cimical Summary	Clinical Summary		() Help
Clinical Summary QOF Summary Paediatrics DSN	Diabetes Type: Date of Diagnosis: <mark>Prescribing Timeline Function</mark>	Type 2 Diabetes Mellitus 🛛 🗐 \bigcirc 10-Sep-2004	Next Specialist Clinic Review: Other:	02-Sep-2015 Other V	<u>۵</u>
 Specialist Clinic Support 	Diabetes Education:(Patient Educ	ation History) (view and enter detailed educ	ation information for this patient)		
 <u>▲</u>Detailed Clinical Record <u>■</u> Patient Support <u>■</u> Data Quality 	Latest Participated Education Record:	P	<u>My Diabetes My Way:</u> Last Accessed:	Not Registered <i>ஒ</i>	
	Diabetic Complications				
	CHD Cerebrovascular Disease PVD History of actively excluded diagr	Not Recorded <u>record no diagnosis</u> Not Recorded <u>record no diagnosis</u> Not Recorded <u>record no diagnosis</u> oses 💼	<u>CKD</u> <u>Neuropathy</u> Eve Disease	Not Recorded <u>record no diac</u> Yes Not Recorded	nosis
	Diabetes Cross-Disciplinary Ind Overall DXDI score: 28-Jul-2015				
	Biochemistry:				
	HbA1c:	04-May-2016 45 m mol/mol 🕕	Total Cholesterol: Non-HDL Cholesterol:	27-Dec-2012 36 mmol/L 🏠	nmovL 距
	Renal Care:				
	Renal Function		Urinary Protein Statu	IS	
	Creatinine: estimated GFR:	01-Aug-2011 115 µmol/L ኬ 27-Dec-2012 58 ml/min ኬ	ACR: Microalbumin Concentration: PCR: Urinary Protein Status: 🧽		ng/mmol ኬ 🦳 🥪 ng/L ኬ 👘 🧔
	Cardiovascular:				
	BP [.]	05 km 2014 420 4 02 Mb			

SCI Diabetes Collaboration

SCI-DC Launched in 2002

- Web-based access to the shared record
- Data captured from multiple sources
- Clinically relevant views on data
- Supporting specialist screening
- Flexible and predefined audit facilities
- Supporting single data-entry
- National coverage from 2006



SCI-Diabetes

Tayside 🔳

Main Menu 🛨 User Help | 🚔 Print 📌 Default 👆 Logout (CUNNINGHAM, Scott)

← → C 🗋 scidc-ph3-web.tnhs.tayside.scot.nhs.uk/Phase3/overview/Type2.aspx

Navigation Computation Overview > Type 2 Diabetes - Population Overview

3	Population Overview
	Type 1 Diabetes - Population
	Overview
	Type 2 Diabetes - Population Overview
	Other Types of Diabetes
	Current Gestational Diabetes
	Pre-Diabetic Conditions
	Diabetes Type Unknown
	Diabetes Resolved
	Diabetes in Remission
	Foot Screening
	Eye Screening
	Biochemistry
	Cardiovascular Screening
	Lifestyle
	Inpatient Overview
	SAS Events Overview
	No Diagnosis Made
	Deceased Patients
	Patient Recall List
	Patient Education Manageme

Type 2 Diabetes - Population Overview

 $\underline{AII} | \underline{A} | \underline{B} | \underline{C} | \underline{D} | \underline{E} | \underline{E} | \underline{G} | \underline{H} | \underline{I} | \underline{J} | \underline{K} | \underline{L} | \underline{M} | \underline{N} | \underline{O} | \underline{P} | \underline{Q} | \underline{R} | \underline{S} | \underline{T} | \underline{U} | \underline{V} | \underline{W} | \underline{X} | \underline{Y} | \underline{Z}$

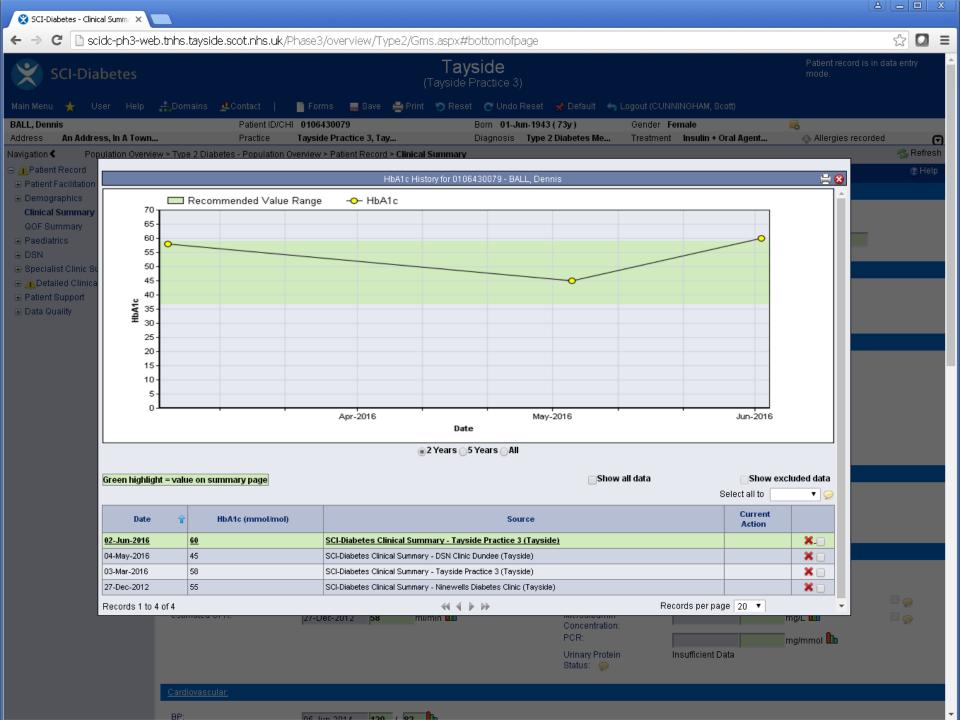
Patient ID/CHI	Name 🕆	Born	Date of Diagnosis	Diabetes Type	Treatment
0202930059	ADAM, REBECCA	02-Feb-1993 (23y)	23-Feb-2009	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0507500103	ALLAN, CHRIS	05-Jul-1950 (65y)	10-May-2011	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
1810550090	ANDREW, Jean	18-Oct-1955 (60y)	28-Mar-2011	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
2505540028	ANDREW, Robert	25-May-1954 (62y)	28-Oct-2014	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
1702340043	ANDREW, Wayne	17-Feb-1934 (82y)	07-Feb-2006	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
1806440099	BALL, BOB	18-Jun-1944 (71y)	11-Feb-2007	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
1808460073	BALL, CLAIRE	18-Aug-1946 (69y)	08-Jan-2010	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0106430079	BALL, Dennis	01-Jun-1943 (73y)	10-Sep-2004	Type 2 Diabetes Mellitus	Insulin + Oral Agents (Gliptin + SGLT2 Inhibitor) + Other Injectable Agent
1802510034	BALL, Rebecca	18-Feb-1951 (65y)	29-Oct-2010	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
2404405004	BEECH, GINA	24-Apr-1940 (76y)	01-Feb-2012	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0703500029	BLACK, Colin	07-Mar-1950 (66y)	24-Jul-2007	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
2310380133	BROWN, ADAM	23-Oct-1938 (77y)	22-Mar-2005	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
1105600043	BROWN, Alice	11-May-1960 (56y)	06-Apr-2015	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0609420077	BROWN, PHIL	06-Sep-1942 (73y)	04-Jan-2008	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
2309810200	BROWN, RORY	23-Sep-1981 (34y)	02-May-2008	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
2502500163	CAMPBELL, BRIAN	13-Jul-1995 (20y)	14-Sep-2002	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
1510870160	CAMPBELL, KEITH	15-Oct-1987 (28y)	11-Aug-2002	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0709560246	COLLINS, KEITH	07-Sep-1956 (59y)	10-Jan-2005	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0605870075	COLLINS, Peter	06-May-1987 (29y)	26-Apr-2004	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found
0404400046	CROSS, ALASTAIR	04-Apr-1940 (76y)	09-Mar-2008	Type 2 Diabetes Mellitus	No Glycaemic Drugs Found

Records 1 to 20 of 173

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Records per page 20 🔻

😵 SCI-Diabetes - Clinical Summa 🗙					
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	Renal Care:				
	Renal Function		Urinary Protein Statu	IS	
	Creatinine: estimated GFR:	01-Aug-2011 115 µmol/L ኬ 27-Dec-2012 58 ml/min ኬ	ACR: Microalbumin Concentration: PCR: Urinary Protein Status: 🧽		ng/mmol ኬ 🦳 🡳 ng/L ኬ 👘 🧔
	Cardiovascular:				
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BALL, Dennis		Patient ID/CHI	0106430079		Born 01-Jun-194	3 (73y)	Gender Female	• 🛃		
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🖃 📤 Patient Record					Primary Care P	Prescribing F	Record			
Patient Facilitation						<u> </u>				
⊕ Demographics			Viev	w:	High-level summary	by BNF category				
Clinical Summary										
QOF Summary	Please use the	filter options to sh	ow more prescription	s, you may change th	ne way the list is sorted	f at any time by cl	icking on the appropria	te column title.		
	Filter options:									e
 Specialist Clinic Support 	i nici opricilo.									e
Detailed Clinical Record			Sho	w prescriptions that	are:	All	•			
Treatment/Medication			Dru	g Name contains:						
Treatment Type			BNF	F code is:		•				
Primary Care Prescribing			Тур	e of Medication:		All	•			
Record Prescribing Timeline Function			Scri	ip Type is:		●All ○Rep	peat OAcute			
Drug Reactions/Allergies										
Specialist Prescribing Advice					8	Bearch				
Clinical Trial Status										
Insulin Pump Monitoring	Search Results:									Θ
Insulin Monitoring										
Medical History		D (0)								
🗉 Diagnostic Admin Form History		Repeat Scrip	Date Range 🔎							
Patient Contacts	Date	From	То	Scrip Туре 읻	Drug Name	BNF	Dose/Frequency	Quantity/Preparation	Source of Prescription	
Laboratory Results	05-Jan-2016	05-Jan-2016	05-Jan-2016	Repeat (1)	Saxagliptin	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Lifestyle	04-Jan-2016	04-Jan-2016	04-Jan-2016	Repeat (1)	Short-acting insulin	06.01.01.01	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Glycaemic Control	03-Jan-2016	03-Jan-2016	03-Jan-2016	Repeat (1)	Lixisenatide	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Cardiovascular System	02-Jan-2016 01-Jan-2016	02-Jan-2016 01-Jan-2016	02-Jan-2016 01-Jan-2016	Repeat (1)	Dapagliflozin Jentadueto	06.01.02.03	100mcg Daily	100 Tablets 100 Tablets	Tayside Practice 3 - Vision Tayside Practice 3 - Vision	
AFoot Care Distation	04-Dec-2015	01-Jan-2016 04-Dec-2015	04-Dec-2015	Repeat (1) Repeat (1)	Short-acting insulin	06.01.02.03	100mcg Daily 100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
	03-Dec-2015	03-Dec-2015	03-Dec-2015	Repeat (1)	Lixisenatide	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Eye Care	02-Dec-2015	02-Dec-2015	02-Dec-2015	Repeat (1)	Dapagliflozin	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Neuropathy	01-Dec-2015	01-Dec-2015	01-Dec-2015	Repeat (1)	Jentadueto	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Sexual Health and Pregnancy	04-Nov-2015	04-Nov-2015	04-Nov-2015	Repeat (1)	Short-acting insulin	06.01.01.01	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Summary	03-Nov-2015	03-Nov-2015	03-Nov-2015	Repeat (1)	Lixisenatide	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	
Acute Complications	02-Nov-2015	02-Nov-2015	02-Nov-2015	Repeat (1)	Dapagliflozin	06.01.02.03	100mcg Daily	100 Tablets	Tayside Practice 3 - Vision	

Jentadueto

Inpatient Episodes

01-Nov-2015

Records 1 to 13 of 13

01-Nov-2015

01-Nov-2015

Repeat (1)

- SAS Events
- 🗉 Diagnostic Information
- 🗉 Patient Support
- 🗉 Data Quality

44 4 🕨 🕪

06.01.02.03

100mcg Daily

Records per page 20 🔻

Tayside Practice 3 - Vision

100 Tablets

😵 SCI-Diabetes - Foot Screenin 🗙			
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SCI-Diabetes		Tayside (Tayside Practice 3)	Patient record is in data entry mode.
Main Menu 🛧 User Help	👬 Domains 🎎 Contact 📑 Forms 🔚 Save 🍤 R	Reset 😋 Undo Reset 😑 Cancel 🦛 Logout (CL	NNINGHAM, Scott)
BALL, Dennis Address An Address, In A Town	Patient ID/CHI 0106430079 . Practice Tayside Practice 3, Tay	Born 01-Jun-1943 (73y) Diagnosis Type 2 Diabetes Me	Gender Female 🤤 Treatment Insulin + Oral Agent 🗄 Allergies recorded 🕥
	w > Type 2 Diabetes - Population Overview > Patient Record > De		
 	Screening Event	Foot Screening Tool (Risk Strati	fication) Telp
Clinical Summary QOF Summary ⊕ Paediatrics	Screening Date: 02-Jun-2016 Previous Screening: 23-Apr-2014 Attended	Attendance: by:	▼ FLACHI, Charles on behalf of:
 ■ DSN Specialist Clinic Support 	Amputation		•
Detailed Clinical Record	Risk Factors		
 ■ Treatment/Medication Medical History ■ Diagnostic Admin Form History ■ Patient Contacts 	Significant Structural Present - Side Unspect Abnormality of Foot: Present - Side Unspect Significant Callus: Present - Side Unspect Active Ulcer: Yes - Side Unspectfied	ified Absent Able to or Has Care:	Help to Self • Yes • No
Laboratory Results Lifestyle Glycaemic Control	Ohamat Faat	ied 🔍 Previous - Side Unspecified 💿 None	
Cardiovascular System	Vascular Screening		
🖃 🔔 Foot Care			
▲Foot Summary Foot Screening History	Peripheral Pulses (Posterior Tibial or Dorsalis Pedis):	Right Either Palpable Both Absent 	Either Palpable O Both Absent
Foot Screening Tool (Risk Stratification)	Intermittent Claudication:	Ves No	Ves No
	Previous Vascular Intervention:	🔵 Yes 💿 No	🔵 Yes 💿 No
Ulcer Management (new) Foot Protection Treatment Foot Images	Neurological Screening	Risk Categor	у.
 Dietetics ▲ Renal Care Eye Care Neuropathy Sexual Health and Pregnancy Summary 	10 Gram Monofilament Sites Present = Absent =	Recommen	isk Category: High Risk p
Acute Complications Inpatient Episodes SAS Events	Loss of Protective Sensation = Yes Feeling in Less Than: 8 Sites? Neurothesiometer Assessement:	Left Provide writ	tailored management/treatment plan by specialist podiatrist o patient needs. ten and verbal education with emergency contact numbers. specialist intervention required if/when required.

😵 SCI-Diabetes - Eye Summary 🗙			
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SCI-Diabetes		Tayside (Tayside Practice 3)	Patient record is in data entry mode.
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BALL, Dennis	Patient ID/CHI 0	🖉 SCI-Diabetes Microsoft Internet Explorer provided by NHS Tayside	
Address An Address, In A Town	Practice Ta	😢 https://sci-diabetes.mhs.scot.nhs.uk/sci-diabetes/searchPatRecord/PatientSearch/EyeImage.aspx?FileName=/drlive/servlets/blob/ImageDownloadServlet?k	y=2062266
Navigation < Population Overvi	iew ≻ Type 2 Diabetes - Population Overv		
🖃 📤 Patient Record		SCI-Diabetes	
Patient Facilitation	DRS Data		
Demographics			
Clinical Summary	DRS Status - Reason:		
QOF Summary	Last Screening Status: 👔		_
Paediatrics	DD0 Loot Oreaning Dooutte		
■ DSN	DRS Last Screening Results		
	Screening Date:		
	Screening Mode:		
Medical History			
 Diagnostic Admin Form History 	DRS Results		
■ Patient Contacts	/ Visual Acuity: 📄 Retinopathy: 📄		
Laboratory Results	Maculopathy:		
Lifestyle	Laser Photocoagulation Scars: 📄	A Contraction of the second se	
Glycaemic Control	Non Diabetic Retinal Lesions: 📄		
Cardiovascular System	Click here to view a list of eye imag		
🗉 👍 Foot Care			
Dietetics	Non-DRS Data		
🛕 Renal Care	Eye Procedures		
🖃 Eye Care	Laser Eye Therapy: 📄		
Eye Summary	Cataract Extraction: 📄		
Eye Images - DRS			
DRS Register	Vitrectomy: 📄		
Laser Eye Therapy	Anti-VEGF treatment		
Neuropathy Sexual Health and Pregnancy	Click on an entry below to add or ch		
Summary			
Acute Complications	Add a new entry		
Inpatient Episodes	No Specific Visual Problem information	e and how we are	
SAS Events	Registered Blind:		
Diagnostic Information	Blindness Status:		
Patient Support Date Quality	Simoneou etatas.		
⊞ Data Quality			
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😵 SCI-Diabetes - Laboratory R 🛛 🗙					
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Navigation < Population Overvie	w > Type 2 Diabetes - Population + Link lab results to contact Blood Glucose Control	Overview > Patient Record > Detailed Clinical Record > Lab Labo	ooratory Results pratory Results		🤣 Refresh ? Help
 Paediatrics DSN Specialist Clinic Support ▲Detailed Clinical Record Treatment/Medication 	HbA1c: Blood Glucose:	02-Jun-2016 40 m mol/mol 1	HbA1¢ Goal:	▼	mmol/mol
Medical History ■ Diagnostic Admin Form History ■ Patient Contacts Laboratory Results Lifestyle Glycaemic Control Cardiovascular System ■ ♠ Eoot Care	Lipid Control Total Cholesterol: HDL Cholesterol: Non-HDL Cholesterol: LDL Cholesterol: Triglycerides:	27-Dec-2012 36 mmol/L b mmol/L b mmol/L b mmol/L b	Total Cholesterol Goal:	•	mmol/L 🔗
 ▲ Foot Care Dietetics A Renal Care Eye Care Neuropathy Sexual Health and Pregnancy Summary Acute Complications Inpatient Episodes SAS Events 	Renal Function Creatinine: estimated GFR: Endocrine Function	01-Aug-2011 115 µmol/L 11 27-Dec-2012 58 ml/min 11	Urinary Protein (dipstick): ACR: Microalbumin Concentration: PCR:	19-Jun-2015 Negative 09-Apr-2013 1.1	r a mgimmol b - o mgiL b - o mgimmol b
 ■ Diagnostic Information ● Patient Support ● Data Quality 	TSH: T4/Free T4: T3:	mU/L 🛄 13-Mar-2013 12 pmol/L 🛄 🥪 pmol/L 🛄	HLA Typing: Tissue Transglutaminase:		•
	Liver Function Alkaline Phosphatase: Albumin: ALT:	Uri Da grL Da 30-Mar-2013 34 Uri Da	Gamma GT: AST: Bilirubin:		Uri Da Uri Da umol/L Da

Full Blood Count

☆ 🖸 =

SCI-Diabetes

Tayside == (Tayside Practice 3)

Main Menu 🐈 User Help | 🚔 Print 📌 Default 👆 Logout (CUNNINGHAM, Scott)

Regional Comparison > Glycaemic Control Summary Navigation <

Regional Comparison
Population Summary
Eye Screening Summary
Glycaemic Control Summary
Blood Pressure Summary
Body Mass Index & Smoking Summary
Macrovascular Outcomes
Summary
Foot Screening Summary

Regional Comparison - Glycaemic Control Summary

Click on a row to view the list of patients. The list will appear below. 🔾			ractice 3 016 10:09:19	Tayside as at 11-Apr-2012 11:49:08	
		Number Percentage Nur			Percentage
Number of people with diabetes		158		504	
HbA1c	An HbA1c record in the last 15 months	27	17.1 %	56	11.1 %
	No HbA1c in the last 15 months	131	82.9 %	448	88.9 %
	Patients with any HbA1c record	73	46.2 %	75	14.9 %
	Patients with no HbA1c record	85	53.8 %	429	85.1 %
Based on the last result where record found	HbA1c < 53 mmol/mol (7.0 %)	35	22.2 %	49	9.7 %
	HbA1c 53 - 75 mmol/mol (7.0 - 9.0 %)	15	9.5 %	9	1.8 %
	HbA1c > 75 mmol/mol (9.0 %)	23	14.6 %	17	3.4 %
	Average last recorded HbA1c (mmol/mol)	60.33 mmol/mol		50.31 mmol/mol	

HbA1c > 75 mmol/mol (9.0 %) 🧼

Patient ID/CHI	Name	Born	Type of Diabetes	HbA1c (mmol/mol)
1702340043	ANDREW, Wayne	17-Feb-1934 (82y)	Type 2 Diabetes Mellitus	200 (25-Apr-2012)
1207660088	BALL, John	12-Jul-1966 (49y)	Maturity Onset Diabetes of Youth	77 (11-Mar-2014)
2302850081	BLACK, Kelly	23-Feb-1985 (31y)	Maternally Inherited Diabetes and Deafness	94 (13-Mar-2013)
0201900071	BROWN, John	02-Jan-1990 (26y)	Secondary - Disease	100 (08-May-2015)
1208660019	COLLINS, Phil	12-Aug-1966 (49y)	Type 1 Diabetes Mellitus	82 (02-Jul-2012)
1510540062	CROSS, Jennifer	15-Oct-1954 (61y)	Type 1 Diabetes Mellitus	76 (29-Apr-2016)
1509710015	DOUGLAS, William	15-Sep-1971 (44y)	Type 2 Diabetes Mellitus	98 (26-May-2011)
1205780025	GORDON, Carol	12-May-1978 (38y)	Type 2 Diabetes Mellitus	90 (01-Feb-2013)
2509840012	GORDON, Norma	25-Sep-1984 (31y)	Maturity Onset Diabetes of Youth	82 (02-Jul-2012)
0904430087	GRAY, Alan	09-Apr-1943 (73y)	Type 1 Diabetes Mellitus	110 (04-May-2016)
2202530094	GREEN, Graeme	22-Feb-1953 (63y)	Type 1 Diabetes Mellitus	85 (01-Jul-2011)
1210380097	GREY, Mavis	12-Oct-1938 (77y)	Type 2 Diabetes Mellitus	78 (17-Jan-2014)
1808550018	JACKSON, James	18-Aug-1955 (60y)	Secondary - Disease (Cystic Fibrosis Related Diabetes)	98 (02-Feb-2010)
1209650029	NELSON, Kevin	12-Sep-1965 (50y)	Type 2 Diabetes Mellitus	90 (29-Mar-2013)
1908400003	REID, Rachel	19-Aug-1940 (75y)	Type 1 Diabetes Mellitus	78 (24-Mar-2011)
1706800004	RICHARDSON, Paul	17-Jun-1980 (35y)	Type 2 Diabetes Mellitus	120 (16-Sep-2015)
2405350070	SIMON, Sarah	24-May-1935 (81y)	Latent Autoimmune Diabetes of Adulthood	89 (11-Jan-2011)

Records per page 20 🔻

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SCI-Diabetes			Tayside (Tayside Prac			
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2502500163

2604836319

405842473

CROSS, Jennifer

THOMPSON, Tom

GREY, Bob

THOMAS, Mike

BALL, BOB

WHYTE, GRAEME

JONES, Brenda

GRAY, Sarah

CAMPBELL, BRIAN

BAXTER, Lola

HARTLEY, Tim

Records per page 20 🔻

76

62 75

88

88

58

65 89

63

65

65

29-Apr-2016

26-Jun-2015

04-May-2016

15-Mar-2016

30-May-2016

26-May-2016

24-Jun-2015

04-Feb-2015

29-Apr-2015

16-Mar-2016

15-Mar-2016

Inpatient Management

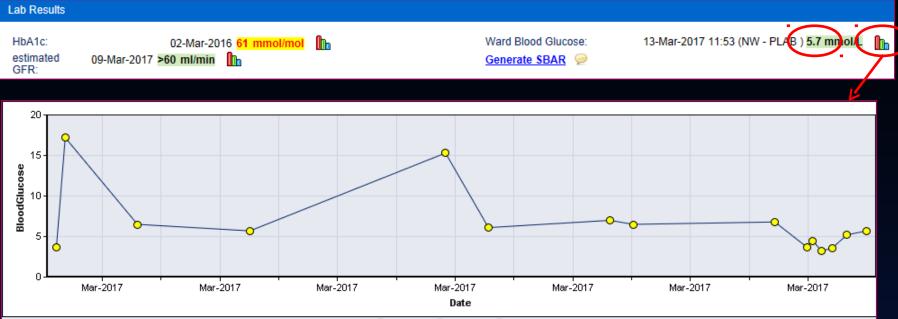
- ~20% of people admitted to hospital as inpatients have diabetes
- More effective training for ward staff prioritised by Think, Check, Act which aims to:
 - Reduce rate of hypoglycaemic events
 - Increase appropriate management of hypo events
 - Reduce length of stay
 - http://ihub.scot/a-z-programmes/diabetes-thinkcheck-act/
- Aim to support provide custom functionality for patient management and reporting

	Inpatient Overview	(? Helj
r options:		
Length of stay <= Hospital is	days	It has been less than 24 hours since last ADT message received.
Ward is		Last ADT message received: 13-Mar-2017, 14:09
Inpatient status is	Current inpatient	
Show	Only inpatients with confirmed diabetes	
	\bigcirc All inpatients on the SCI-Diabetes register	
Show selected patients only Show patients with low blood glucose Manual discharge mode	Sheck to create a temporary sub-list of patients - Check to show patients with a Ward BG result < Check and you can manually discharge patients Search Clear	4.0 in the most recent 4 recordings
		<u>Generate SBAR</u> 🥪

Click on the 📄 icon to view the admission and transfer history of a patient's inpatient episode

Filter

Patient ID/CHI	Name	Age	Diabetes Type (duration)	Admission Date	Hospital	Ward (Since)	Length of Stay	HbA1c (mmol/mol)	eGFR (ml/min)	Creatinine (umol/L)	Foot Risk	Eye Screening	Ward BG (mmol/L)	0
		63y	Type 2 Diabetes Mellitus (17y 5m)	10-Mar-2017 15:24	Ninewells Hospital, Dundee	NWCIU (11-Mar- 2017 02:58)	3.0d	74 (06-Mar-2017)	31 (06-Mar- 2017)	190 (06-Mar-2017)	Moderate Risk (22-Mar- 2016)	14-Aug-2014	(13-Mar- 2017) 9.1 - 12:45 7.1 - 06:53 (12-Mar- 2017) 8.3 - 23:28 3.5 - 22:36	
		48y	Secondary - Pancreatic Pathology (6y 6m)	10-Mar-2017 12:25	Ninewells Hospital, Dundee	NW04 (11-Mar- 2017 11:28)	3.1d	<mark>149</mark> (17-Aug-2016)	>60 (28-Dec- 2016)	40 (28-Dec- 2016)	Low Risk (04-Mar- 2014)	18-Oct-2016	113-Mar- 201 3.6 - 1 :31 6 - 06:20 (12-Mar- 2017) 8 - 21:41 7.7 - 16:57	
		65y	Type 2 Diabetes Mellitus (7y 10m)	06-Mar-2017 16:30	Perth Royal Infirmary	PRI 4 (08-Mar- 2017 07:31)	6.9d	<mark>39</mark> (15-Dec-2015)	>60 (09-Mar- 2017)	48 (09-Mar-2017)	Low Risk (31-Mar- 2016)	24-Nov-2016	(13-Mar- 2017) 3.9 - 0):48 (12 Mar- 2017) 4.3 - 07:58 (11-Mar- 2017) 7.9 - 21:27 4.6 - 07:31	
		73y	Type 2 Diabetes Mellitus (29y 9m)	06-Mar-2017 14:10	Perth Royal Infirmary	PRI 4 (07-Mar- 2017 02:16)	7.0d	<mark>61</mark> (02-Mar-2016)	>60 (09-Mar- 2017)	32 (09-Mar-2017)	High Risk (09-Apr- 2009)	02-May-2013	(13-Mar- 2017) 5.7 - 11:53 5.2 - 07:54 3.6 - 01:55 3.2 - 02:43	



● 2 Years ○ 5 Years ○ All

Show excluded da

Date	Time	Ward Blood Glucose(mmol/L)	Location	Operator	Source	Exclude
13-Mar-2017	11:53	5.7	NW - PLAB	561091^Smith^Susan	COBAS - Tayside COBAS	×
13-Mar-2017	07:54	5.2	NW - P6	561091^Smith^Susan	COBAS - Tayside COBAS	×
13-Mar-2017	04:55	3.6	NW - P6	S800154^wilson^cameron	COBAS - Tayside COBAS	×
13-Mar-2017	02:43	3.2	NW - P6	S800154^wilson^cameron	COBAS - Tayside COBAS	×
13-Mar-2017	00:54	4.5	NW - P6	S800154^wilson^cameron	COBAS - Tayside COBAS	×
12-Mar-2017	23:42	3.7	NW - P6	S800154^wilson^cameron	COBAS - Tayside COBAS	×
12-Mar-2017	17:11	6.8	NW - P6	563027^middlemass^ashleigh	COBAS - Tayside COBAS	×
11-Mar-2017	12:20	6.5	NW - P6	562707^thomson^jacqueline	COBAS - Tayside COBAS	×
11-Mar-2017	07:33	7.0	NW - P6	400364^burns^jeborah	COBAS - Tayside COBAS	×
10-Mar-2017	06:46	6.1	NW - P6	401794 ^{MCCAFFERTY^ARUTH}	COBAS - Tayside COBAS	×
09-Mar-2017	22:01	15.3	NW - P6	401794^MCCAFFERTY^RUTH	COBAS - Tayside COBAS	×
08-Mar-2017	06:07	5.7	NW - P6	400364^burns^jeborah	COBAS - Tayside COBAS	×
07-Mar-2017	07:11	6.5	NW - P6	S800154^wilson^cameron	COBAS - Tayside COBAS	×
06-Mar-2017	16:27	17.2	NW - P4	401842^MCREYNOLDS^KAREN	COBAS - Tayside COBAS	×
06-Mar-2017	14:39	3.7	NW - P4	562572 [^] mcclure [^] christy	COBAS - Tayside COBAS	×

Tayside:

View: O Weekly Monthly O Quarterly

Click on a row to view the Hospital level information.

		Nov-2016				Dec-2010	6		Jan-2017				Feb-2017				
			Target	met			Target	met			Target	met			Target	met	
Hospital	Total	Low BG	Yes	%	Total	Low BG	Yes	%	Total	Low BG	Yes	%	Total	Low BG	Yes	%	Compliance
Arbroath Infirmary	358	0	0	0	427	3	0	0	418	7	2	29	384	4	2	50	Low
Armitstead Child Development Centre	10	1	1	100	11	0	0	0	1	0	0	0	18	0	0	0	N/A
Blairgowrie Community Hospital	112	2	0	0	23	1	0	0	60	4	1	25	66	6	2	33	Low
Brechin Infirmary	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	N/A
Carseview Centre	137	18	2	11	138	23	6	26	99	1	0	0	7	0	0	0	N/A
Crieff Community Hospital	91	0	0	0	149	7	1	14	190	4	1	25	94	2	1	50	Low
Kingsway Care Centre	88	0	0	0	192	4	1	25	227	9	4	44	172	5	2	40	Low
Montrose Royal Infirmary	2	0	0	0	35	0	0	0	29	0	0	0	21	0	0	0	N/A
Murray Royal Hospital	468	22	11	50	516	26	11	42	534	22	6	27	368	27	3	11	Low
Ninewells Hospital	10775	287	130	45	10670	354	180	51	10573	268	98	37	9764	236	94	40	Low
Perth Royal Infirmary	2376	33	7	21	2569	62	14	23	2977	77	22	29	2604	48	14	29	Low
Pitlochry Community Hospital	42	0	0	0	18	2	0	0	51	0	0	0	50	1	1	100	High
Royal Victoria Hospital	707	20	3	15	477	12	4	33	647	32	10	31	530	18	5	28	Low
St. Margaret's Hospital	109	1	1	100	27	0	0	0	18	0	0	0	2	0	0	0	N/A
Stracathro Hospital	364	7	1	14	454	21	8	38	844	23	11	48	462	8	6	75	Medium
Whitehills Hospital	212	5	3	60	286	16	5	31	298	16	7	44	97	10	3	30	Low
Records 1 to 16 of 16 Image: Second se													Rec	ords per pa	ge 20	~	

Scottish Diabetes Survey



Figure 6. Type 2 diabetes: age distribution of people recorded compared with age distribution of general population, Scotland, 2014.

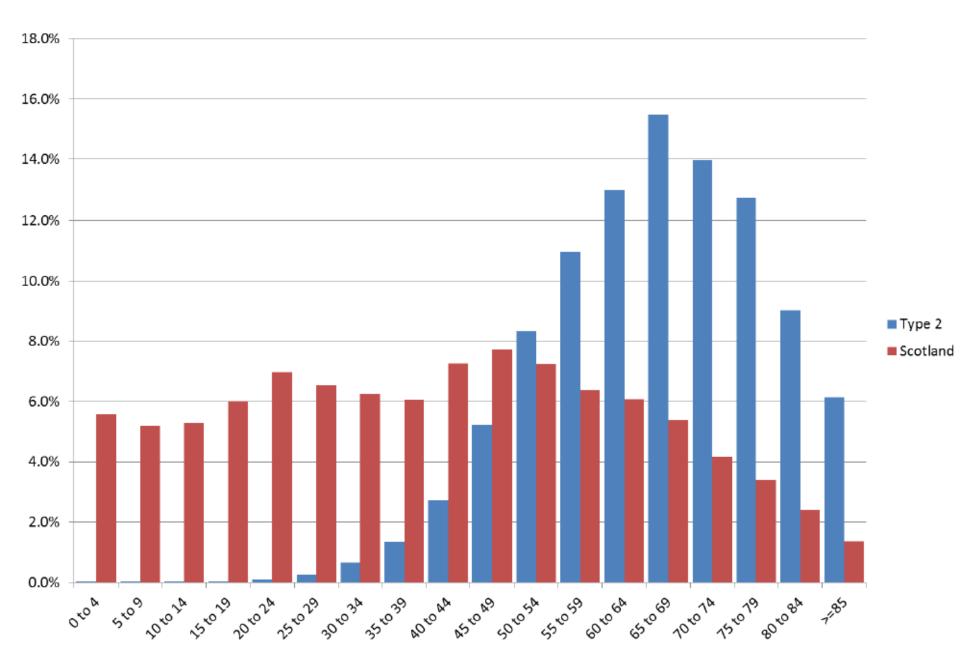


Figure 9. Proportion of people who had a record of BMI from 2013 to 2014: Arrows showing the direction of change have been added for all boards with more than 1.5% change between 2013 and 2014.

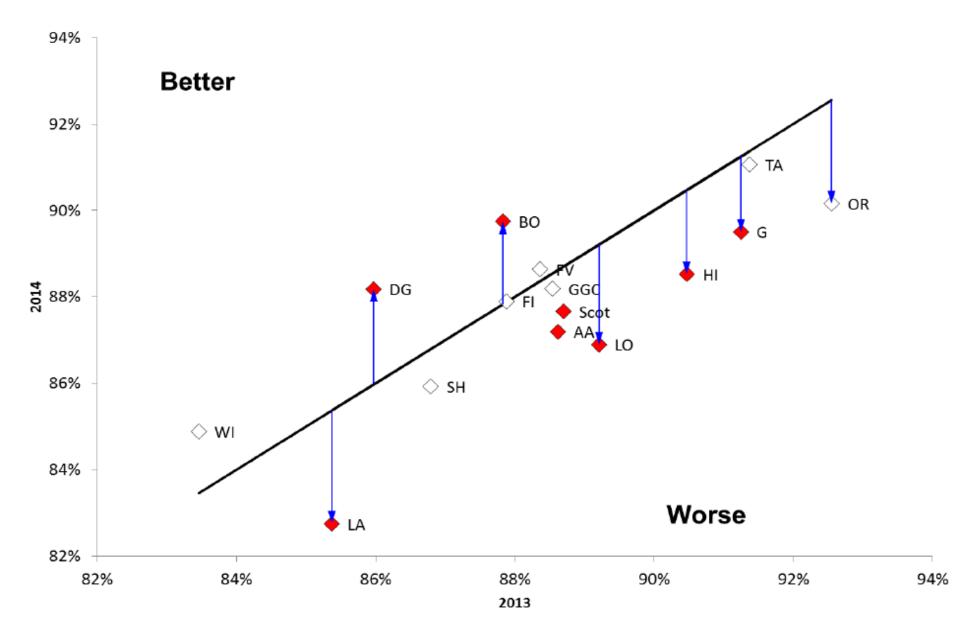
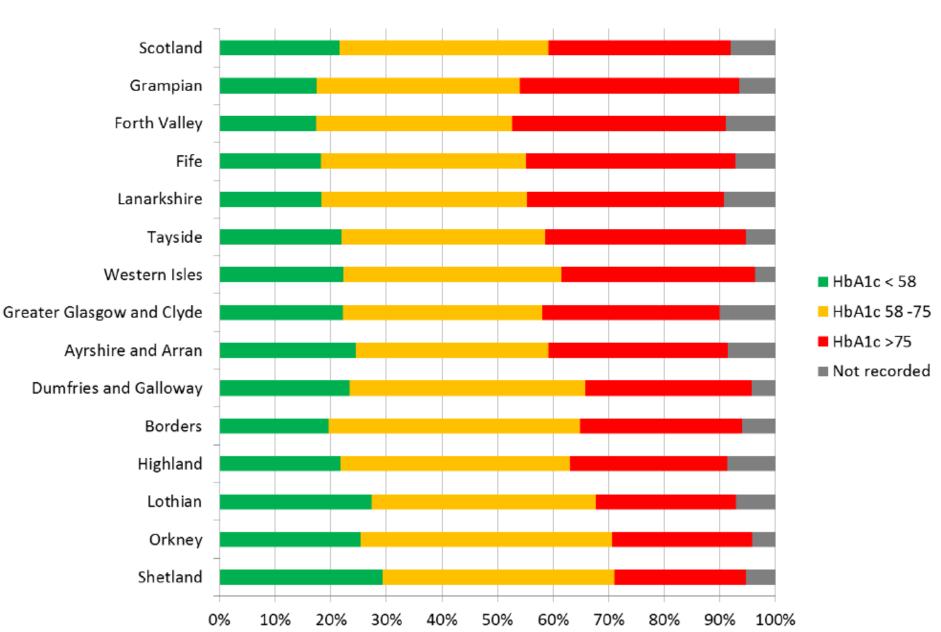


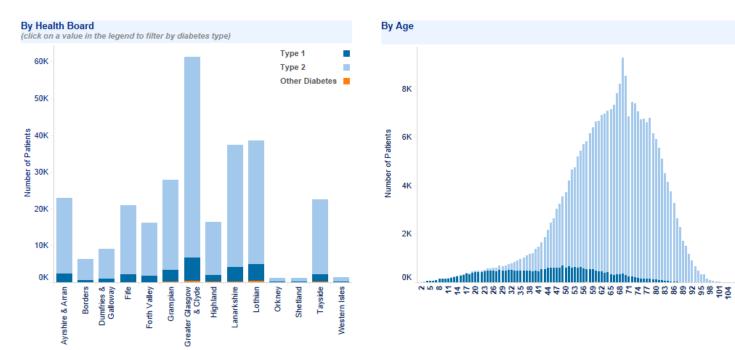
Figure 14. Type 1 diabetes: percentage of people in each HbA_{1c} category for HbA_{1c} recorded in the previous 15 months, by NHS Board, ranked by proportion with HbA_{1c} over 75 mmol/mol (9%).





MCN Quarterly Audit Q1/2016 - Demographic Overview





Health Board	Diabetes type	2015 Q2	2015 Q3	2015 Q4	2016 Q1
Ayrshire & Arran	Type 1	2,259	2,259	2,259	2,259
	Type 2	20,556	20,556	20,556	20,556
	Other Diabetes	49	49	49	49
Borders	Type 1	664	664	664	664
	Type 2	5,731	5,731	5,731	5,731
	Other Diabetes	20	20	20	20
Dumfries & Galloway	Type 1	924	924	924	924
	Type 2	8,164	8,164	8,164	8,164
	Other Diabetes	34	34	34	34
Fife	Type 1	2,066	2,066	2,066	2,066
	Type 2	18,791	18,791	18,791	18,791
	Office Distance				

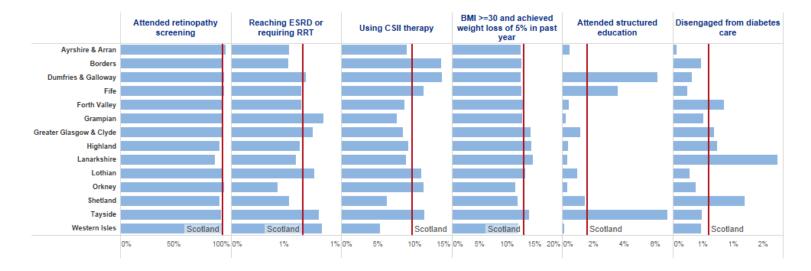




Q1/2016 by Measure

(click on a Health Board to highlight all measures)





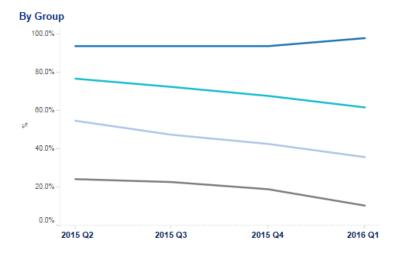


MCN Quarterly Audit Q1/2016 - Measures



Select Health Board	Select Measure		Select Group	Select Quarter
Tayside 💌	Measure 1: Receive all 9 care processes	• (i)	(All)	2016 Q1 🔹

% of people with diabetes who receive all 9 process of care measurements for diabetes

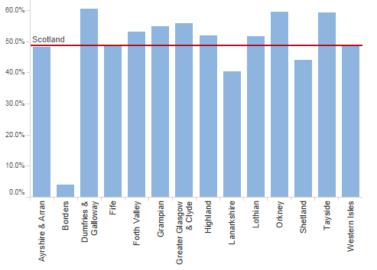


Type 1 Age 18+

Type 2 & Other Age 18+

Type 1 & Other Age 0-11 Type 1 & Other Age 12-17



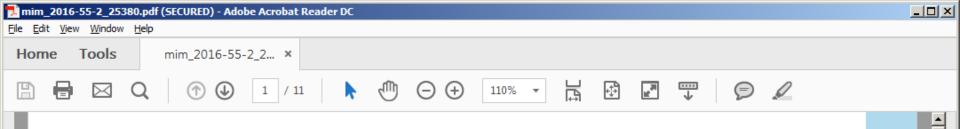


i	Numerator	2016 Q1 Denominator	%
Type 1 & Other Age 0-11	43	44	97.7%
Type 1 & Other Age 12-17	13	127	10.2%
Type 1 Age 18+	667	1,875	35.6%
Type 2 & Other Age 18+	12,628	20,521	61.5%

EUBIROD

- Reviewed existing diabetes data standards
- Defined common dataset & data dictionary
- Captured local domain knowledge
 - Completeness, recording methods
 - Data quality and validity
 - Other relevant metadata

Image:	ogout <u>Change Da</u>
Welcome Scott Cunningham. You have a role of: DataSourceUser and you are displaying data for: Angus and Dunder Logout Change Data Source Change Data Source Change your Password Data Source: UKM21.1 Structure Local Data Items Privacy Questionnaire Download User Active Foot Ulcer Image Data Source Image Data Source Download User Activity End Date Image Data Source Image Data Items Privacy Questionnaire Download User Activity End Date Image Data Source Image Data Items Privacy Questionnaire Download User Activity End Date Image Data Source Image Data Items Privacy Questionnaire Download User Activity End Reason Image Data Items Active Foot Ulcer Image Data Items Image Data Items <th>ogout <u>Change Da</u></th>	ogout <u>Change Da</u>
Data Source: UKM21.1 Structure Local Data Items Privacy Questionnaire Download User Active Foot Ulcer Activity End Date Activity End Date Activity Start Date Field name: Active Foot Ulcer Clinical Definition Ulcer is defined as any break in the epithelium greater than a crack below the the malleoli. It is required as an indicator of possible risk of future amputation Yes: Ulcer field contains valid year 0 = No: Ulcer field is NULL or contains invalid numeric data Activity Preduction Recorded Yes No Mandatory/Routine Mandatory Mandatory Routing Additional Comments Arbitrary percentage as data inclusion from clinical systems is not very 	
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Activity End Reason Image: Active Bircusz Activity Start Date Image: Active Foot Ulcer Activity Start Reason Image: Clinical Definition Ulcer is defined as any break in the epithelium greater than a crack below the the malleoli. It is required as an indicator of possible risk of future amputation Yes: Ulcer field contains valid year 0 = No: Ulcer field is NULL or contains invalid numeric data Anti-Platelet Therapy Recorded Yes No Mandatory/Routine Mandatory Image: Route Status Anti-Platelet Therapy Antihypertensive Medium Quality Score Medium Data Completeness Average Injections Omega: Data Completeness 70% Arbitrary percentage as data inclusion from clinical systems is not verify the systems is n	ctive Foot Ulcer
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Activity Start Date Image: Clinical Definition Activity Start Reason Image: Clinical Definition Alcohol Intake Image: Clinical Definition Alcohol Status Image: Clinical Definition Anti-Platelet Therapy Recorded Anti-Platelet Therapy Medium Anti-Platelet Therapy Medium Average Injections Image: Clinical Comments Blindness Image: Clinical Definition	ctivity End Reason
Activity Start Reason Alcohol Intake Alcohol Intake Alcohol Status Amputation Anti-Platelet Therapy Antihypertensive Medication Average Injections Blindness the malleoli. It is required as an indicator of possible risk of future amputation Yes: Ulcer field contains valid year 0 = No: Ulcer field is NULL or contains invalid Numeric data Medium Yes O No Mandatory/Routine Mandatory O Rout Medium Onta Completeness 70% Additional Comments Arbitrary percentage as data inclusion from clinical systems is not verify the system systems is not verify the system	tivity Start Date
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Antihypertensive Medication Image: Completeness of the completenes of the completeness of the completeness of the comple	nti-Platelet Therapy
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Original Articles

Core Standards of the EUBIROD Project*

Defining a European Diabetes Data Dictionary for Clinical Audit and Healthcare Delivery

S. G. Cunningham¹; F. Carinci^{2,3}; M. Brillante¹; G. P. Leese¹; R. R. McAlpine¹; J. Azzopardi⁴; P. Beck⁵; N. Bratina⁶; V. Bocquet⁷; K. Doggen⁸; P. K. Jarosz-Chobot⁹; M. Jecht¹⁰; U. Lindblad¹¹; T. Moulton¹²; Ž. Metelko¹³; A. Nagy¹⁴; G. Olympios¹⁵; S. Pruna¹⁶; S. Skeie¹⁷; F. Storms¹⁸; C. T. Di Iorio¹⁹; M. Massi Benedetti²

¹University of Dundee, Scotland; ²Hub for International Health Research, Italy; ³University of Surrey, United Kingdom; ⁴University of Malta, Malta; ⁵Joanneum Research, Austria; ⁶University Children's Hospital Ljubljana, Slovenia; ⁷Centre Hospitalier de Luxembourg, Luxembourg; ⁸Scientific Institute of Public Health, Belgium; ⁹Medical University of Silesia, Poland; ¹⁰Havelhöhe Hospital, Germany; ¹¹University of Gothenburg, Sweden; ¹²Adelaide and Meath Hospital, Ireland; ¹³Vuk Vrhovac University Clinic for Diabetes, Croatia; ¹⁴University of Debrecen, Hungary; ¹⁵Ministry of Health, Cyprus; ¹⁶Telemedica Consulting, Romania; ¹⁷NOKLUS, Norway; ¹⁸Dutch Institute for Healthcare Improvement (CBO), The Netherlands; ¹⁹Serectrix snc, Italy

Keywords

Data dictionary, standardised definitions, common dataset, interoperability, diabetes

Summary

Background: A set of core diabetes indicators were identified in a clinical review of current evidence for the EUBIROD project. In

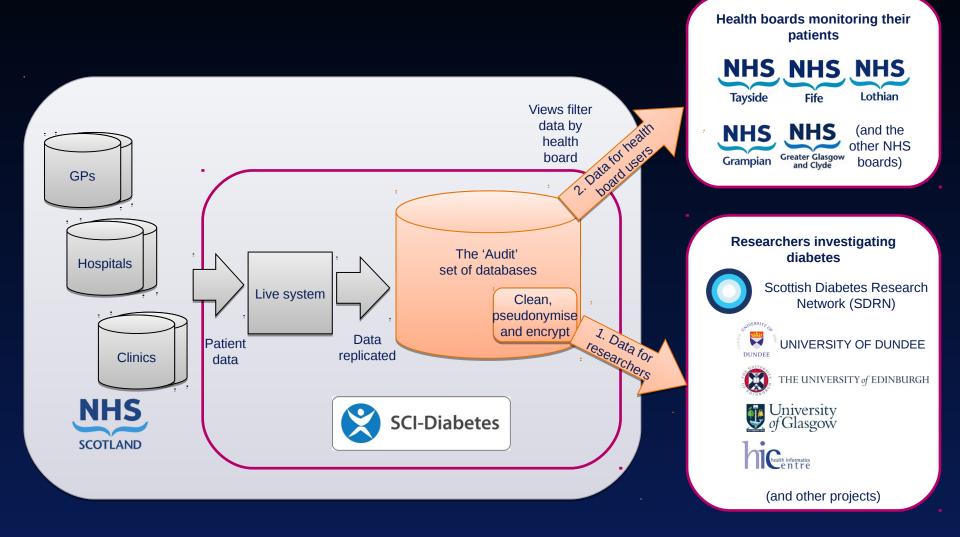
meet the standard definitions. A series of descriptive elements were created to document metadata for each data item, including recording, consistency, completeness and quality.

Results: While datasets varied in terms of consistency, it was possible to create a common standard that could be used by all The

1. Introduction

Non-communicable diseases (NCDs) are currently addressed as a global priority for public health monitoring [1]. Among these, diabetes represents a condition that is taken very seriously by policy makers, but seems still difficult to report consistently 166

SCI-Diabetes Secondary Use









Improving treatment and care for people with diabetes in Tayside

The Annual Report of NHS Tayside

Diabetes Managed Clinical Network

2009/10

www.diabetes-healthnet.ac.uk

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Scottish Diabetes Research Network	ut Patient HCP SOPs Executive		
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User login	Information for Diabetes Patients	Research Register	=
Username: *	Overview		
Password: *	The Scottish Diabetes Research Network (SDRN) has been established to spee development and adoption into the clinic of better treatments to improve th people with diabetes. We would like to invite you to consider giving your per be contacted about research studies which may affect the way in which pati- diabetes are treated in future.	ne lives of mission to	
Request new password	Research may include measuring the effects on diabetes of:	Scotland wide permission	
Contact SDRN Office	 New medicines Lifestyle interventions such as diet or exercise Genetic make-up 	to contact research register read more	
University of Dundee Diabetes Support Centre	Research Register	Patient Testimonials	
Level 8 Ninewells Hospital Dundee DD1 9SY t 01382 660111 x 34594	We would like to ask if we can approach you about any research which is rele your individual medical history. By signing the Permission to Contact form, w your contact details on a secured Research Register and write to you with de any studies for which you may be a suitable participant. Access to this datab	e will hold etails of	
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Search the web with Everyclick to support Diabetes UK Diabetes UK	on unless you have agreed to take part in a study. Please feel free to discuss family members or friends your decision before agreeing to join. If you agree to join the Research Register you will be given general information diabetes research in Scotland and a credit-card sized reminder which details	with on about	
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ARTICLE

Use of insulin glargine and cancer incidence in Scotland: a study from the Scottish Diabetes Research Network Epidemiology Group

H. M. Colhoun · SDRN Epidemiology Group

Received: 5 June 2009 / Accepted: 24 June 2009 / Published online: 15 July 2009 © The Author(s) 2009. This article is published with open access at Springerlink.com

Abstract

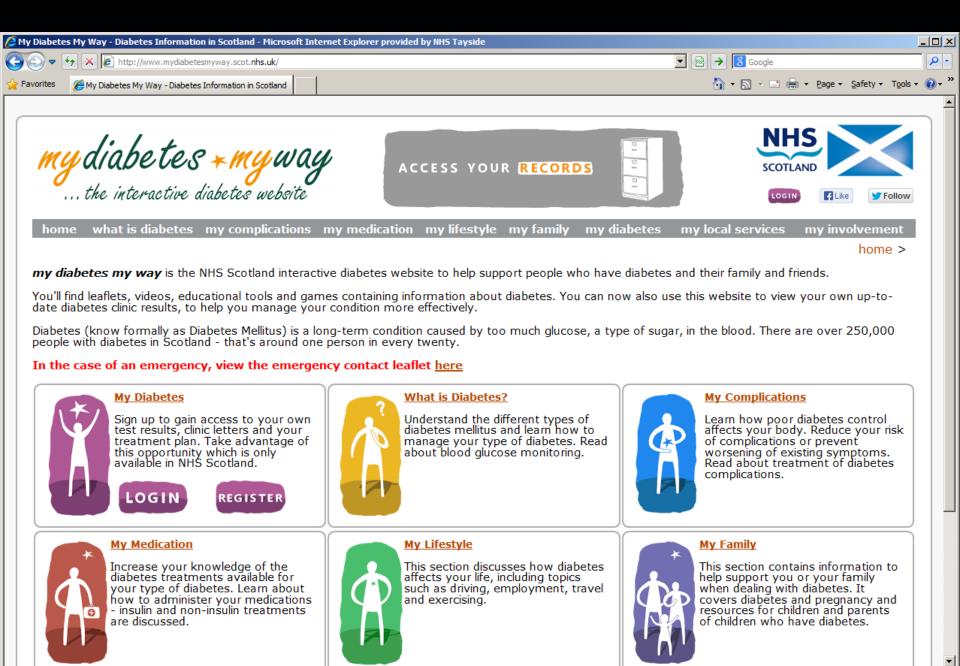
Aims/hypothesis The aim of the present study was to examine whether patients with diabetes in Scotland using insulin glargine have a greater cancer risk than patients using other types of insulin.

Methods We used a nationwide diabetes clinical database that covers the majority of the Scottish population with diagnosed diabetes, and examined patients with diabetes who were exposed to any insulin therapy between 1 January 2002 and 31 December 2005. Among these we defined a fixed cohort based on exposure during a 4 month period in 2003 (n=36,254, in whom 715 cases of cancer occurred) and a cohort of new insulin users across the period (n=12,852 in whom 381 cancers occurred). Records from these cohorts

p=0.9 in the fixed cohort) The subset of patients using insulin glargine alone (n=447) had a significantly higher incidence of all cancers than those using other insulins only (n=32,295) (HR 1.55, 95% CI 1.01–2.37, p=0.045), and those using insulin glargine with other insulins (n=3,512) had a slightly lower incidence (HR 0.81, 95% CI 0.55– 1.18, p=0.26). There were important differences in baseline characteristics between these three groups, although the risk ratios were broadly unaltered on adjustment for these. Overall, there was no increase in breast cancer rates associated with insulin glargine use (HR 1.49, 95% CI 0.79–2.83, though insulin glargine only users had a higher rate than those using non-glargine insulin only (HR 3.39, 95% CI 1.46–7.85, p=0.004). Among type 2 diabetic

My Diabetes My Way

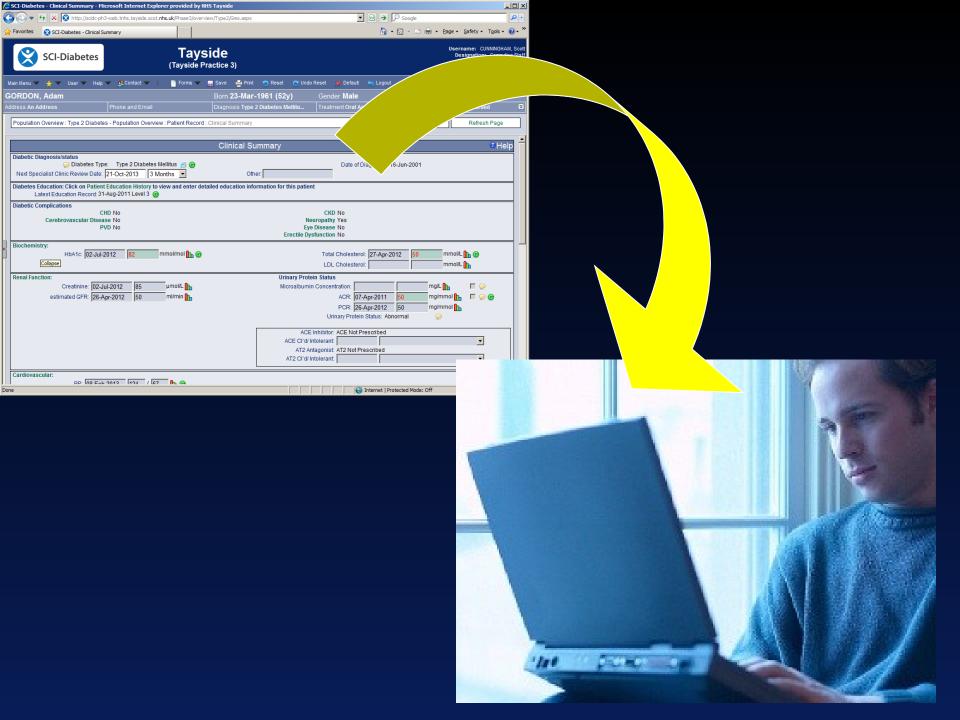
- Website for patients and carers
- Information leaflets
- Interactive content
 - Videos / Patient Testimonials / Interactive tools
- Validated internal/external content
- Overseen by multidisciplinary group
 - Patients / HCPs / IT professionals
- Live since October 2008



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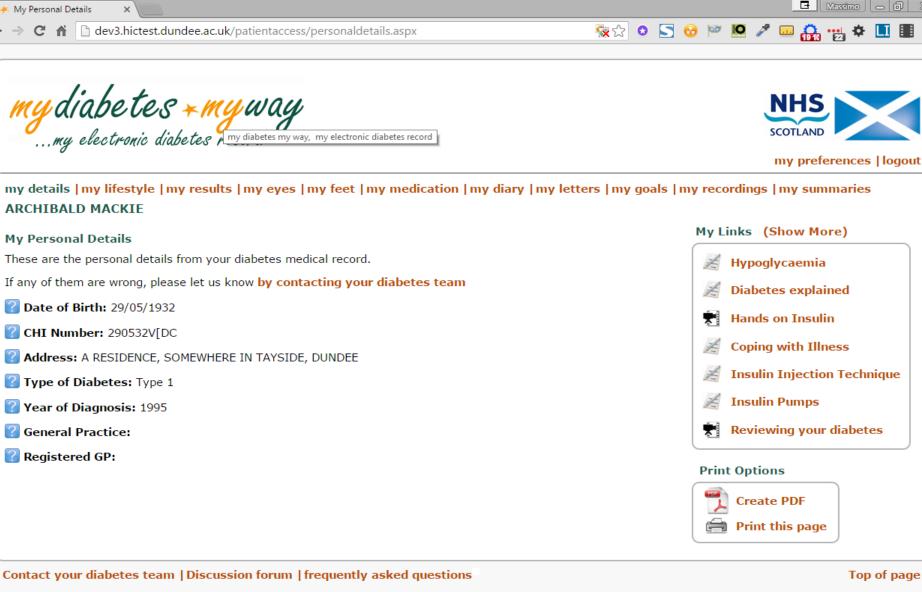


MDMW Personal Health Record

- Limited to key diabetes data
- Information to explain clinical measurements
- Feedback processes to report errors
- Full system audit trail
- Live since December 2010
- Available to anyone with diabetes in Scotland

My Personal Details

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	> insulin injection technique		
?	Insulin Injection Technique		
?		nique	
?	Storage of insulin		
	Insulin should be stored in fridge 2 - 8 ° C Insulin in use can remain at room temperature for 4 weeks (5 weeks for Levemir)		

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of page

- Insulin in use can remain at room temperature for 4 weeks (5 weeks for Levemir).
 However avoid any exposure to direct sunlight or heat from radiator.

Appearance of insulin

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Co

- a) Quick Acting (QA) insulins are clear in appearance.
- b) Long Acting (LA) Analogues (Lantus and Levemir) are also clear solutions so it is important to check the name on your insulin.

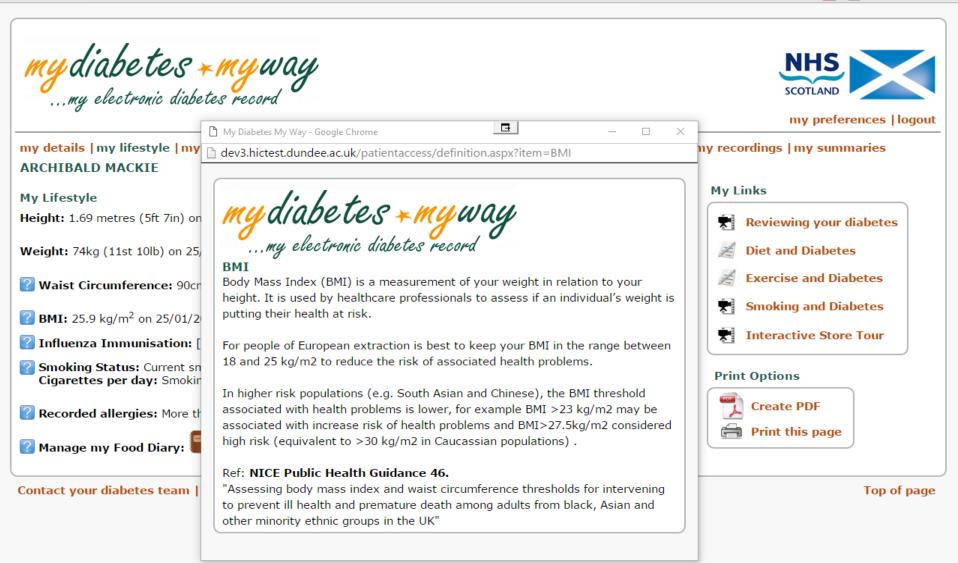
c) Isophane insulins (Humulin I - Insulatard) and Mixed insulins are cloudy. These insulins need to be resuspended because the insulin is bound to a protamine that slows its action. It is therefore essential to mix the insulin so that it is cloudy in appearance throught out.

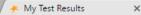
Insulin comes in:

www.mydiabetesmyway.scot.nhs.uk/Diabetes/default.asp

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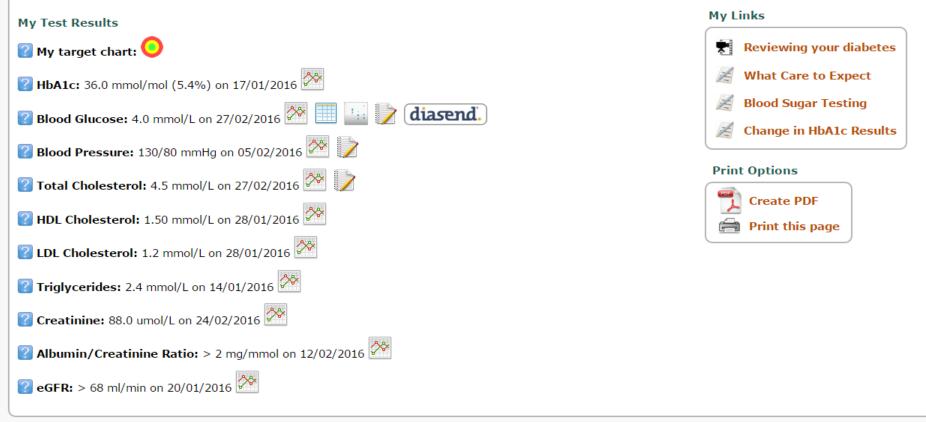


my diabetes + *my way* ...my electronic diabetes record



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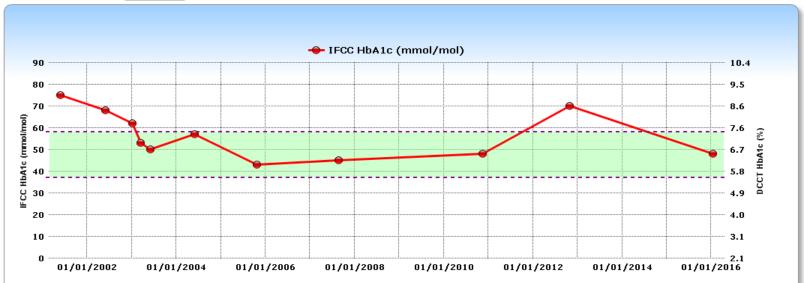
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🛜 My HbA1c History

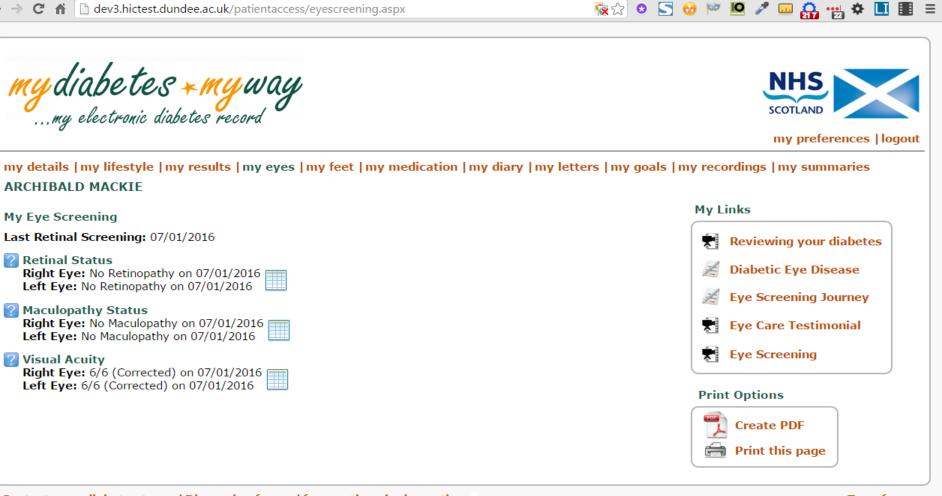
Select period to view All



Date	IFCC HbA1c (mmol/mol)	DCCT HbA1c (%)	Source
17/01/2016 18:55	48.0	6.5%	Tayside Practice 1 - GPASS, Primary Care
01/11/2012 70.0		8.6%	Tayside Practice 1 - GPASS, Primary Care
18/11/2010	48.0	6.5%	Tayside Practice 1 - GPASS, Primary Care
24/08/2007	45.0	6.3%	Tayside Practice 1 - GPASS, Primary Care
25/10/2005	43.0	6.1% Tayside Practice 1 - GPASS	
01/06/2004	57.0	7.4%	Tayside Practice 1 - GPASS, Primary Care
03/06/2003	50.0	6.7%	Tayside Practice 1 - GPASS, Primary Care
20/03/2003	53.0	7.0%	Tayside Practice 1 - GPASS, Primary Care

🖊 My Eye Screening ×

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My Medication

Date	Drug Name	Preparation	Dose	Quantity
29/01/2016	Bendroflumethiazide (Bendrofluazide)	TABS 2.5MG	1 Tab	56
29/01/2016	Losartan Potassium	TABS 50MG	1 Tab	56
29/01/2016	Doxazosin Mr	TABS 4MG	1 Tab	56
29/01/2016	Candesartan Cilexetil	TABS 16MG	1 Tab	56
29/01/2016	Aspirin	Dispersible TABS 75MG	1 Tab	56
27/01/2016	Nuseals Aspirin	Ec TABS 75MG	1 TAB	56 tabs
27/01/2016	Doxazosin	TABS 4MG	1 Tab	56
27/01/2016	Candesartan Cilexetil	TABS 16MG	1 Tab	56
27/01/2016	Bendroflumethiazide (Bendrofluazide)	TABS 2.5MG	1 Tab	56
27/01/2016	Atenolol	TABS 50MG	1 Tab	56
27/01/2016	Aspirin	Dispersible TABS 75MG	1 Tab	56
27/01/2016	Alphosyl 2 In 1	Shampoo	Apply	125
27/01/2016	Bendroflumethiazide (Bendrofluazide)	TABS 2.5MG	1 Tab	84
26/01/2016	Losartan Potassium	TABS 25MG	1 Tab	28
25/01/2016	Losartan Potassium	TABS 25MG	1 Tab	56
24/01/2016	Alphosyl 2 In 1	Shampoo	Apply	125
23/01/2016	Doxazosin Mr	TABS 4MG	1 Tab	56
23/01/2016	Atenolol	TABS 50MG	1 Tab	56
23/01/2016	Candesartan Cilexetil	TABS 16MG	1 Tab	84
23/01/2016	Bendroflumethiazide (Bendrofluazide)	TABS 2.5MG	1 Tab	84
23/01/2016	Atenolol	TABS 50MG	1 Tab	84
23/01/2016	Aspirin	Ec TABS 75MG	1 Tab	84
22/01/2016	Clarithromycin Mr	TABS 500MG	1 Tab	7
20/01/2016	Doxazosin	TABS 2MG	1 Tab	56
20/01/2016	Candesartan Cilexetil	TABS 16MG	1 Tab	56
20/01/2010	Rendroflum othiszide (Rendrofluszide)	TARC 2 FMC	1 Tob	FC

My Links



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My Medication

23/01/2016 Doxazosin

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23/01/2016 Atenolol

23/01/2016 Aspirin

23/01/2016 Atenolol

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ARCHIBALD MACKIE 🍐	Simvastatin - Simvador, Zocor	. Cholesterol level medication Patient - Goo		
	patient.info/medicine/s	imvastatin-simvador-zocor		My Links
Date Drug Nan	Article L Relate	ed 🕻 Support 🔍 🔍 Discuss		Reviewing your diabetes
29/01/2016 Bendroflu				
29/01/2016 Losartan P	About simva	istatin		😹 Hands on Insulin
29/01/2016 Doxazosin			188	K Treatment of Diabetes
29/01/2016 Candesarta	Type of medicine	A lipid-regulating medicine commonly known as a statin	22	Smoking and Diabetes
29/01/2016 Aspirin		Lowering cholesterol and other lipids in the blood; to reduce the risk of		
27/01/2016 Nuseals As	Used for	heart and blood vessel disease	5	
27/01/2016 Doxazosin		Simvador®; Zocor®; and Inegy® (a combination of simvastatin with a	3	Print Options
27/01/2016 Candesarta	Also called	medicine called ezetimibe)	f	Create PDF
27/01/2016 Bendroflu	Δvailable as	Tablets and oral liquid medicine		
27/01/2016 Atenolol	Artanabio do		o	🚔 Print this page
27/01/2016 Aspirin	Lipids or fats are made	e naturally in your body from the food you eat. They are easily		
27/01/2016 Alphosyl 2 1 27/01/2016 Bendroflu		serve as a source of energy. <u>Cholesterol</u> and triglycerides are	Y	
26/01/2016 Losartan P	21 1	centration of these lipids in your blood becomes too high, it leads to		
25/01/2016 Losartan P		lipidaemia. If it is the concentration of cholesterol which has	23	
24/01/2016 Alphosyl 2 1	.	alled <u>hypercholesterolaemia</u> . Although a high blood concentration	g+	
24/01/2010 Alphosyl 21	of lipids will not make yo	ou feel ill, it can cause a problem if it is left untreated.	0	

People with high lipid levels can develop small fatty patches called atheroma. These patches develop when excess fat is deposited on to the walls of blood vessels. Over time, these patches can make a blood vessel narrower and this is called atherosclerosis (sometimes referred to as 'hardening of the arteries'). The narrowing reduces the blood flow through the artery and increases the risk of a number of heart and blood vessel diseases, such as heart attack and stroke.

22/01/2010	- Clarent only a							
20/01/2016	Doxazosin	TABS 2MG	1 Tab	56				
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🖊 My Diabetes My Way ×

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My Goals Summary

Setting goals is a good way of focusing on specific aspects of your health that you wish to improve.

Here is a summary of the goals you have set yourself, with achievement dates. Try to set goals that are realistic and review and revise your goals regularly. Sharing your goals with your health care team and friends and family can help provide the support and knowledge you need to make these positive changes.

Good Luck!!

Result	Current Result	Goal	
HbA1c	36.0 mmol/mol (5.4%) on 17/01/2016	No goal set	Set goal
Blood glucose	4.0 mmol/L on 27/02/2014	4.0 mmol/L by 01/09/2016	Amend goal
Cholesterol	4.5 mmol/L on 27/02/2014	4.4 mmol/L by 27/04/2016	Amend goal
Blood pressure	130/80 mmHg on 05/02/2016	130/90 mmHg by 01/06/2016	Amend goal
Weight	74kg (11st 10lb) on 25/01/2016	No goal set	Set goal
Waist circumference	90cm on 17/02/2016	No goal set	Set goal
Smoking status	Current smoker on 03/02/2016	No goal set	Set goal
Cigarettes per day	Smoking 21 cigarettes per day on 03/02/2016	Reducing cigarettes to a maximum of 5 per day by 01/09/2016	Amend goal

Print Options

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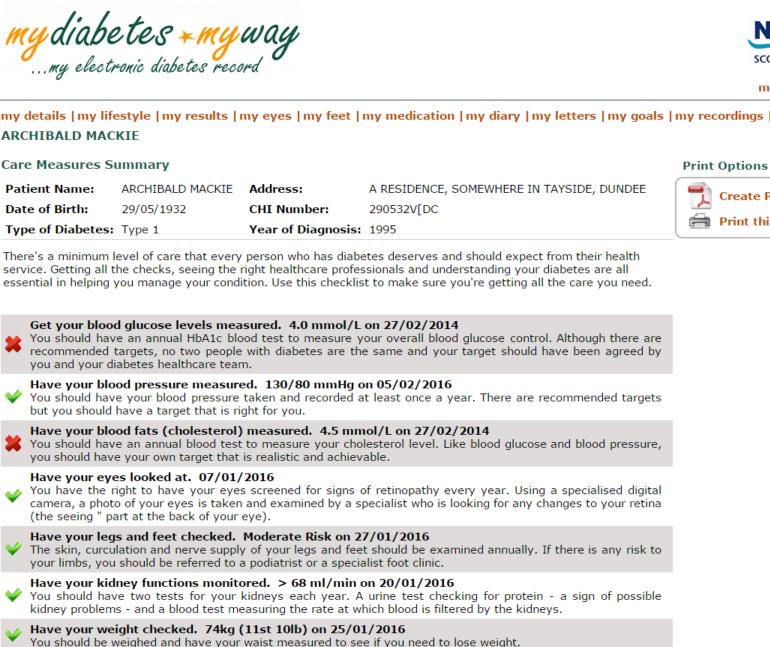


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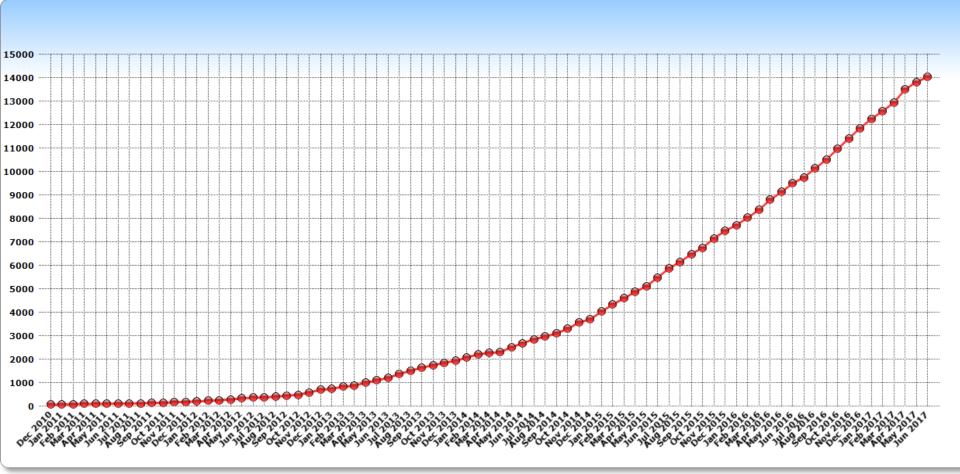
Care Measures Summary

Patient Name:	ARCHIBALD MACKIE	Address:	A RESIDENCE, SOMEWHERE IN TAYSIDE, DUNDEE	•	Create PDF
Date of Birth:	29/05/1932	CHI Number:	290532V[DC		
Type of Diabetes:	Type 1	Year of Diagnosis:	1995		Print this pag

service. Getting all the checks, seeing the right healthcare professionals and understanding your diabetes are all essential in helping you manage your condition. Use this checklist to make sure you're getting all the care you need.

Records Access – Current Status

15,500 people have accessed their records



Anecdotal Feedback

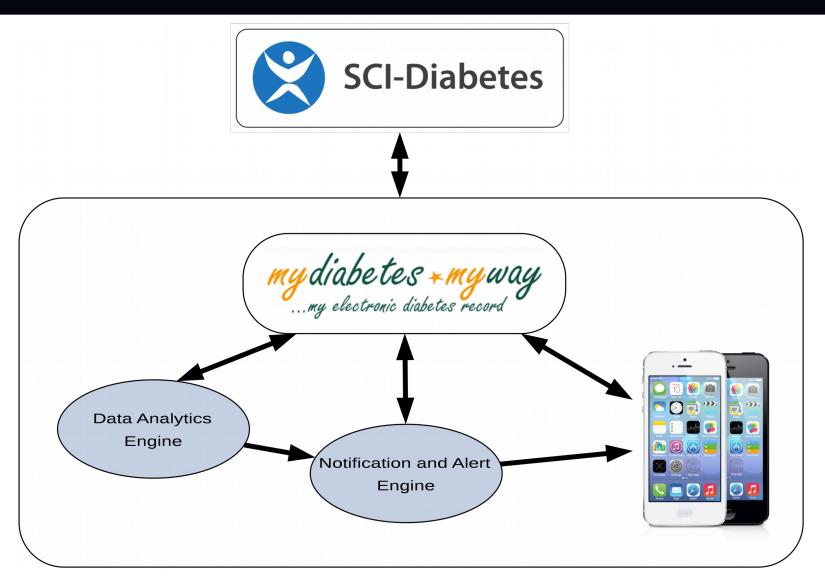
- The knowledge provided helps me understand the normal parameters and where I stand/can improve...
- more information available to me means I can play a more positive role in my treatment...
- Great site and like having the long term history available to put current results in perspective...
- It is great to be able to view all of my results so that I can be more in charge of my diabetes...
- What a fab resource, wish we had this in @NHSEngland

Patient-recorded Data

- Mobile: >1,500 diabetes apps!
- Wearable technology: pumps, CGM, activity
- Home monitoring: BG, BP, weight, CHO



Patient-recorded Data



my diabetes + my way



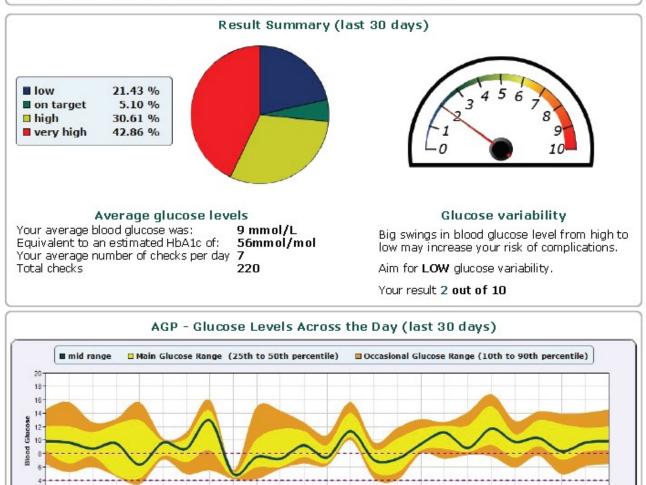
Blood Glucose report for DANIEL MCRAE

Here is your personal report based on your last 30 days of blood glucose data.

Please remember to download your meter regularly (at least weekly) to enable accurate data reporting. We recommend checking your blood glucose levels at least 4 times a day and up to 10 times a day as required.

Targets:

Pre-breakfast:5-7 mmol/L - Pre-meal:4-7 mmol/L - Post-meal:5-9 mmol/L - Pre-bed:6-8 mmol/L Your health care team may discuss alternative personal or interim targets for you.







My Diabetes

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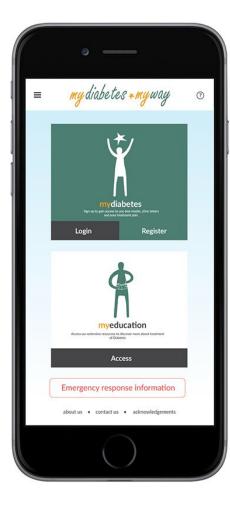
> Register Login



Resources

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my diabetes + my way

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