The Tayside Diabetes Managed Clinical Network
(where it came from and where it is now)

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Tayside Diabetes MCN Data Facilitator
University of Dundee
The Diabetes Audit and Research in Tayside Study (DARTS)
Data flows

- Biochemistry
- Demography (CHI)
- DSNs
- Eye screening
- Practices
- Clinics
- Everything else

SCI-DC
SCOTTISH CARE INFORMATION
DIABETES COLLABORATION

Kuwait City, 2nd-4th May 2009
One Last Step
(before it gets to me)

SCI-DC

Tayside Diabetes MCN
Audit Tables
Masses of Data – what is it used for?
The Tayside Diabetes Enhanced Service

FOR DUMMIES

A Reference for the Rest of Us!

Proven tips on grants, direct mail, special events, and more!

Dr A Emslie-Smith
NHS Tayside Diabetes MCN

Managed Clinical Network

Strategy & Implementation Plan
for managing increasing demand
in
Adult Diabetes Services

Completing the Jigsaw

Tayside Diabetes Advisory Group

INITIAL MANAGEMENT

Community Diabetes Care

- Education and support
- Podiatry & diabetic assessment
- Cardiovascular Risk Assessment
- Referral

CONSULTATION SERVICE

- E-mail Service
- On-call Service
- Rapid Access Clinic

PROVIDING QUALITY CARE TO ALL PATIENTS

NHS TAYSIDE

EUBRIO

Executive Agency for Health and Consumers

Kuwait City, 2nd-4th May 2009
The Information Split

SCI-DC

Tayside Diabetes
MCN
Audit
Tables

DATA

Research/Reports
(SDRN, SDS, HB, MCN Annual Reports)

Clinical service
(LES, Emergency interventions, Care pathways)

CLINICAL INFORMATION
Data sometimes shows you what you don’t want to see!

Kuwait City, 2nd-4th May 2009
It sometimes shows you what you DO want to see!
It sometimes shows you complete untruths

- 10 patients found that - according to Community Health Index (CHI) - were deceased
- All patients were still attending Secondary Care Clinics
- Life after death - range 1 - 4 years
- Resurrection Rate = 0.092%
But mostly it shows you a pretty accurate representation of the situation
**Tayside Local Enhanced Service (LES)**

### Vascular Assessment

<table>
<thead>
<tr>
<th>Vascular Assessment</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputation</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Dorsalis Pedis</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>Posterior Tibial</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>Intermittent Claudication</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Previous Vascular Surgery</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Neurological Assessment

10 Gram Monofilament Sites

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>Right</td>
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Feeling in only 8/10 sites or less?

**Significant Neuropathy** = Yes

### Other Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Impaired Sight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Callus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Significant Foot Deformity</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Active Ulceration</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Previous Ulceration</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

### Risk Category

**High**

### Foot Health Education Given

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<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

### Referral Status

- Refer to Podiatry Dept.: Yes | No
- Blank Referral Form: Pre-Completed Referral Form
- Refer To Other Dept.: Yes | No

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Diabetic Retinal Screening (DRS) Programme

NOTE – Eye-screening is limited to Digital Image Photography or evaluation at an Ophthalmology clinic

- 81.6% (n=13175) of patients underwent retinal screening during the report period
- Of those screened during the report period, 64.8% (n=918) of type 1 patients and 31.2% (n=3674) of type 2 patients had some degree of retinopathy
- Of those screened during the report period, 12.2% (n=173) of type 1 patients and 4.3% (n=500) of type 2 patients had maculopathy

*No Result is where no value was found or the last value was inappropriate (e.g. fundoscopy) or was prior to the report period

**Unknown is where an assessment was performed but the result was still pending or could not be determined due to the retina being obscured, etc

*** Includes maculopathy
In a data context

Tayside Local Enhanced Service (LES)

Diagnoses of Diabetes

- Practices encouraged to formally register all type 2 patients via a SCI-DC online Diabetes Administration webform - includes referral to Tayside Diabetes Education Education Programme (TDEP - type 2 specific)
- Tayside insulin management (TIM - type 1 specific)
- Feedback of inappropriate attendees by DSNs, Dietitians and educators

“Look after the pennies and the pounds will look after themselves”

In a data context

“Look after the patients and the populations will look after themselves”
Some general points

- Data is like a currency – it can “buy” things (static eye-screening site)

- Understand its strengths and weaknesses and incorporate this into your data use

- Identify available “gold standards” (e.g. biochemistry from labs vs GP or other non-lab systems)

- If possible, create your own gold standards (Footrisk forms, Eye Screening programmes, Type specific education sessions)

- Liaise with data providers and system users – who all share the desire for accurate information
• Large datasets will never be 100% accurate but they can absorb some error effects

• Strategies that encourage “clean” clinical recording entry minimise “dirty” data contamination

• The job of creating adequate datasets will never be finished – changes in clinical standards and thinking will make sure of that

• The job of striving to create adequate clinical datasets will always be worth doing.
www.diabetes-healthnet.ac.uk