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

**Ritchie McAlpine**

**Tayside Diabetes MCN Data Facilitator**

**University of Dundee**

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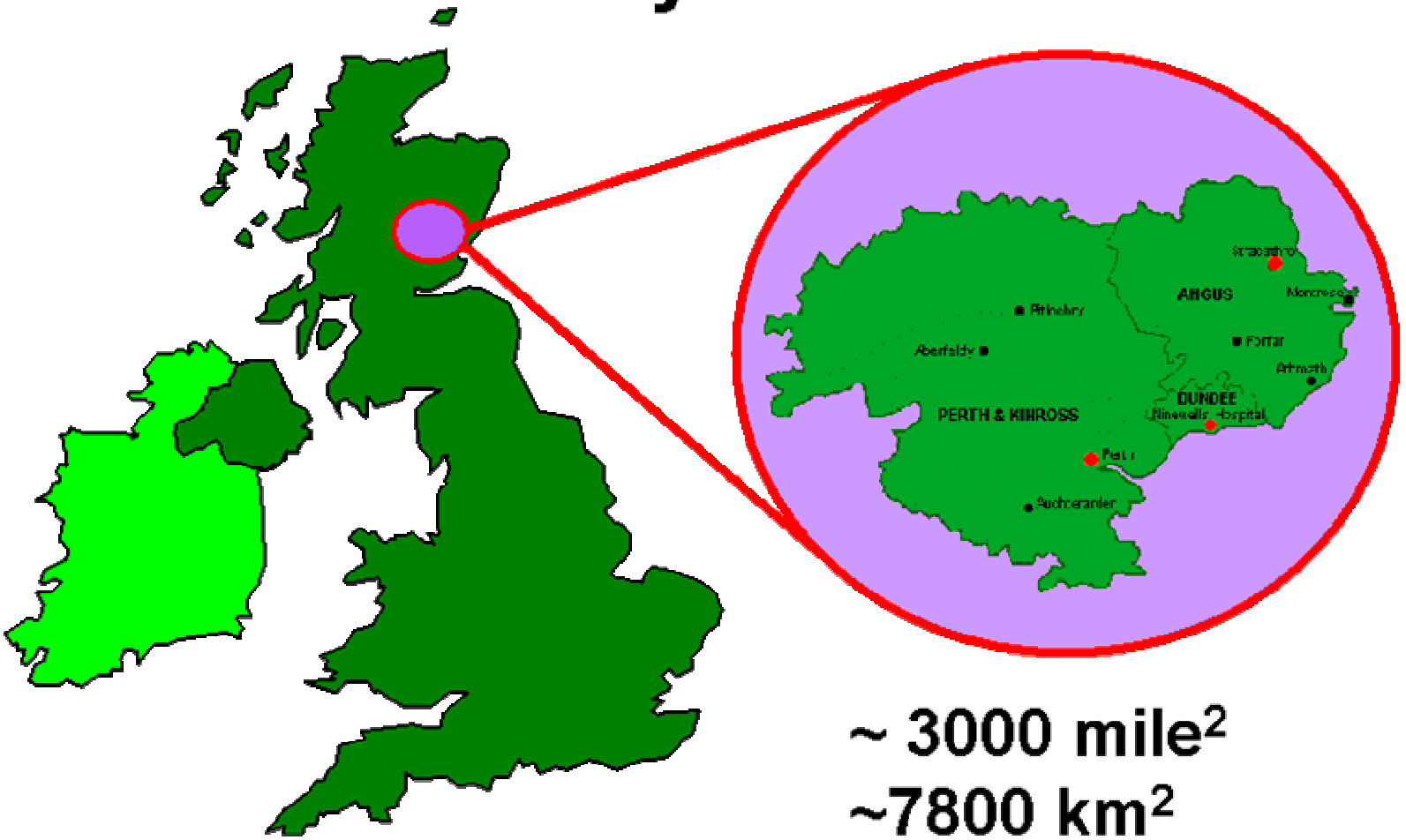
# Tayside




~ 3000 mile$^2$

~7800 km$^2$

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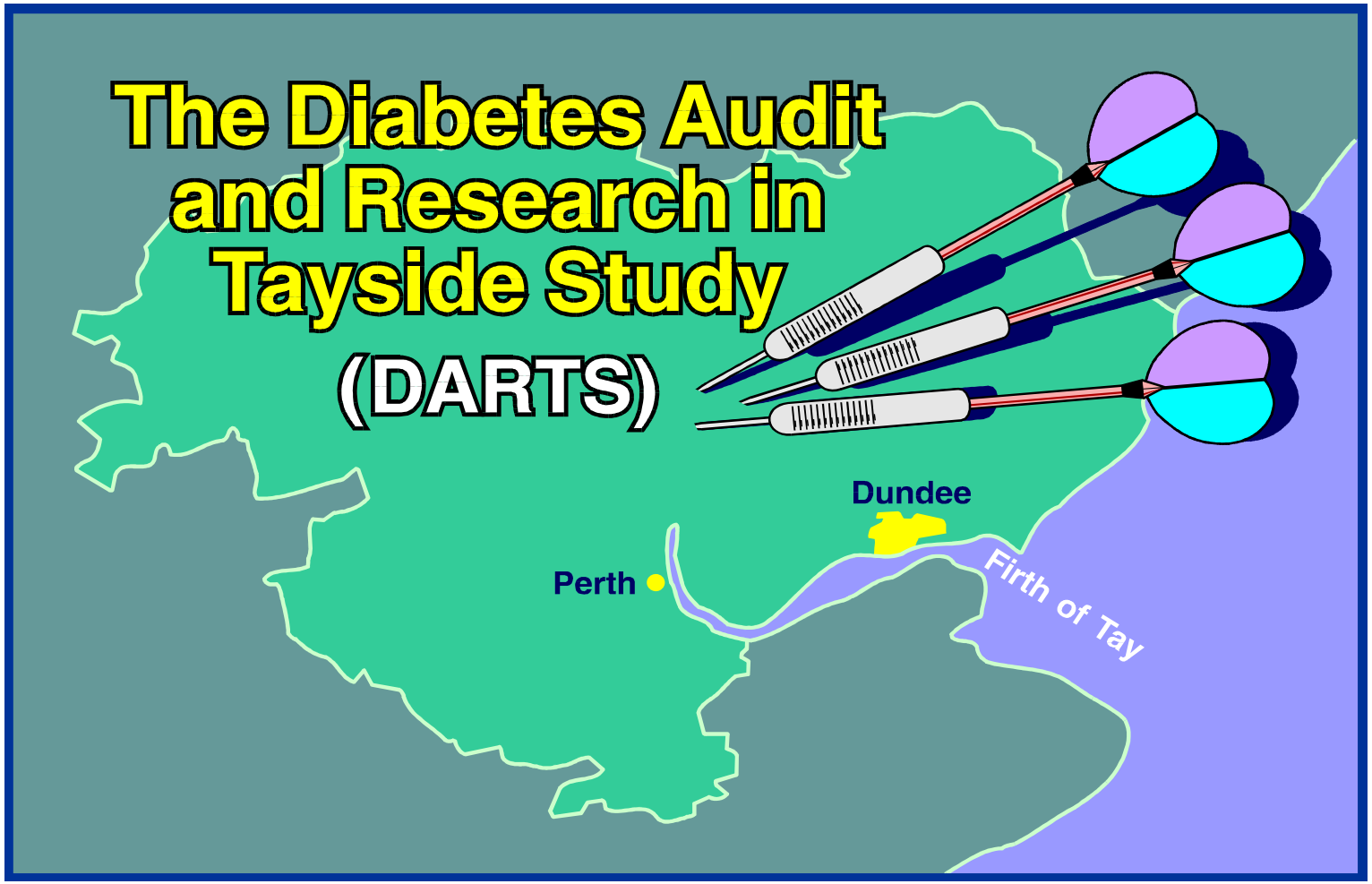
# 1996

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Research → Local Clinical Network → National Clinical Network

DARTS

Tayside Regional Diabetes Network (TRDN)

Scottish Care Information - Diabetes Collaboration (SCI-DC)

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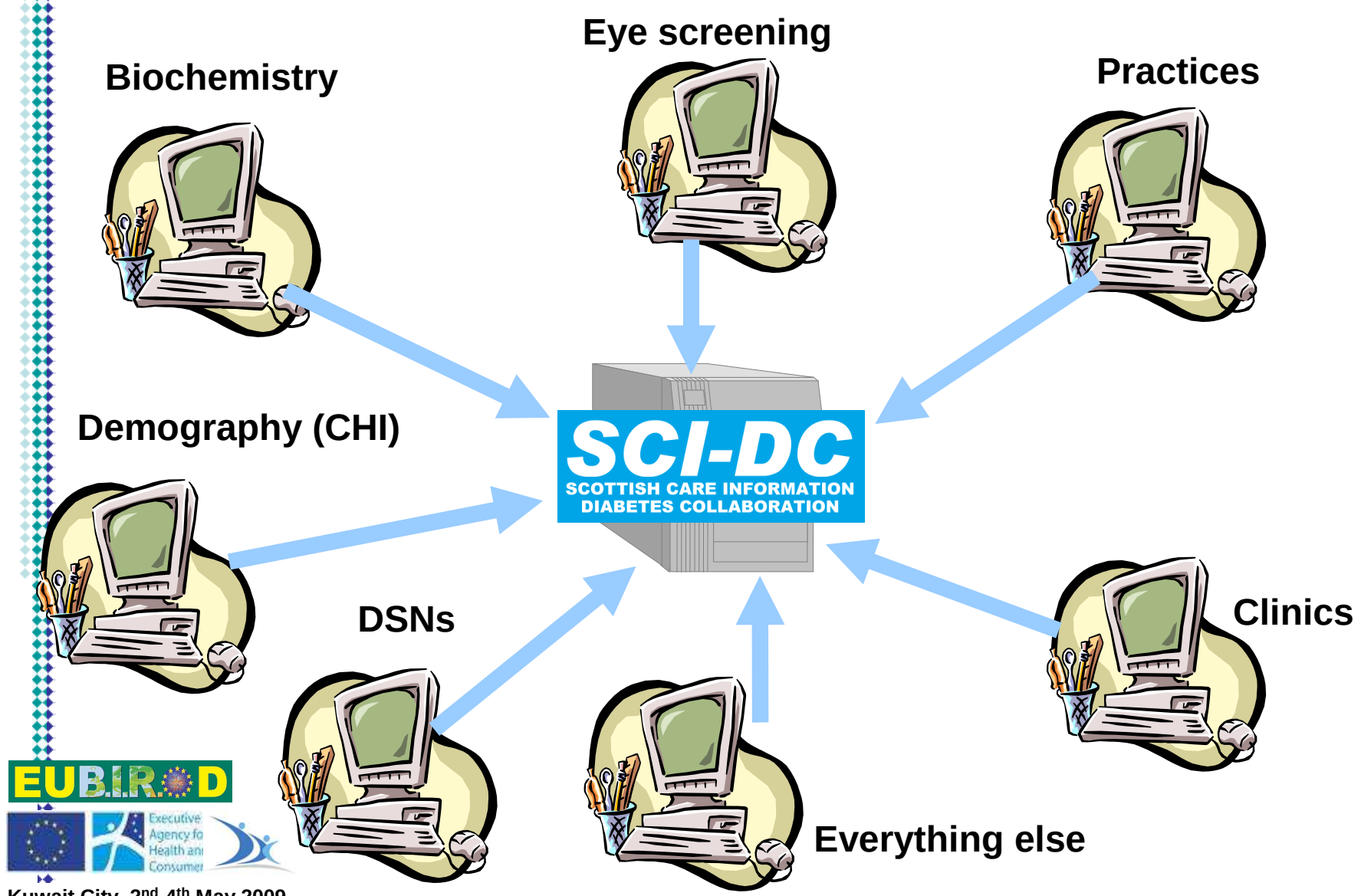
# Data flows

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**One Last Step**
**(before it gets to me)**

**SCI-DC**

Tayside Diabetes MCN
Audit Tables

# Masses of Data – what is it used for?

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# Scottish Diabetes Survey

# Scottish Diabetes Research Network

NHS Tayside

hic health informatics centre

NHS National Services Scotland

NHS Tayside

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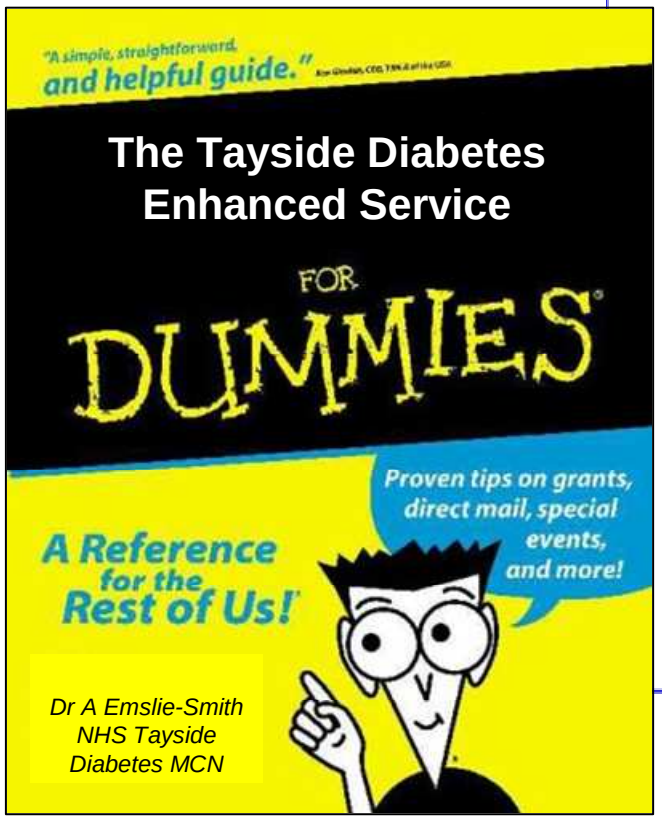


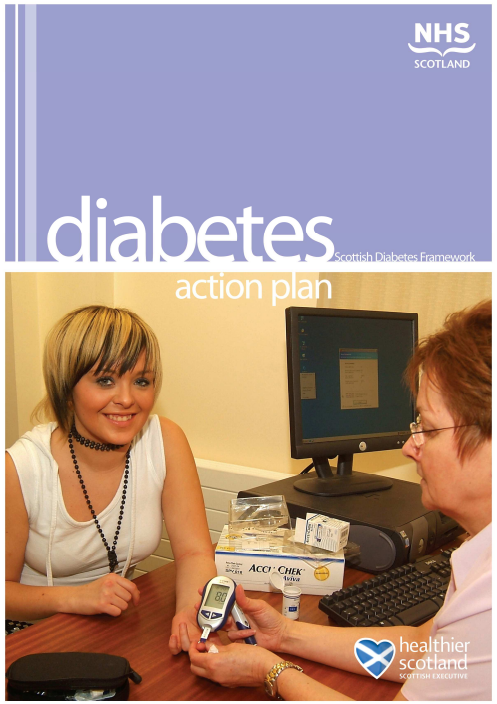

NHS TAYSIDE

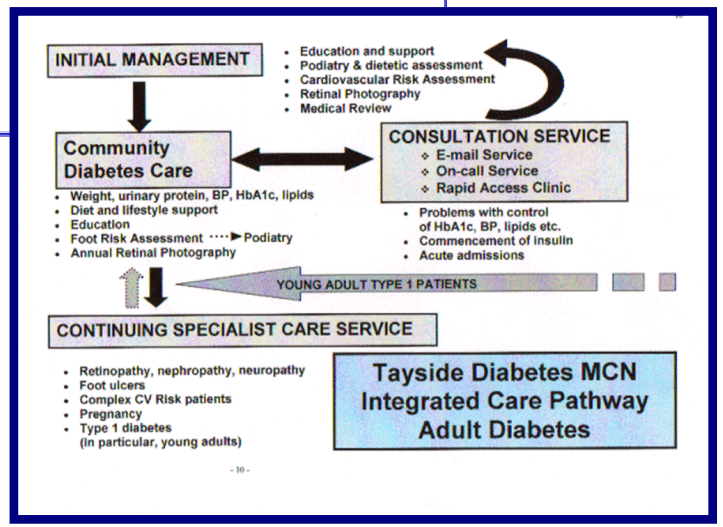
Managed Clinical Network

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

**Completing the Jigsaw**

Tayside Diabetes Advisory Group

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# 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

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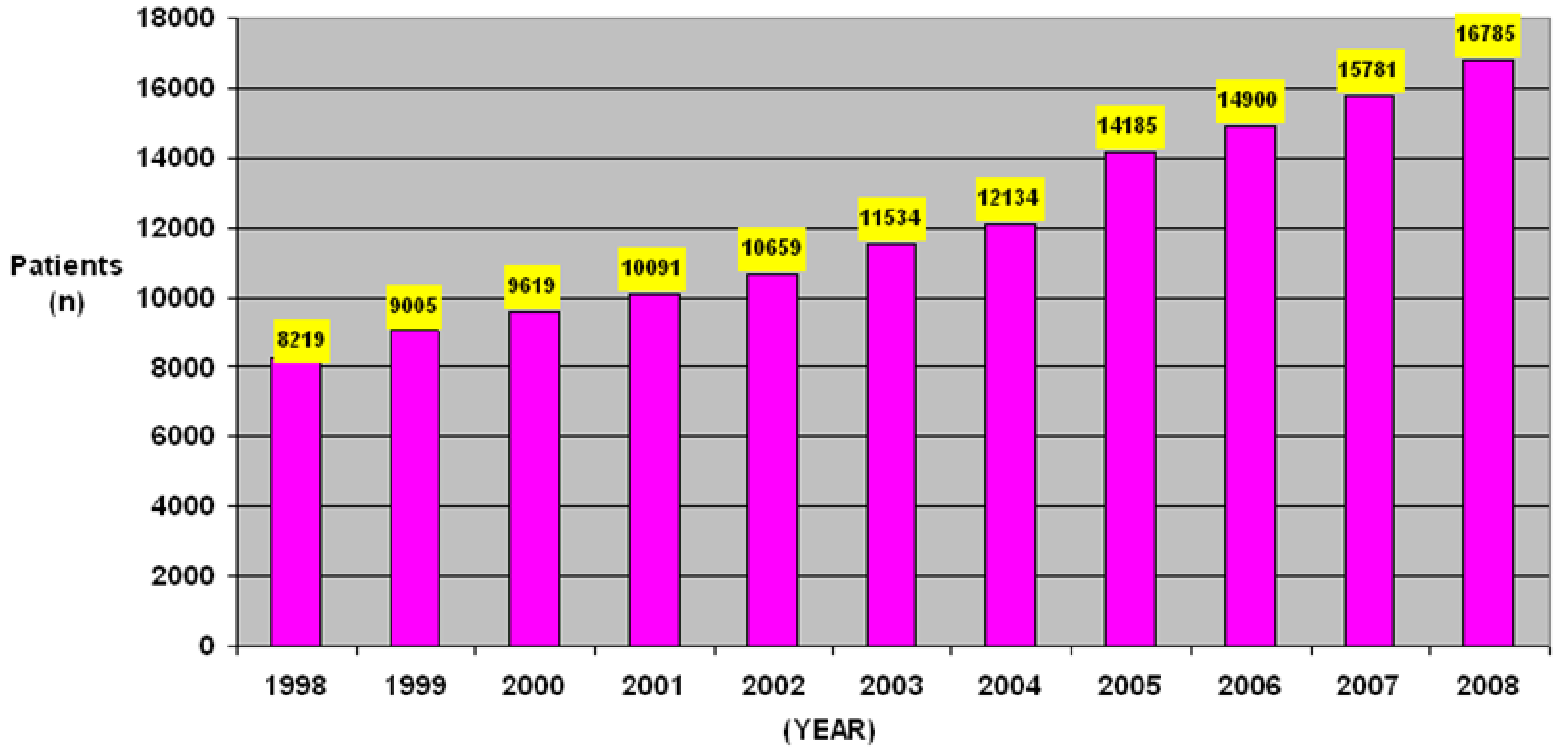
**Data sometimes shows you what you don't want to see!**

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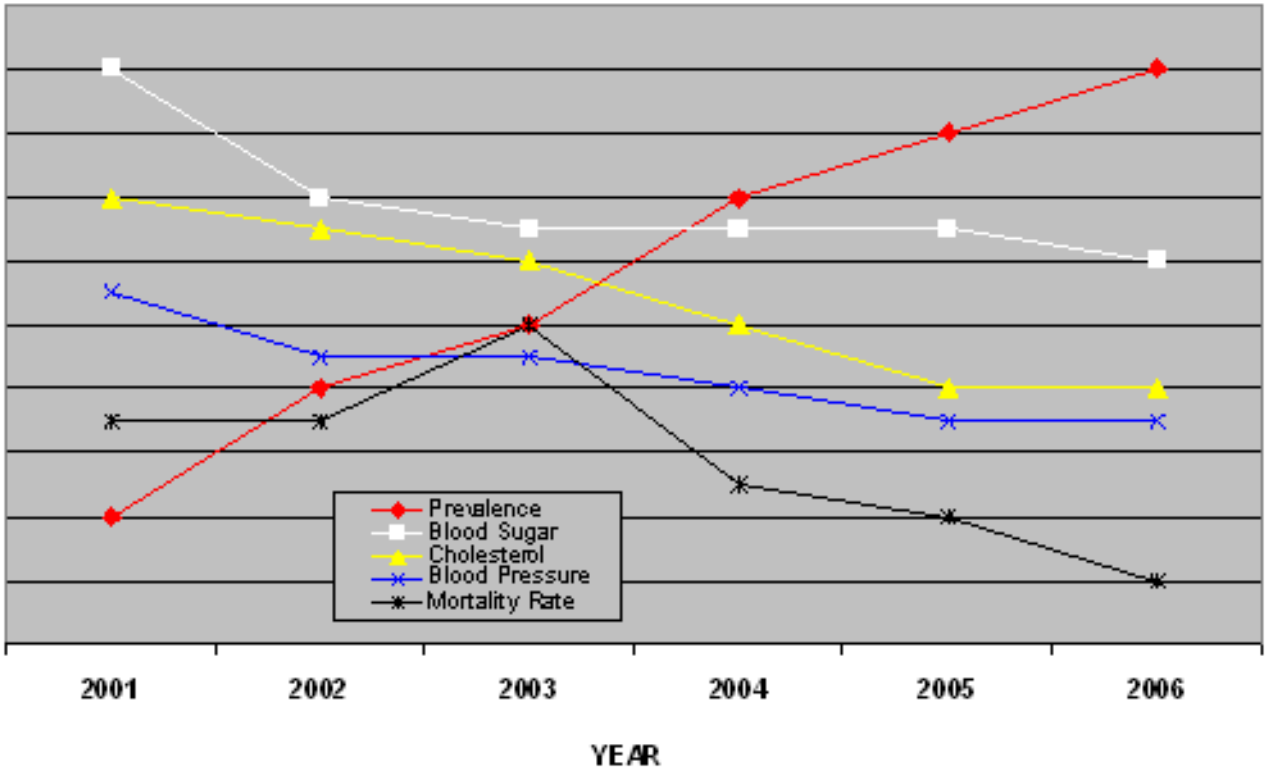
**It sometimes shows you what you DO want to see!**

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**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%**

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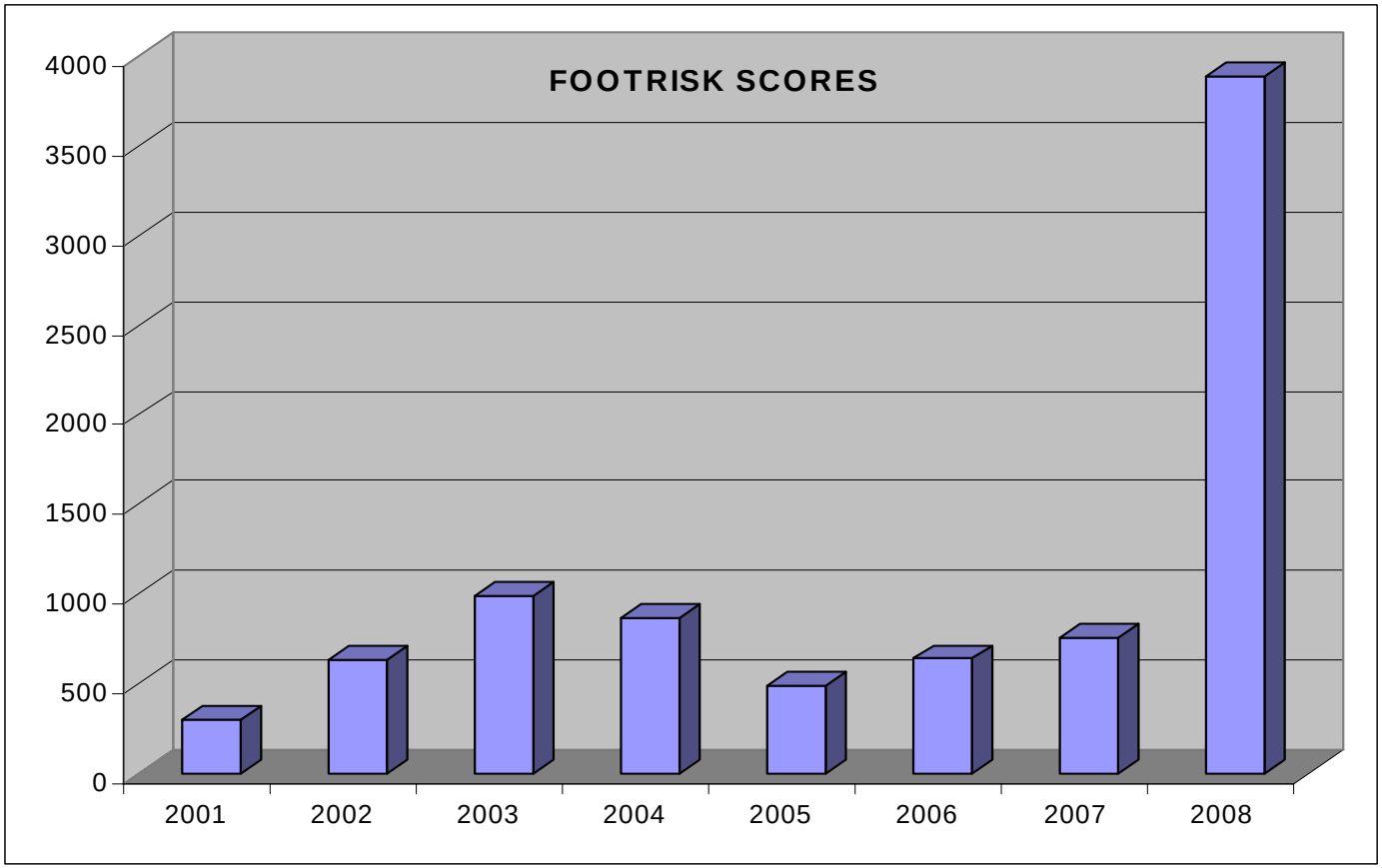
**But mostly it shows you a pretty accurate representation of the situation**

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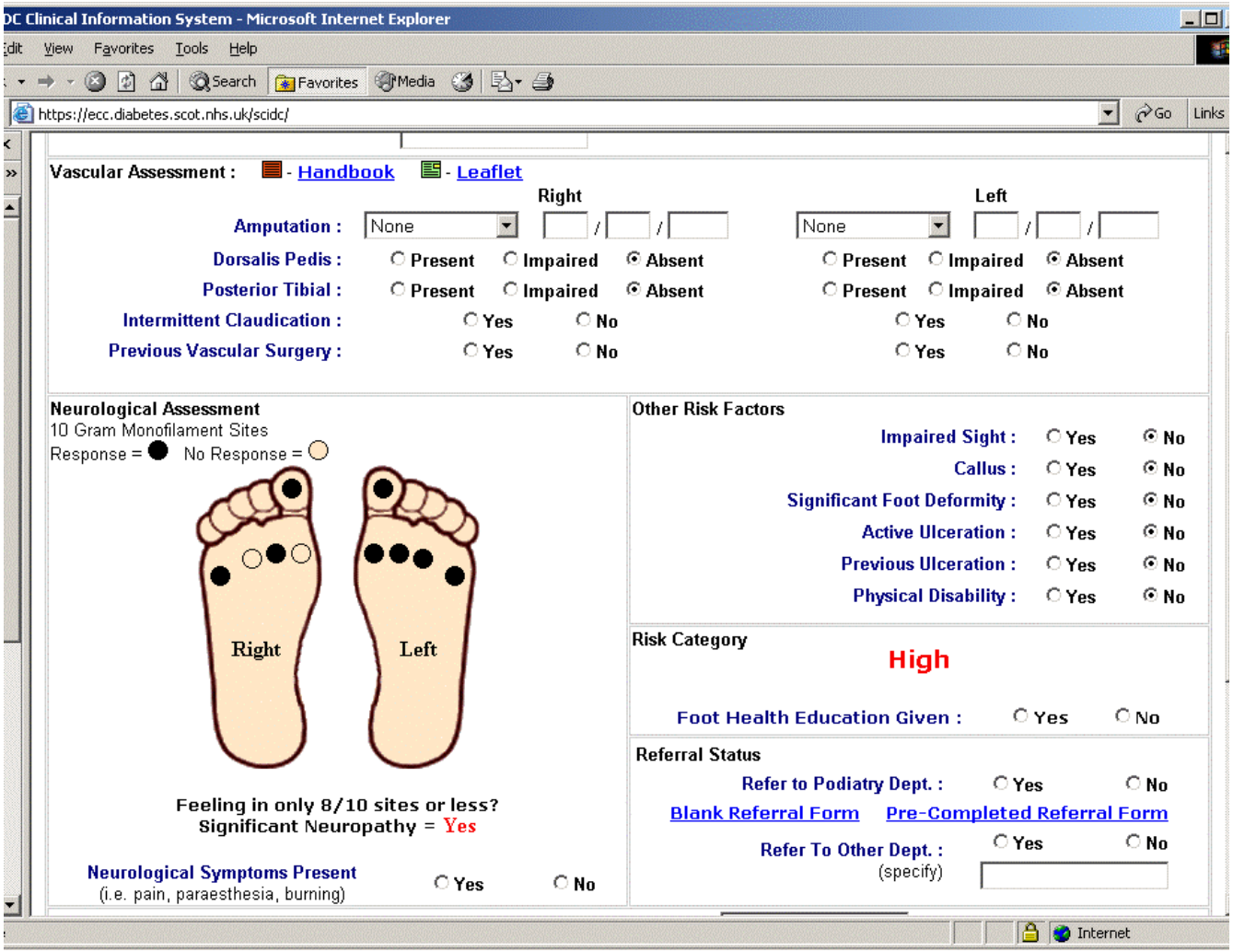
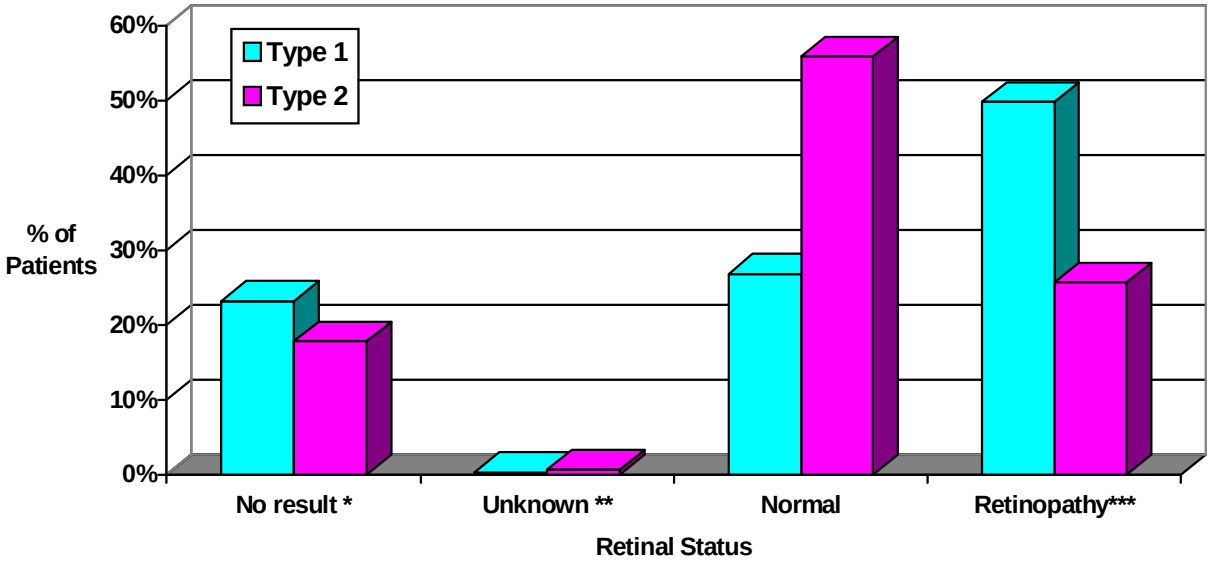
# Tayside Local Enhanced Service (LES)



# Diabetic Retinal Screening (DRS) Programme

NOTE – Eye-sreening 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

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## 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 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"

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## Some general points

- Data is like a currency – it can "buy" things (static eye-screening site)
- Understand its strenghts 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

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## Observations

- 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.

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