# Diabetes Management in Manukau Locality

## Project Review

**(March 2016)**


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# Aim

To reduce HbA1c levels by at least 10% for 50% of patients with poorly controlled diabetes* that are identified by primary health care practices and who are willing to participate in supported self-management activities by 1st December 2016.

*poorly controlled – identified by reviewing HbA1c test results and consultation with primary healthcare team.

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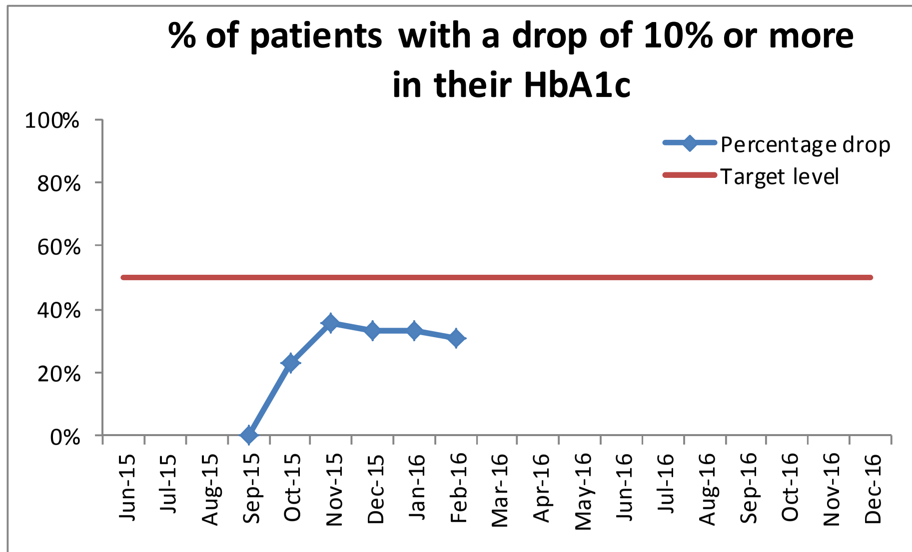
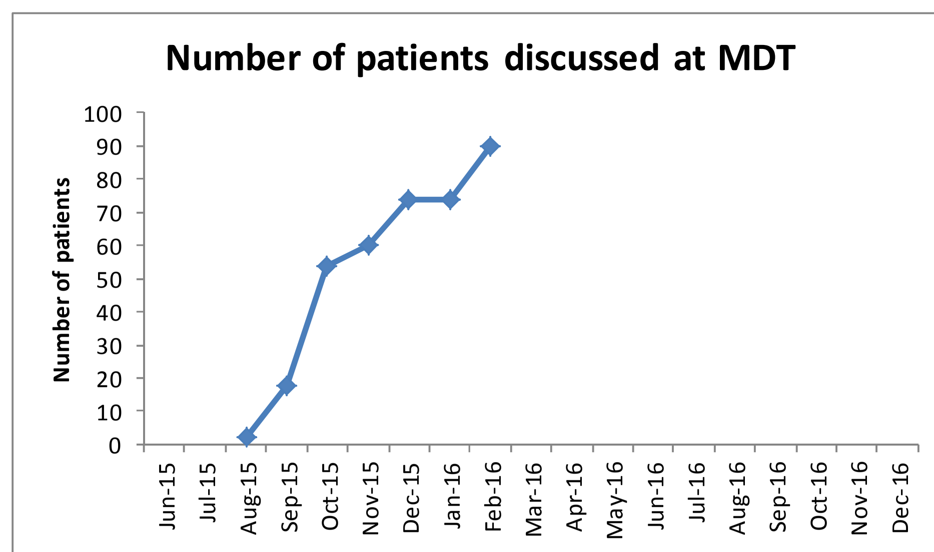
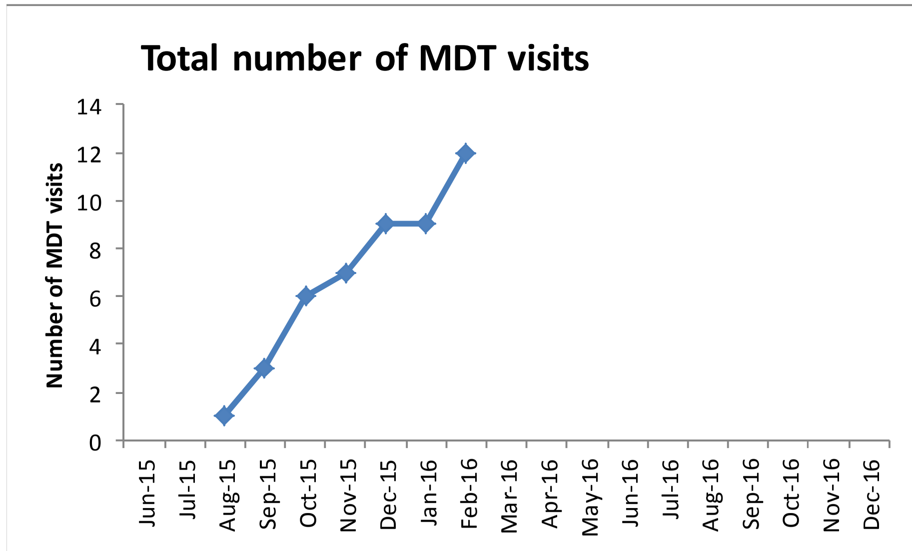
# Driver Diagram: Manukau Locality - Diabetes

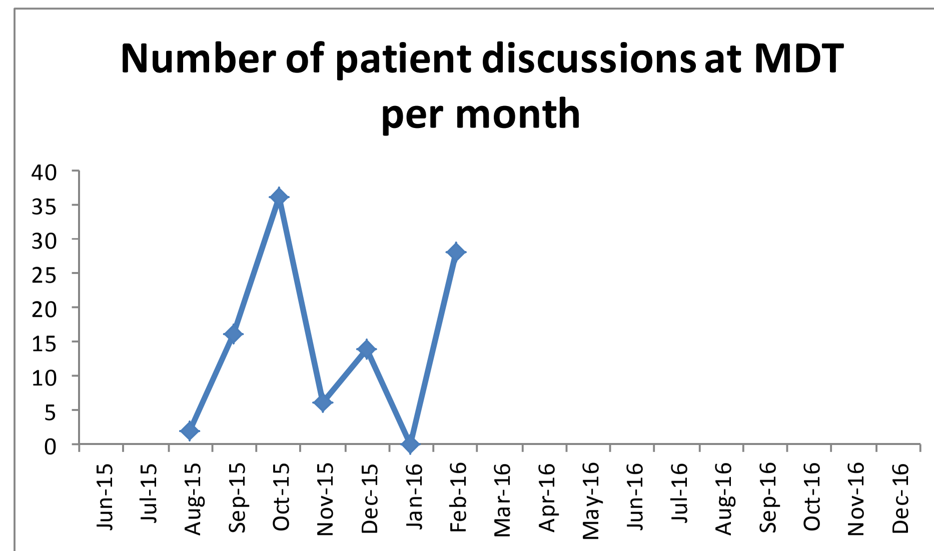
# Dashboard Manukau Localities diabetes

**Version: 03/03/2016**

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# Change Package (still testing)

- Identifying the right group of patients and working with PHO's
- Development of checklist to standardise MDT
- Strong SMO/locality nurse partnership is essential
- Establishing relationships with GP practices
- Identifying common barriers
- Link with other services (podiatry, dieticians, self management education providers, whanaau ora/ whanaau ola)

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# PDSA's / Key Learnings

- SMO making first contact most effective way of engagement if no established relationship
- Allowing GP's to select patients for review increases buy in (but may have other limitations)
- Learning the art of flexibility (managing the potential knock-on effect on existing workload)
- Being aware of "restraints" that exist within primary care (space, time, resources)

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# Risks and Associated plan of action

- **Resource:** not enough FTE currently available to promote project or concentrate on establishing relationships with GP practices - more resource needed for FY16/17
- **Feedback:** no formal feedback from Practice staff yet – need to obtain via survey or focus group*

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# Risks and Associated plan of action

- **Primary Care voice**: No GP/PN in working group currently
- **Exit Strategy:** Large number of practices to reach with limited staff – need to develop exit strategy to allow spread to other practices
- **Advertising**: Need to promote project at all levels ( face to face at GP/Nursing cell groups; ARI workshops ect.)

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# Highlights

- Triple engagement – integration between PHO, primary and secondary care
- Patients reduced their HbA1c levels on average by 4.4%
- Of the patients that had a reduction in HbA1c levels the average decrease is 12.8%
  - With a 28%, 37% and 42% as the top 3 patients, equalling to a reduction of 27, 33, 35 in HbA1c.
- Enthusiasm of Primary Care about the project

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