



WORLDWIDE GOVERNMENT
SOLUTIONS FORUM 2012

Peter Hindmarsh

*Professor of Paediatric Endocrinology, University College London
and Great Ormond Street Hospital for Children*





PATIENT CENTRICITY AFTER THE BILL

Peter Hindmarsh
Children and Young People's Diabetes Service
University College London Hospitals
and Great Ormond Street Hospital for Children



CURRENT STATE OF PLAY

How does this fit with other Quality Control Systems

Diabetes	841,000
Baggage Handling	6,210
Deaths due to Anaesthesia	30
Motorola	10
Anaesthesia Post Intervention	5

NEED FOR CHANGE

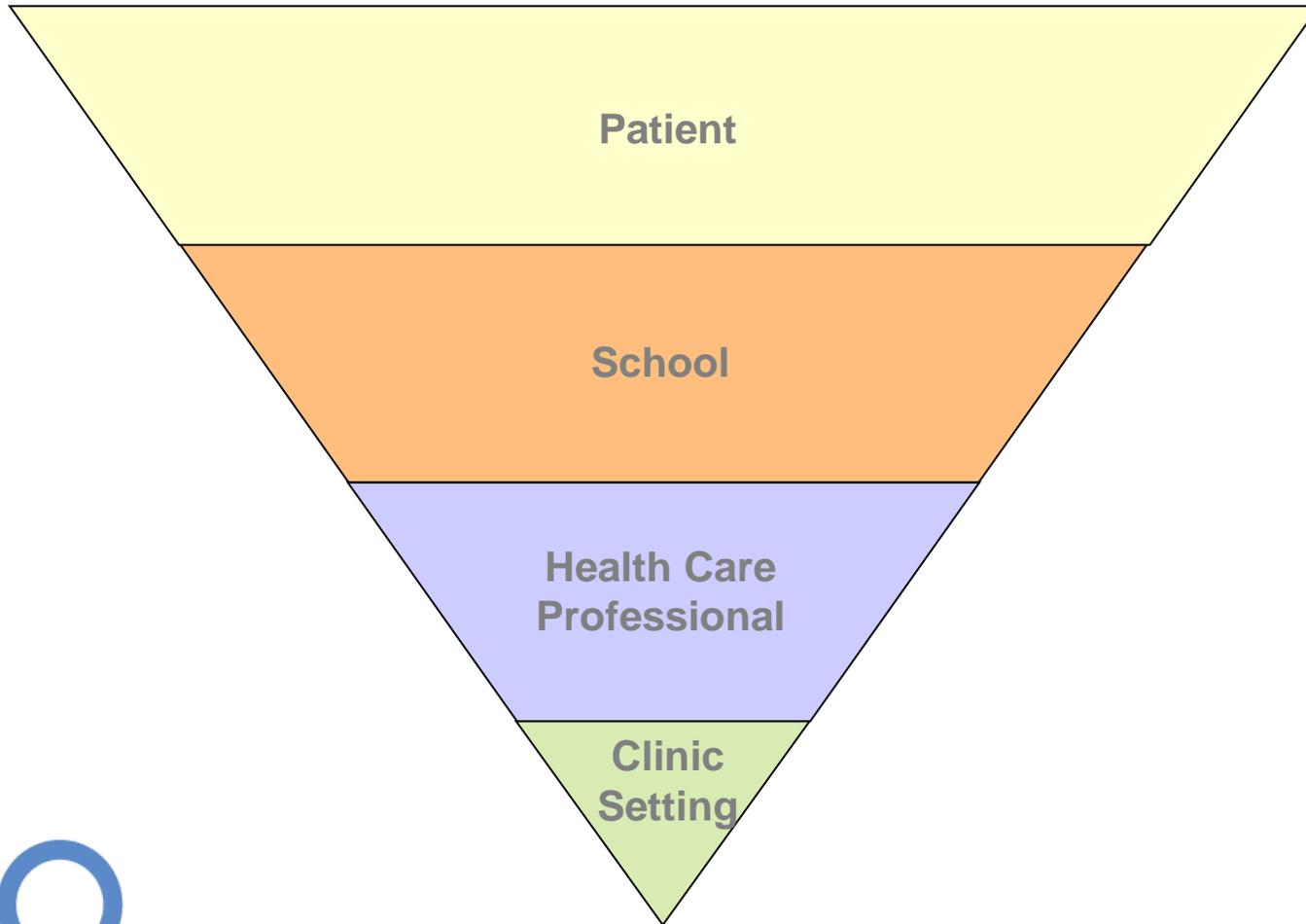
1. Feeling of frustration expressed by professionals and patients over how care is delivered.
2. Capitalise on new knowledge and technologies but there is a gap between what is possible and what is actual.
3. Limited resources and increasing demand and demanding patients. Waste in the system.
4. Lack of progress towards restructuring to address quality and cost concerns or towards applying IT to improve the process.
5. Services have been developed on an acute care model which is inappropriate for chronic care.



COMPONENTS OF CHRONIC CARE



WHO DEALS WITH DIABETES?



Hours spent with diabetes over 3 months

2160

480

12

0.25 - 0.50



VALUE AND PERFORMANCE IN HEALTH CARE

Redefining Health Care Delivery

- Achieving universal coverage and access to care are **essential, but not enough**
- The core issue in health care is the **value of health care delivered**

Value: Patient health outcomes (Quality) per Euro spent

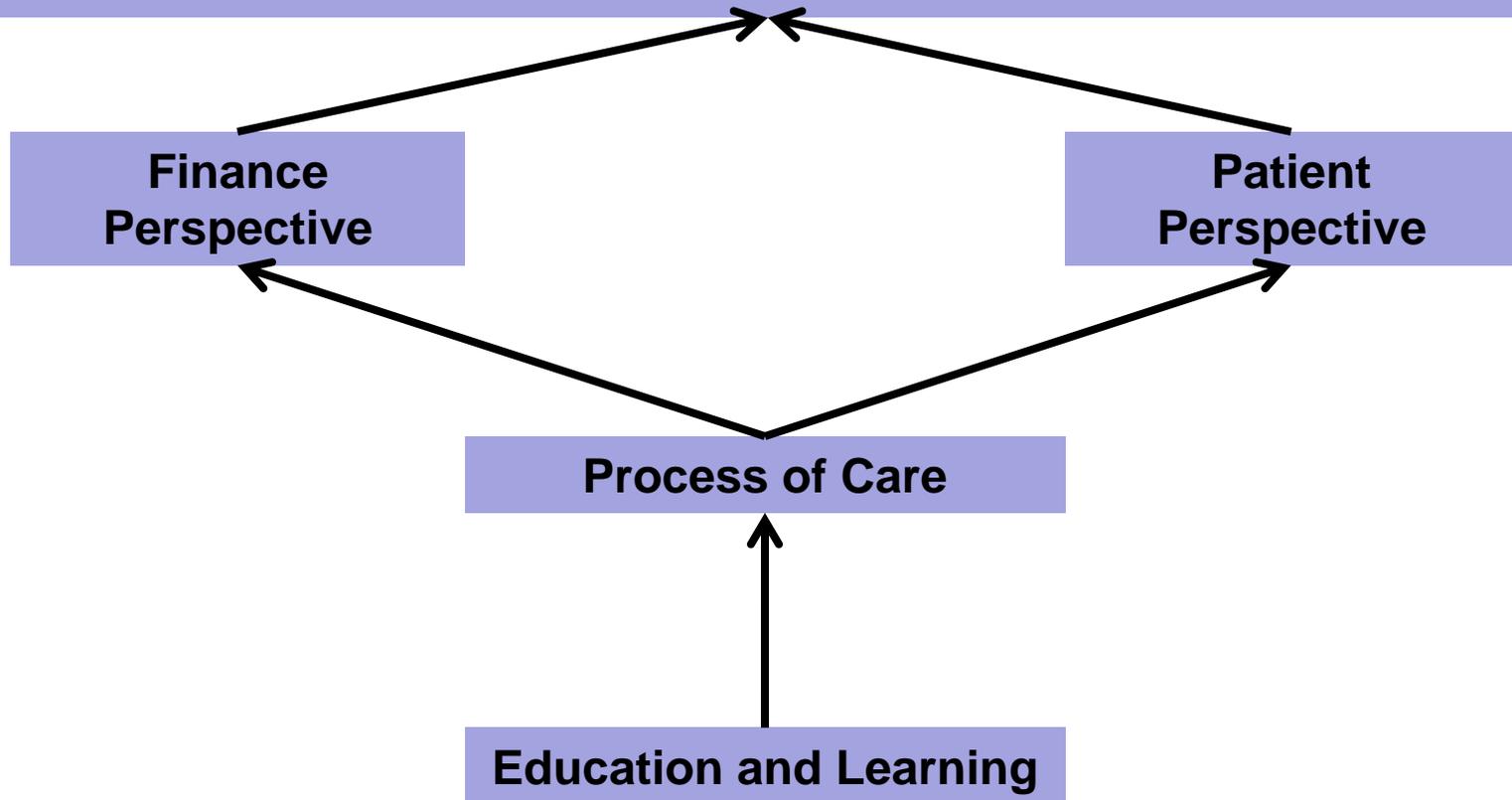
Performance ∫ **Value. Access. Satisfaction**

where

$$\text{Value} = \text{Quality}/\text{Cost}$$



To develop and deliver a high quality and responsive diabetes service that maximise health and well-being for children, young people and families





Home



- News
- Appointments
- Reminders

Information



- General information
- Pump information
- Patient documents
- Patients reading

Medical



- Insulin doses
- Daily dose calculator
- Dashboard
- Care pathway
- Meter readings
- Food diary

My profile



- Update profile
- My diary

The smartphone screen displays the PRM app interface. At the top, there is a logo with four stylized human figures in blue, pink, green, and orange, followed by the text 'PRM' and 'NHS University of... Paediatric...'. Below the logo, the word 'home' is displayed in a large font. To the right of 'home', the letters 'aj' are visible. Underneath, the word 'reminders' is shown, followed by two items with checkboxes: 'Remember to transfer care' and 'Please print out pump data before annual review'. Below that, the word 'objectives' is displayed, followed by three items with checkboxes: 'Complete food diary weekly', 'Reduce blood sugar by next quarterly review', and 'Read pump information'. At the bottom of the screen, there are three navigation icons: a back arrow, the Windows logo, and a search magnifying glass.

ELECTRONIC HEALTH RECORDS

Home Logout

University College London Hospitals
Paediatric Diabetes Portal

NHS

Details: > Home

- Information
- Activities
- History
- Workflows

Home

Content

Medical care

My Profile

Care Pathway Status

Welcome to the portal. You will find all you need to help you manage your condition.

Your current status is: 'Not yet signed up to be a member'

Here are the objectives at the last meeting:

Future appointments

[You will be contacted shortly to arrange an appointment](#)

[More ...](#)

News

[Recognition for UCLH researchers](#)
Four leading UCLH/UCL researchers have been recognised for the outstanding contribution they are making after being appointed 'senior investigators' by The National Institute for Health Research (NIHR).

[BBC - Health: Diet and diabetes](#)
BBC Diet and diabetes Advice on minimising the risk of developing diabetes, and how to manage the condition by eating a balanced diet.

[UCLH awarded unconditional CQC registration](#)
University College London Hospitals NHS Foundation Trust has been awarded a licence to provide

My Reminders

[Pick up prescription from GP](#)
The prescription is related to pump school

[More ...](#)

Emergency info

The UCLH switchboard is 0845 1555 000

Windows7 [Reset layout](#)

Patient modifies appointment / consultation agenda and insulin

[Home](#) [Logout](#)

University College London Hospitals
Paediatric Diabetes Portal



>

- Home
- News
- Appointments
- Reminders
- Contact information
- Content
- Medical care
- My Profile

Appointment: Quarterly Review

Patient: David Smith

Date: 01/08/2010 - 10:00am

Location: University College Hospital Elizabeth Garrett Anderson Wing

Please include any points that you would like to discuss at the meeting:

Who would like to see at your next visit?

Dietetic

Consultant

Play specialist

Adolescent Registrar

Please complete the following details regarding the insulin dosing schedule

Time Span	Insulin Type	Dose
Morning	Insulin Type I	<input type="text"/>
Afternoon	Insulin Type I	<input type="text"/>
Evening	Insulin Type I	<input type="text"/>

Windows7 [Reset layout](#)



Automated and organised
information at the point of clinical care

School Plan

[Home](#) [Logout](#)

University College London Hospitals
Paediatric Diabetes Portal



>

- Home
- Content
- General information
- Pump information
- Patient documents
- Patient reading
- Medical care
- My Profile

Document Title: School Plan For 'John Smith' To Manage Diabetes at 'Holt Secondary School'

Version: 1.1

Author: A Nurse

Patient: John Smith

Last modified by: A Nurse

Last modified: 01/01/2010

Status: Draft, awaiting signatures

Signatory Name	Signatory Role	Signature	Date	
Dr C Jones	GP			<input type="button" value="Sign"/>
David Smith	Parent	David Smith	01/01/2010	<input type="button" value="Sign"/>
Prof D Jacobs	UCLH Consultant			<input type="button" value="Sign"/>
Teacher	Mrs Hatty	Julia Hatty	01/01/2010	<input type="button" value="Sign"/>



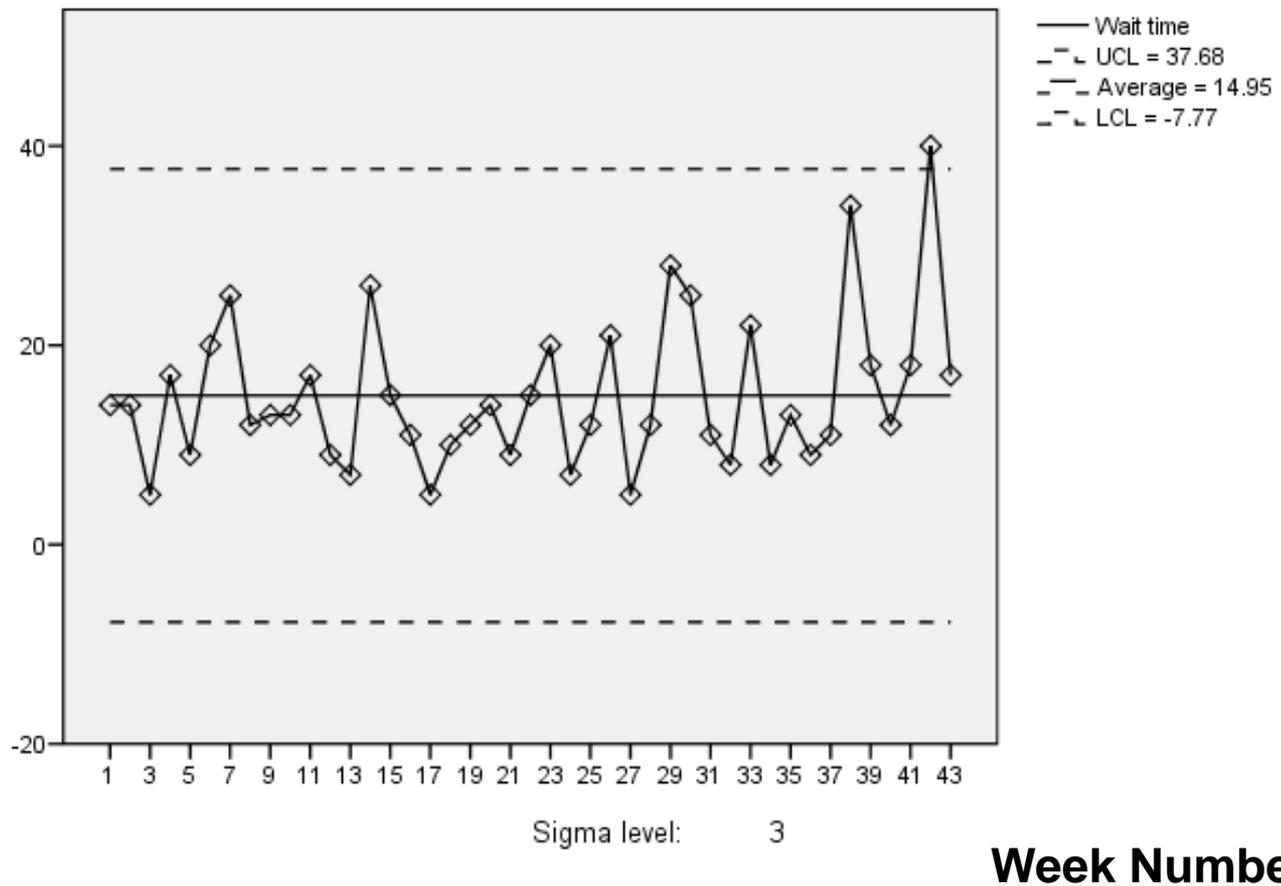
On a zero to 10 scale how likely is it that you would recommend us to a friend or another family with a child who has diabetes?



Place a mark for your score

HOW IS THE UNIT DOING?

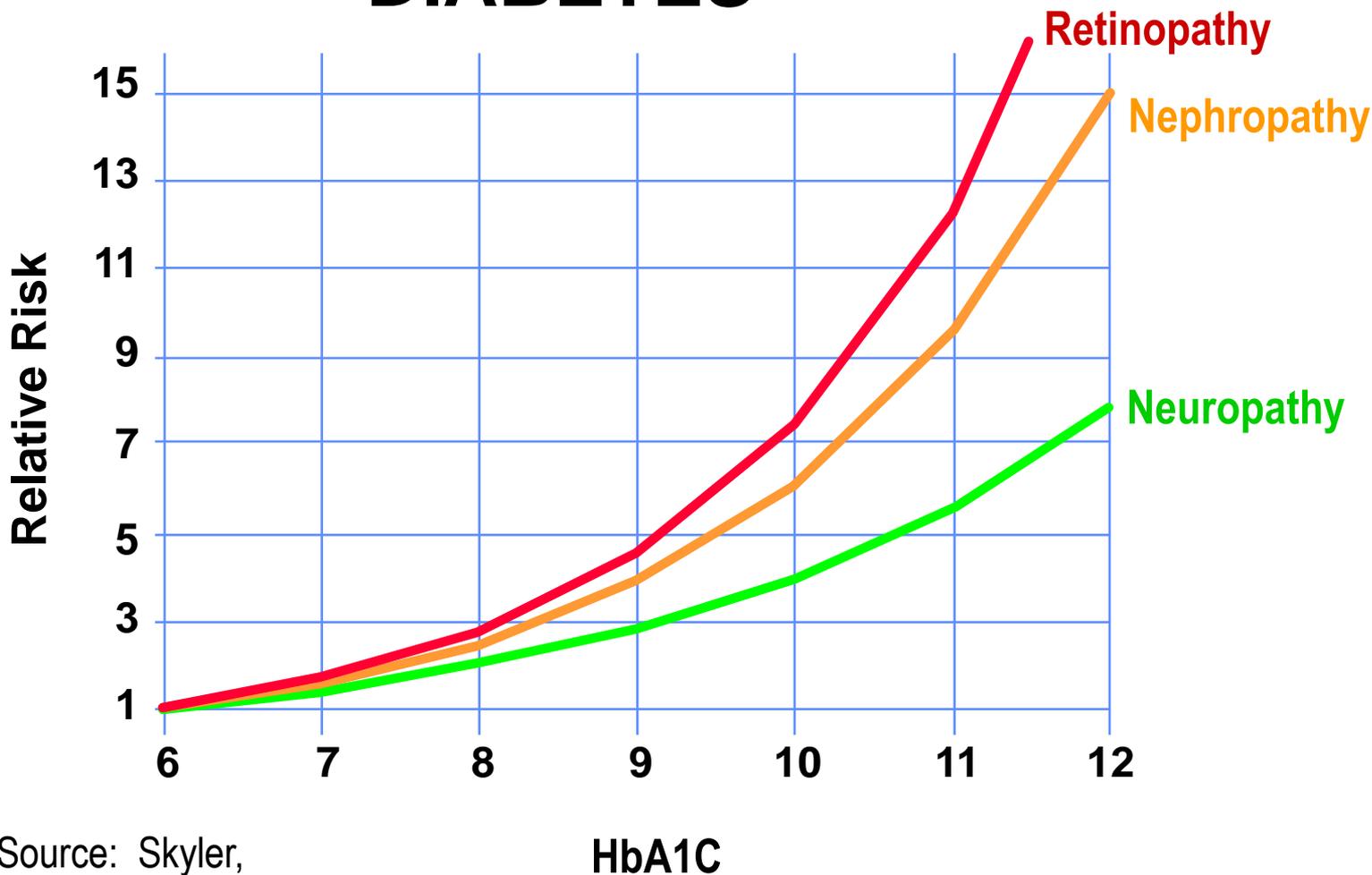
Control Chart: Wait time



Wait time in Outpatients (mins)



TARGET AREAS FOR HbA1C TO REDUCE PROGRESSIVE COMPLICATIONS OF DIABETES

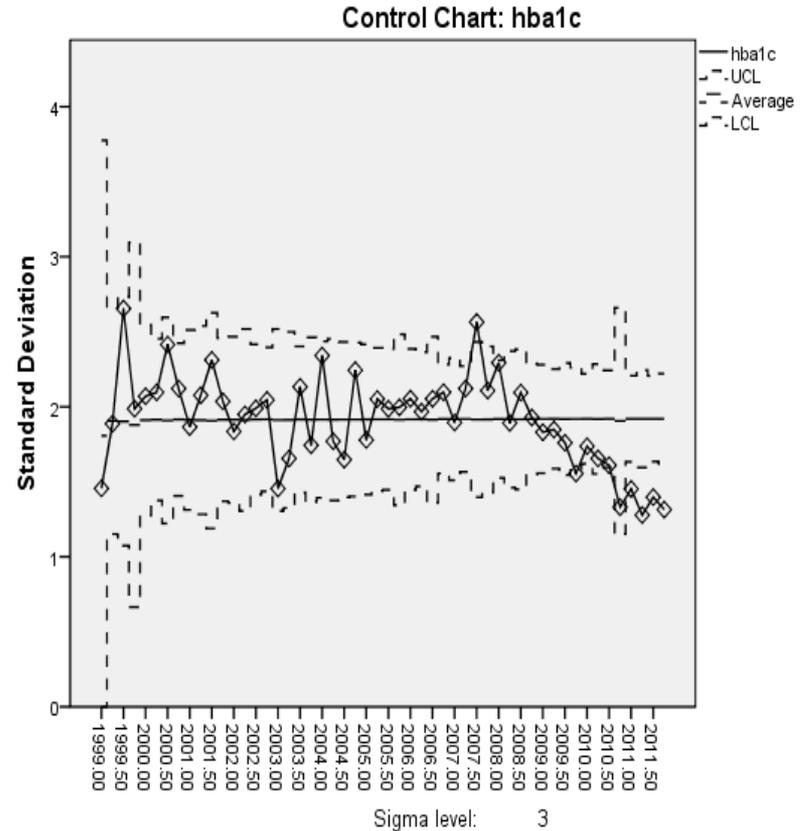
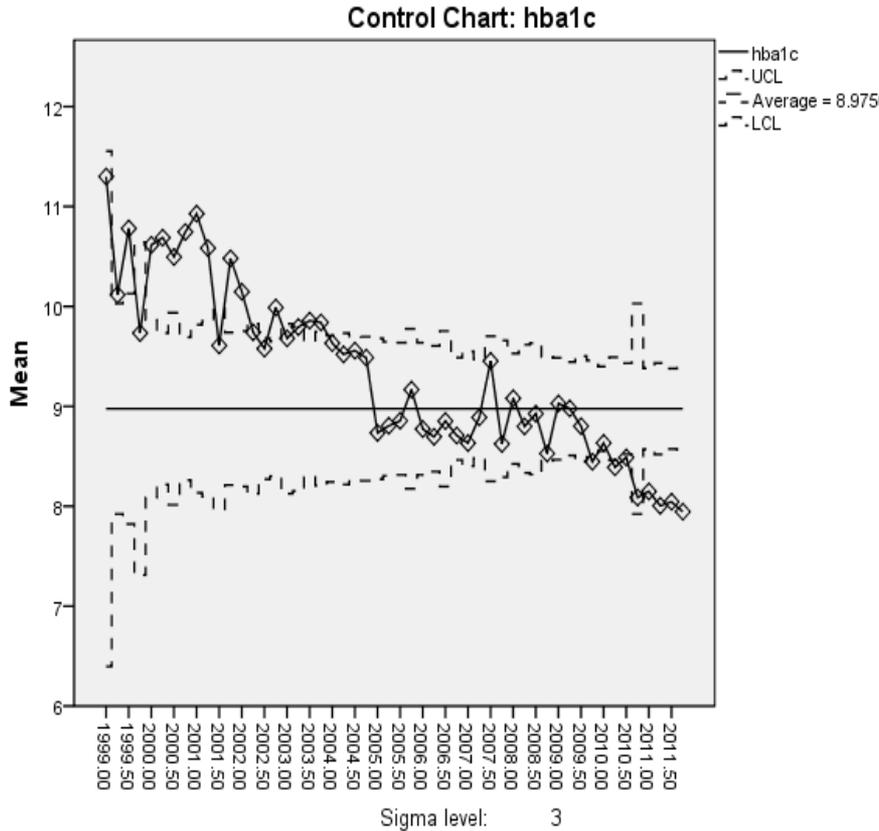


Source: Skyler,
Endo Med Cl N Am 1996

HbA1C



CONTROL CHART FOR HbA1c UCLH 1999-2011



UCLH HbA1c BY ETHNICITY 2010

Ethnic Group	All Treatment Modalities	Multiple Daily Injections	Pump Therapy
White Caucasian	8.2	8.6	7.7
Indian	8.4		8.3
Pakistani	9.8	9.6	
African (East)	9.1	9.1	8.8
Eastern Mediterranean	7.8	7.0	8.2

Data shown as median



OUTCOMES FOR DIABETES TEAM

1. Reduction in administration time ~ 25%
2. Better management of HbA1c
3. Exception management
4. Access and visibility of information
5. Data capture to drive new ways of working
6. Better collaboration
7. More patient focussed with improved satisfaction, safety and behaviour





WORLDWIDE GOVERNMENT
SOLUTIONS FORUM 2012
LONDON 2012

