

**Bord SSN nan Eilean Siar**  
Western Isles NHS Board



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Art and Design by  
Blue Water Imaging

## **Foreword**

**There are many new and exciting challenges in the field of diabetes care, in particular the way that services are organised and delivered to the public.**

**The traditional roles of professionals as sole decision-makers no longer applies in today's NHS and it is incumbent upon planners and managers to ensure that the public and people who use NHS services are involved in planning at the outset. Patients their families and members of the public are partners in the process of care and have their voice to add in determining the future delivery of services.**

**Western Isles NHS is preparing to incorporate new practices and design of services for diabetes that reflect the changes nationally and that other boards are also adopting. This is to ensure that the service provided in the Western Isles is modern and achieving the best outcomes possible for the public.**

**To that end Western Isles NHS Board's local diabetes conference, 'Have Your Say in Diabetes Care', was aimed at bringing members of the public and professionals together to discuss how new developments are likely to impact on local services and to suggest ways forward. The conference focused on four key areas: Involving the Public, Developments for the Diabetes Managed Clinical Network, SCI-DC and the impact of new national software for patient records, and what should be our priorities for the local Diabetes Strategy.**

**This paper reports on the conference, the main points raised during the delegates' workshops and their recommendations for the future.**

## Speakers



### **Conference Chairman**

#### **Dr. Brian Michie**

Brian is a local General Practitioner and Medical Director of the Community Services Division

Brian has been a GP in Stornoway in the Western Isles for over 14 years. Earlier this year he was appointed as Medical Director, Community having been lead GP for many years. Some of Brian's many activities are as; Police Surgeon, Stornoway Airport Doctor and Medical Examiner for merchant navy seafarers and the DVLA. His role as a doctor with the Coastguard search and rescue helicopter took him to the finals of a TV programme on "NHS Heroes". He was also instrumental in initiating the first area-wide audit of Diabetes in Primary Care as part of Clinical Governance in the Western Isles.



#### **Ms Audrey Birt RGN, DN, HV, BSC, MPH Director of Diabetes UK**

Audrey is Director of Diabetes UK in Scotland. She previously worked for the NHS and her career spans a range of community nursing roles, including leading a multi-disciplinary team. More recently she had roles in service-development and redesign before moving to Diabetes UK. As a health care professional member of Diabetes UK she chaired the UK wide primary care committee. Since coming into the Director role in January she has become part of the Scottish Diabetes Group and has had a particular interest in empowerment models, in particular structural education approaches. Having an interest in public health she is also very interested in raising awareness of diabetes and the diabetes epidemic.

She is committed to ensuring that people with diabetes and their carers have a voice in improving and developing services and working in partnership to achieve the organisations aim of improving the lives of people with diabetes.



#### **Angela Ellingford Retinopathy Screening Programme Manager Tayside Universities NHS Trust**

Angela has worked in Ophthalmic Imaging for almost twenty years at Ninewells Hospital, Dundee and has been involved in a number of diabetes research projects over the years. Angela was instrumental in setting up Tayside Diabetes Retinopathy Screening Service in 1990 She is presently the Chair of the British Association of Retinal Screeners (BARS) and plays an active role in the implementation of screening programmes throughout the United Kingdom.



#### **Mary Scott Diabetes MCN Manager Lothian**

A nurse by profession, she came into diabetes in 1985, working as a diabetes specialist nurse in West Lothian until the end of 1999. Mary then became the diabetes facilitator for Lothian and in July last year was appointed MCN Manager. She has a special interest in professional education and have been twice to the Western Isle to participate in training sessions both in Stornoway and in North Uist. Mary is on the Diabetes Education Working Group, with NHS Education Scotland and has been involved in the development of the Competency Framework for diabetes and is a member of the Steering Group for the development of the Core Curriculum/Curricular Framework, which is currently out for consultation.

Mary was a member of Quality Improvement Scotland's Diabetes Standards Peer Review Group for the Western Isles and was also involved in the reviews of three other Health Board areas. She currently chairs the SCI-DC Implementation Group in Scotland and has been appointed by the Scottish Executive to support the development of diabetes MCNs in Scotland.



**Dr. K. N (Nachu) Achar, FRCP (Edin), FRCP (Glasg)  
Consultant Physician**

Since he came to the UK in 1974, Dr Achar has worked in various hospitals and trained as a general physician with a special interest in diabetes and gastroenterology. He worked abroad for 7 years between 1983 and 1992 as a Senior Registrar and then Consultant Physician working and gaining special experience of diabetes in Asian and Middle-Eastern populations. After returning to the UK in 1992 he has worked at West Dorset NHS Hospital before his appointment at Western Isles Hospital in Dec 1996 where he has played a key role developing diabetes services in the Western Isles. Dr Achar is lead clinician for the 'Diabetes Managed Clinical Network' and as a person with diabetes he has first hand experience of living with diabetes.



**Dr Louise Scott  
General Practitioner**

Louise is a GP at the Group Practice in Stornoway. She works between the practice's sites in Stornoway and in Habost on the Isle of Lewis. Louise is a native of Stornoway and was educated locally before graduating in Medicine from the University of Dundee in 1989. Thereafter she worked for eight years as an Army Doctor seeing service in Northern Ireland and Bosnia as well as completing her General Practice in Lewis in 1998. She contributed to the development of a Western Isles area-wide protocol for Diabetes in Primary Care and remains committed to the improvement and provision of high standards of care for diabetics in the Western Isles. Louise is the Lead Clinician / General Practitioner for Diabetes for Lewis and Harris.



**Dr Andrew Senior  
General Practitioner**

A graduate of Edinburgh University Medical School. Initially trained in Surgery but later moved into General Practice and has been a GP in Benbecula for 10 years. Not only as a doctor involved in diabetic care but also as a person with diabetes and the parent of a child with diabetes, Andrew has a strong interest in ensuring that first class diabetes services are provided to the Western Isles.

Andrew is the MCNs Lead Clinician / General Practitioner for the Southern Isles. He is also Chairman of the local diabetes LD-SAG/MCN.



**Mr Eddy Yates  
ICT Manager**

Eddy has worked in a number of senior manager roles within the NHS since 1996. Prior to this he had a varied career in private industry, environmental science and social work. He has wide experience of the NHS including Service redesign, modelling and planning, in addition to delivery of innovative ICT solutions.

Many of these developments have brought ICT to existing clinical settings. He has also a strong background in innovative development such as telemedicine for Forensic Psychiatry and development of handheld technology for use in primary care. His 'from design to commercial product' experience has included use of technology to monitor vital signs within buildings; and development of a teledermatology pilot enabling consultants to provide a remote service to a number of hospitals.

Since joining NHS WI he has been part of a small, dedicated and highly skilled department whose main aim is to improve the ICT infrastructure, range of services, functions and solutions to benefit both clinicians and patients.

## **Conference Aims**

### **Involving the Public**

One of the key principles of Managed Clinical Networks is the involvement of the public that use the service. Although the term 'Managed Clinical Network' might seem confusing to those who are not familiar with it the principle is simple: To create a structure that brings professionals from different sectors together in an organised way to create a single service, centred on the needs of patients. The conference was organised specifically to invite members of the public to sit with health professionals and discuss the future of the service in the Western Isles.

### **Inform the Diabetes Strategy**

The diabetes strategy is the document that will describe the future shape and developments in diabetes services in the Western Isles. It is recognised that a high standard of service is offered just now but there are still improvements that can be made. The service also has to continue to evolve to take account of new trends, methods of service delivery and to respond to the needs of the population it serves. The conference workshops explored the current demands being placed on the service and made recommendations for how those should be planned.

### **SCI-DC, IT and Communications.**

If professionals working in different locations and in different specialities are to offer a single service, one where the patient experiences an uninterrupted continuity of care, then IT and communications systems are paramount. The Scottish Executive's Diabetes Group are developing a national software package specifically for the clinical management of diabetes, SCI-DC. Plans are in hand to introduce SCI-DC to Western Isles and will involve the WI hospitals and GP practices. Delegates were given the opportunity to discuss what other information will be needed and recommend ways of making information accessible.

### **Service Redesign**

The number of people with diabetes in the Western Isles has almost doubled in the last six years. National evidence shows that the number is expected to double again in the next five years. To meet the needs of this 'epidemic' the service needs to be in a position to respond to growing need and demand. The conference looked at the current service, discussed gaps in the service and what might have to be done in the future to ensure a high standard, accessible service is maintained.

## Conference Report

Keynote speakers gave detailed information to the conference on Managed Clinical Network development, strategy and policy development, IT, communications, and the national policy development around diabetes services.

Local speakers addressed potential in national policy for the Western Isles, interpreting and setting it in a local context. These presentations also provided a position statement on how services have developed here in recent years and what is provided today.

But 'tomorrow' was the main concern of the conference and now that we are on the verge of major changes that will affect all aspects of diabetes care and particularly the patient experience; in what way can we capitalise on this time to ensure major improvements.

Managed Clinical Networks are about many things but the main themes are to ensure that all the partners in the care process are collaborating effectively and that patients and the public have their voice from the outset.

Involving patients and their carers in describing and planning services can be the catalyst for major improvements.

The conference was successful from the view that many members of the public attended as delegates and in the workshops, discussed with professionals options and choices for the future.

Many strong recommendations were made during the feedback sessions on

priorities for the MCN and planners to include in their considerations.

"Have Your Say in Diabetes Services" was the title of the conference deliberately chosen to reflect Western Isles NHS desire to involve lay people with planning the Diabetes MCN and bringing forward plans in the diabetes strategy, due to be published in the autumn of 2004.

*"Services need to be responsive not just to the needs of individual patients but also to the preferences of the public at large. To redesign services from the perspective of patients - and to reflect this in all aspects of health services planning - requires finding out what patients want and consulting them over proposals for change."*

*Designed to Care; Page 9  
Scottish Office, 1997*

An ambition for the conference therefore was to enlist users of the service and their families, not only in the conference but also in the work

of taking these projects forward in the future.

One of the successes of the conference was the agreement of some ten people who have put their names forward to continue to work with and inform Western Isles NHS plans.

An outcome of the conference held in Benbecula was the stated wish by lay delegates for the formation of a patient group in the Southern Isles.

The Board will arrange for future meetings with these delegates to discuss ways in which their support can continue and will ensure that so long as they are willing they will contribute to planning diabetes care and in the work of the Diabetes MCN.

Much new and exciting work is in front of us and the conference has given a wealth of suggestions that will keep us busy.

It has been a very successful start.

## Workshop Reports Day 1

### Workshop 1

**Facilitator Mary Scott**

**Topic:** Developing an MCN for the Western Isles

**Question: Describe the three year programme for the development of an MCN:**

**Recommendations:**

- Co-ordinators role maintained
- Identifying/co-opting lay representatives
- Finalising strategy
- Developing action plan



**Question: What are the priorities for developing an MCN?**

**Recommendations:**

- Develop pathways of care – language
- Structure/representation
- Develop processes towards QA
- Professional/lay strategy – education

**Question: What links should the MCN have out with the MCN?**

**Recommendations:**

- Tele working:
  - Diabetes UK
  - Other Western Isles MCNs
  - Other diabetes MCNs
- Training budgets
- Links with institutes
- Local Health Council
- Local Council

### Workshop 2

**Facilitator Andrew Senior**

**Topic:** Developing a Western Isles Strategy; What are the priorities?

**Priority 1:** Recruit the service of a specialist diabetologist to support current service and patients. This will help with quality assurance / clinical governance.

Action

- Board support required for funding
- Determine availability
- Freelance diabetologist

**Priority 2:** An Adolescent Clinic

Action:

- Timing important:
  - After school
  - Evenings
- Survey of needs
- Support groups
- NHS 24 information for diabetes

**Priority 3:** Eye Screening / Clinic Attendance

Action:

- Organised teaching sessions
- Methods of teaching – are they adequate – research new techniques
- Offer buddy support to all patients – somebody to get in touch with them rather the self-initiated
- Imaginative ways of advertising
- Make eye screening a news item
- More patient held records

**Priority 4:** Diabetes register

- I M & T system in place

**Priority 5:** Improve Communication

### Workshop 3

**Facilitators: Audrey Birt  
Sarann MacPhee**

**Topic: Involving the Public**

#### **Who should be involved?**

- Diabetes UK voluntary group
- Giving support to others – self-help – “buddy system”
- Expertise in people with diabetes
- Raising public awareness of diabetes
- Population testing
- Campaigning

#### **How can we do it better?**

- Health awareness week
- Going to community eg pubs etc
- Drop-in days eg schools
- Confidential issues – not wanting to be seen at diabetic centre
- Go to existing groups to talk to about diabetes
- Go to work places – increase information
- Ongoing education to support staff
- Invite more people onto LDSAG/MCN
- Public involvement group
- Patient conference – learning informally
- Groups for newly diagnosed

#### **What’s in the way?**

- Denial
- Lack of screening
- Training
- Workshops for parents when children newly diagnosed eg night-time hypos – run by professionals and people with diabetes
- Weekend support

### Workshop 4

**Facilitators: Louise Scott  
Peigi Macleod**

**Topic: Service Re-design**

#### **Question: What issues need to be tackled?**

- Ageism – inequality of service
- Gaps – slipping through the net
- Screening – target group “missing group”
- Primary vs secondary care
- Annual podiatry review
- GPs – multidisciplinary team – resources
- Adolescent – young adult
- Yorkhill clinic
- Access to a diabetologist  
Telemedicine - open access
- Co-ordination of care between primary and secondary care



- Discharge from secondary care
- Ward discharges
- Patient choice / awareness
- Resources
- Psychology services
- Empowering the patient
- D.C / virtual centre / health clinic
- Health promotion / local library
- Web site – western isles
- Resource room – library facilities / health resources library

## Workshop Reports Day 2

### Workshop 1

**Facilitator: Mary Scot**

**Topic: Developing MCN for Western Isles and Service Re-design**

#### **Recommendations:**

GAPS:

- I M & T – right info at right time in right place
- Lack of patient support groups
- Time constraints
- DNAs
- Consultant paediatrician

1. I M & T Eddy

Telemedicine/conferencing

Virtual support – text

2. Service Info Pack

names/numbers

service

local papers/mail shots

clinic

3. Service Mapping

who does what where,

patient forum

appropriate time scales

4. Wider patient involvement

5. Communication improvement



### Workshop 2

**Facilitator: Andrew Senior**

**Topic: Developing a Strategy**

#### **Question: What are priorities?**

- Survey of needs – clinics, geography, transport
- Positive networking – S/E, O/N stays (paed. Clinics at WIH – not enough time)
- paediatric clinics at UBH
- combined clinics (no podiatrist) (space issues)
- up to date information
- communication
- medication
- software
- patient groups – local branch
- Barra – no access to SCI, possible repetition of tests (not just Barra)
- Consultants doing clinics in GP surgeries+ PN+ DSN+dietician/podiatrist
- fewer patients needing to be seen
- more complex problems
- equality of care (eg resource centre)
- adolescents
- local support for new diagnoses

#### **Question: Who should be involved?**

- Patients / Carers:
  - Small groups / Mix
- Feedback from representatives
  - Target groups / specific issues
- Health Professionals:
  - Significantly primary care and District Nurses
- Predominantly local – sub groups – including Barra
- Health Board aka 'the money'
- Voluntary Organisations
  - Diabetes UK
- Health Promotion
- I.T

## Workshop 3

**Facilitator: Audrey Birt**

### **Topic: Involving the Public in Diabetes Planning**

- Support group – informal  
Non-medical – social centre  
Eg community school, taigh ceilidh, community halls
- Look at what is already here eg patient participation groups
- Taking out the negative impact of diabetes care
- Conferences –  
Living with diabetes issues,  
Teenage issues  
Medical speakers – new treatments  
Emotional support  
Diet – practical tips  
Carers and family members  
Schools/employment issues
- Holidays / family weekends – ‘buddy support’
- Tell people what options are to get involved – don’t know about eg. LDSAG
- Advertise in paper – in plenty of time
- Invite by letter
- Have a central focus
- Fundraising eg walks in the park – raises profile

### **What are the barriers?**

- Do not know who each other are?
- Go to different centres
- As individuals don’t know issues

### **What could help?**

- Need to know how it would help locally not just for whole network
- Being listened to
- Champion in each practice – to encourage people to get involved
- Using local media
- Translated materials eg in gaelic
- Internet facilities for remote communities
- Video links

## Evaluation

### Delegates

Designation	Day 1	Day 2	Total
<b>Lay Person</b>	<b>18</b>	<b>10</b>	<b>28</b>
<b>Consultant</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>General Practitioner</b>	<b>3</b>	<b>6</b>	<b>9</b>
<b>Practice Nurse</b>	<b>3</b>	<b>2</b>	<b>5</b>
<b>Community Nurse</b>	<b>1</b>	<b>4</b>	<b>5</b>
<b>Nurse</b>	<b>17</b>	<b>3</b>	<b>20</b>
<b>AHP</b>	<b>2</b>	<b>1</b>	<b>3</b>
<b>Family Health Nurse</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Teacher</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>School Auxiliary</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Health Promotion</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Manager</b>	<b>8</b>	<b>1</b>	<b>9</b>
<b>Junior Doctor</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Health Care Worker</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total</b>	<b>57</b>	<b>31</b>	<b>88</b>

When you include the number of people with diabetes on the Western Isles Diabetes Register and the number of professionals with a direct interest in diabetes services then the 88 delegates represents 10% of that number.

Although this might seem low numerically it is a representation that few other boards could match. This is the first local conference in recent times that has focused on diabetes care and one would aspire to hope that as word spreads more of the public will attend future events. The conference is seen as a starting point for future events.

The verbal feedback from those who attended the conference has been very positive. This is borne up by the written evaluations that delegates submitted at the end of each day.

Both events were rated very highly. The results have been analysed and are reported in the tables below.

For the purpose of brevity the evaluation information in this report is providing averaged scores from the evaluation forms and scored from a possible 5 (5 being the highest). Full tables are available on request.

<b>Conference</b>	Day 1	Day 2	Over-all Average
Was the venue right for the conference?	5	4	4
<b>Speakers</b>			
Did the speakers know their topic?	5	4	5
Was the time allocated to the session used appropriately?	5	4	4
Were you able to relate the session to your own situation/needs?	4	4	4
Were you given the opportunity to ask questions?	5	3	4
<b>Workshops</b>			
Which workshop did you attend?	*	*	*
Did the facilitator know his or her topic?	5	4	4
Was the time allocated to the session used appropriately?	4	4	4
Were you able to relate the session to your own situation or needs?	4	4	4
Were you given the opportunity to ask questions?	4	3	4
<b>Feedback Session</b>			
Was the time allocated to the session used appropriately?	4	3	4
Were you given the opportunity to ask questions?	4	3	4

### **Delegates Comments:**

Stornoway 17 June 2004 - 28 responses

### **COMMENTS:**

Is there anything else you would like to add about the day?

- Thought provoking and would like feedback on how the service is developing.
- Very enjoyable
- I found it very informative
- Was very useful and informative. All the speakers were excellent and so were the workshops.
- Very informative and interesting
- Good overall spectrum presentation of topics involving diabetes care. Increased awareness of the range of diabetes care service provision in Islands.
- Very interesting and informative
- Lots of information! Top presentation! Thank you!
- As some of the people do not have their own transport and perhaps have difficulty walking long or hilly distances, perhaps a mini bus from the bus station would help.
- Would have liked to see more GP's and hospital doctors in attendance. Slightly 'professionally' orientated rather than 'Joe public'.
- Very informative and enjoyable conference. Thank you.
- Room cold. Food very good. Good mix of people attended.
- Difficulty hearing some of the speakers – perhaps they should have used a microphone.
- It may be helpful if less 'jargon' language was used as some people... may not know what the terms mean or stand for.

Southern Isles 18 June 2004 - responses

**COMMENTS:**

Speakers:

- Not enough time for questions
- Not enough time on the day
- Sessions and speakers rushed
- Time constraints
- Time too short
- I assume the speakers knew their topics, but much of it was very technical. Time was used but quite rushed – more time needed. Should we really be expected to live our lives round plane times?

Workshops:

- Not enough time allocated to session
- Could have used more time
- Not enough time
- Feedback:
- No time
- Time at end limited
- Short of time
- To much feedback not enough questions
- Rather rushed – speakers aiming for afternoon plane
- Time taken

Is there anything else you would like to add about the day?

- Thanks to the conference, we might have a local support group where ideas and experiences can be exchanged
- Thank you
- This was very well organised. I look forward to more of these events. Very informative. Many thanks.
- Enjoyed it
- Very good day
- Very helpful to me as a family health nurse – delighted to note the presence of service users – patients and/or families
- Too rushed

**Overall the feedback from delegates was very positive, that the conference was successful and that it had exceeded its objectives.**

## Action Plan

Many issues were explored and recommendations made in the course of the conference that will guide the Managed Clinical Network's strategic direction over the months and years to come.

Many of the recommendations will take time to plan and implement. Some involve resources that are not immediately available and for which cases will have to be made. There is however, clear direction on priorities that can be planned for in the short, medium and long term and there is a wealth of matters that the LD-SAG / MCN will have to consider and take forward. This will be used as an aid to inform this work.

One of the key aims of the conference was to involve lay people in the planning of diabetes services. A number of delegates provided their names as volunteers to continue their involvement with health professionals in planning and informing the development of diabetes services. It will be important to recognise this offer and to engage service users and lay people at the earliest opportunity. It will therefore be the organiser's first priority to contact these delegates to discuss their future involvement.

<b>Item</b>	<b>Action</b>	<b>Date</b>
Communicate the findings of the conference	Publish Report	14 July 2004
Involving the Public / Volunteers	Meeting	August 2004
Review Conference Recommendations	LD-SAG / MCN	July 2004
Mapping of Work Plan	LD-SAG / MCN	August 2004
Development of Diabetes Strategy	LD-SAG / MCN	September 2004
Plan Consultation on the Strategy	LD-SAG MCN	September 2004
Consultation	LD-SAG / MCN	November 2004
Publish Western Isles NHS Diabetes Strategy	WI NHS	December 2004

## Useful Information

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