

A DECLARATION OF JOINT WORKING

BETWEEN

Sheffield Teaching Hospitals NHS Foundation Trust

AND

ASTRAZENECA UK LTD

GB-47660

## “Sheffield Diabetic Services Mentoring Project”.

Sheffield Teaching Hospital NHS Foundation Trust and AstraZeneca UK Ltd are engaged in a Joint Working project called “ **Sheffield Diabetic Services Mentoring Project**”. This project will run from Jan. 2021 to June 2022 and both parties have contributed resources for this initiative.

The focus of the project is two-fold; The primary focus providing additional clinics for the South East Asian Diabetic community as part of the wider Local long term plan in Patient engagement and reduction invariances. The Secondary objective is to provide mentoring for designated Health care professionals involved in delivering existing Diabetic services at the pilot site.

The project aims;

To improve patient care in the South East Asian community Diabetic community by improving patient outcomes and developing engagement strategies which are transferable to other areas.

The Secondary aim is to provide a mentoring service for Health Care professionals delivering Diabetes services.

### The benefit to patients.

- More geographically convenient appointments
- Increased accessibility to diabetes review for those patients who may struggle to access the
- surgery.
- Targeted appointment times, which will allow for more individualised care
- Better Control of their condition by treatment by treatment within Local Guidelines and National Guidelines and review by a Diabetes Specialist.
- More appropriate treatment to prevent progression of the disease and Prevent Hospitalisations
- Enhanced patient education.

### Benefits to Practice.

- Improved Diabetes health outcomes for the locality.
- Potential to reduce healthcare utilisation costs:
  - o Fewer GP visits
  - o Fewer hospital visits
  - o Fewer A&E visits
  - o Reduced long term healthcare costs associated with Diabetes

### Benefits of NHS

- Project is in line with strategic plans to reach difficult to reach patients and reduce variances across Diabetic care
- To deliver patient care in the form of 3 clinics
- To offer mentoring for NHS staff in the provision of Diabetic services.

### Benefits for Astra Zeneca.

- The project may identify patients who are suitable for one or more of our products, in line with national and local policies and guidelines
- Improved relationship between the NHS and AstraZeneca in line with ABPI and NHS England Guidelines

The anonymised results of the Pilot will be available to Astra Zeneca.

### **Summary**

Clinical inertia is defined as the failure to start therapy or its intensification/non-intensification when appropriate and this is prevalent in UK general practice.<sup>i-ii</sup> The causes of clinical inertia are multi-factorial, but it is thought that the clinician has the greater responsibility.<sup>13</sup> Education and training strategies can reduce the clinical inertia phenomenon.<sup>13</sup>

The UKPDS study showed the benefits of the legacy effect i.e. the long term health benefits as a result of initial intensive blood glucose management.<sup>iii</sup> The recent Diabetes treatment algorithm is a new paradigm of practice in that the use of oral hypoglycaemic agents should be based on evidence based trials for those with established ASCVD, heart failure or renal disease.<sup>iv</sup> By using diabetes agents not solely for glycaemic control and targeting disease prevention, long term benefits will follow on an economic scale and improve patients outcomes with reduced morbidity and mortality.

Cultural differences can be a barrier to delivering effective patient care in practice.<sup>5</sup> Providing culturally and linguistically sensitive reviews in practice can ensure improved patient outcomes. South Asian patients in this project were found to be more amenable to taking clinical recommendations on board. The concept of fatalism and faith was discussed frequently during consultations as it can be seen to play a significant role in managing their diabetes.<sup>v</sup> Fatalism can be a hindrance to managing diabetes in South Asians.<sup>vi</sup> This should be explored further in consultations to improve outcomes.

The mentoring style approach in this project supported those in the frontline managing complex diabetes to gain confidence in decision making, improve knowledge in evidence-based medicine and facilitate a better understanding of the cultural barriers.

## Recommendations

- Diabetes education should include the multi-disciplinary team who are involved in the care of those with Type 2 Diabetes
- Consultations should be culturally and linguistically sensitive to improve outcomes
- High risk complex patients may require a more intensive follow up which may include repeated appointments, telephone calls and text messages
- Clinical inertia should be avoided
- Up-skilling of HCA's, Nurses and Pharmacists will support better management of Diabetes
- Prioritise and target those with a poor attendance history to ensure the eight key processes of care measurements are met
- Promote a training package to help deliver the recommendations of the NG28 NICE Diabetes Guidelines<sup>vii</sup>
- Although in this project it was recognised that South Asian patients responded more positively to a healthcare professional who spoke the same language it is unrealistic to be able to offer this to all patients when there are multiple languages spoken. Offer training in cultural competence and promote this in service delivery
- Use of interpreting services are an integral part of patient care, but the extra time required for this should be considered in service delivery
- There are 1174 individuals with Type 2 diabetes under 40 years in Sheffield (data on file). The National Diabetes Audit found that there are more South Asians within this age group and therefore this should be considered a priority in view of the higher risk of complications<sup>viii</sup>
- Those from more deprived communities have greater needs and managing them requires more time.<sup>ix</sup> These practices who have a challenging demographic and significant health inequalities may justify receiving extra support in some capacity to deliver equitable diabetes care. Time should be set aside for a regular complex multi-disciplinary clinic and patients may require extra time during consultation
- There should be easier access to the local Consultants and Diabetes Specialist Nurses when necessary
- Time should be set aside to discuss significant events at practice clinical meetings with learning outcomes applied in future practice

