

Improved patient experience

Formal and informal feedback and qualitative research demonstrated improved experience for people with diabetes:

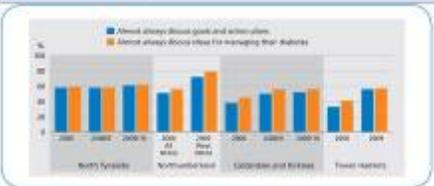
"Getting all the results does give you time to think and I was thinking of any problems I've got before I came."

"Before, things seemed to get forced on you...whereas this way I prefer to discuss it myself...there is more of a choice now, its my choice rather than someone else's choice, that's why I like it"

Enhanced involvement & self care behaviours

More people reported:

- Feeling listened to
- Feeling involved in decisions

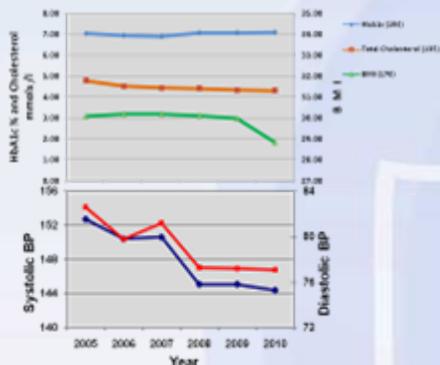


"Each time I get a greater understanding of my condition and understand more about how I can go about maintaining and improving it."

"I got more information out of it than I did previously. Even though they were probably giving us the information, they were giving us it in a different way."

Improved clinical outcomes

Needs text and more detail



"She was on her 3rd year of care planning when she finally felt able to make the changes to her life that ultimately radically altered the profile." GP



The impact and outputs from the Year of Care programme

Sue Roberts^{1,2}, Sheila Dilks³, Simon Eaton¹, Isabel Hodgkinson⁴, Gillian Johnson⁵, Nick Lewis-Barned¹, Lindsay Oliver¹, Bridget Turner⁶, Anne Worthington - on behalf of the Year of Care programme

¹Northumbria Healthcare NHS Foundation Trust, ²Diabetes UK, ³NHS Kirklees and Calderdale, ⁴NHS Tower Hamlets, ⁵NHS Diabetes

The Year of Care (YOC) programme aimed to demonstrate how to introduce personalised care planning (CP) into routine practice, and ensure that community services (CS) to support self management (SSM) were available via commissioning.

A framework for delivery and quality assured training and training the trainers programmes were developed, piloted and evaluated using mixed methods in three diverse communities and subsequently scaled up to 12 others, including primary and specialist diabetes care.

This poster summarises the main findings from the programme. Further details are available at:

www.diabetes.nhs.uk/year_of_care_enquiries@yearofcare.co.uk

Care Planning as the 'norm'

Care Planning became routine for the majority of practices in the pilot sites: Tower Hamlets 97%, Kirklees 83%, North Tyneside 79%, West Northumberland 73%

Across the sites 76% of people with Type 2 diabetes had 1 or more CP consultations.

"Before Year of Care we hadn't thought much about what needs to go on behind the scenes to make a clinical encounter effective...The YOC House helped to clarify all the steps needed...we now have a far more robust organisational structures, better skill mix and better team work and communication"

"The workload has massively increased, but we have absorbed it by staff morale." GP

Improved clinician experience

One of the most unexpected and welcome outcomes was the improved day to day experience for clinicians:

"It's actually more rewarding. We don't spend so much time doing heights, weights etc. We spend more time engaging with patients and finding out about their problems at home rather than ticking boxes." Nurse practitioner

"Its absolutely 100% better than it was, for me and for the patients. ...that's what I am there for, I'm there for the patients and I feel that's what I'm giving them now." GP

Proven training programme

A total of 1,000 clinicians and 45 quality assured local trainers were trained.

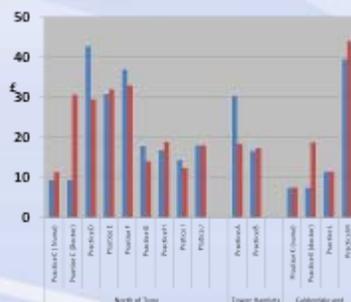
"The training really stretched mehelped me work out what I needed to do." GP



Service redesign & improved productivity

Service re-design and improved working arrangements allowed many practices to improve efficiency and productivity.

As a result, care planning is cost neutral across health economies (more here about £21).



"The new pathway is not only more patient centred, but more efficient in time for both patients and healthcare professionals." GP



Conclusion: CP can be successfully introduced into routine practice for PWD using the YOC approach, with improvements in quality and productivity; addressing NICE Quality Standard 3, contributing to QIPP and reducing inequalities for disadvantaged populations. Successful implementation involved strong leadership, flexible commissioning, practice facilitation and tailored training, and led to wider service redesign.