

Improving diabetes management in the community

Using data to deliver better, safer care to communities in North Wales

Currently over three million people are living with diabetes in England, and that number is expected to rise to 4.2 million people by 2030, affecting almost 9% of the population.

Amanda Hughes, Betsi Cadwaladr UHB says, "Diabetes-related visits represent 8% of our total patient demand on the community nursing service. Some teams are completing 30 insulin visits a day and we expect this to rise due to increase demands on healthcare for newly diagnosed diabetics.

"Patients require time-specific insulin administration but often have multiple interventions like diabetic foot ulcers, unstable blood sugars that take a lot of clinical time to monitor and stabilise, and this can add a lot of pressure into the service at specific times of the day.

Managing rising demand

Tracey Boka, Betsi Cadwaladr UHB says, "Before Civica Scheduling (formerly Malinko) was implemented in 2020, scheduling visits was a very manual process..

Now we can easily generate repeating visits, reducing the risk of missed visits. With Civica Scheduling, we know where our nurses are and can see future capacity and demand which supports accurate workforce planning

"We regularly update Civica Scheduling with the clinical skills status of our nurses so patient need can be automatically matched with the skill set of the most suitable healthcare professional. We've been able to utilise our lower bands more effectively for insulin visits, allowing our senior clinicians to concentrate on more complex cases. Civica Scheduling has enabled us to embed this model to make sure that every patient is reviewed by a registered clinician weekly."

Unique support for community teams

Betsi Cadwaladr UHB has created unique Peer Coach Support Manger roles to support community teams with compliance, education, recruitment, restorative supervision, and quality Improvement – in a time when community teams are under more pressure than ever before. This has increased resilience in staff who feel listened to and valued.

Key outcomes

- 1 Reduced risk of missed insulin visits
- 2 Capacity and demand data supports accurate workforce planning
- 3 Delivering better, safer care for patients with diabetes.

"We can't see the number of diabetes patients reducing anytime soon but we can do everything possible to help their condition improve. Civica Scheduling is giving us the data we need to help deliver better, safer care to our communities."

Tracey Boka,
Betsi Cadwaladr
University Health Board

Learn more:

civica.com/scheduling

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The Peer Coach Support Manager role includes supporting teams with technology that helps them provide safer, more efficient care to the communities they serve.

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Better, safer care

Tracey says, “Getting to grips with a new system can be tough, and Civica Scheduling was implemented during the first wave of the pandemic in 2020. Amanda and I work face to face with our staff now and that is really helping the teams get to grips with the system; not just how to use it, but why it’s important.”

The peer support role helps teams to use Civica Scheduling to its full potential, provide regular feedback and see the wider benefits of good practice, e.g., accurate data entry provides the evidence required to start recruitment conversations and identify training opportunities.

For diabetes management Tracey says, “Civica Scheduling acts as an aide memoir for nurses who will complete their time-critical insulin visits and then update their notes in Civica Scheduling, with the visit list to remind them to complete the risk assessments. Every trust works in a different way but essentially the role of a district nurse is to provide holistic care. We’re looking at ways to balance tasks such as insulin injections, with providing holistic care, so we might allocate short times for insulin most days and then a 30-minute slot for a more holistic visit.”

Amanda continues, “We also have an overview of both stable and unstable patients, this allows them to ensure that the patients are being monitored by the appropriate band of staff.

“We use the weekly planner and capacity & demand tools within Civica Scheduling and we’re working with the team to create bespoke reports, e.g., percentage of patients requiring insulin and monitoring the growth using data from the system.”

Could technology help further?

Tracey says, “We need systems to join up! Our diabetes patients might be seen by a district nurse, a podiatry specialist, a nursing specialist, and a number of therapists. We all use different systems and can’t join up as well as we’d like to, resulting in duplication of visits and inefficient care planning. Even a read-only view of patient data from other systems would help us provide more efficient, joined up care.”



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