

Diabetes User Group (DUG) Meeting

Attending DUG Members: Elizabeth, Piggot, Tony Hennessey, Anne McCarthy, Mohamed Kamari (Sadieh Mashai translating), Senait Etob, Yvonne Canham, Mehret Isaac, Charles Kyazze

Attending Staff and Speakers: Bethany Golding, Nafsika Thalassis, Concia Albert, Wing-May Kong, Lydia B-Sawyer, Kate Nash, Filsan Ali

Date: Tuesday 20th June 2017

Time: 11.00- 13.00

Venue: Migrants Organise, 2 Thorpe Close, London W10 5XL

Welcome and Tea

DUG Members spoke about their journeys from diagnosis to managing their diabetes over the years. They referred to life changes which occurred of how they found out they had diabetes and how their lives have been affected by diabetes.

Item: 1: Re-designing Emergency Diabetes Footcare. Speaker: Dr. Wing-May Kong (Footcare Specialist)

Dr. Wing-May Kong has been a Footcare Specialist for over 25 years. Dr. Kong expressed her gratitude to see money earmarked for Diabetes Footcare as this area of work has not had enough funding over the years.

The Difficulties

- The highest causes for foot amputation is diabetes.
- Having a problem with your foot is very difficult.
- When people with diabetes who have a footcare problem go to hospital, they have very long stay in hospital.
- 50 - 80% of amputations are preventable. Seeing a foot specialist and seeing the right person quickly means people are less likely to get amputations.
- Most people don't know that they should be seen by the multidisciplinary team.

- When people do get to a Multi-disciplinary team it is via a hospital admission due to a lack of knowledge by the individual and by the professional they see.
- There is 3-fold variation in quality in NWL. We need to learn from the best practices.
- After someone has a foot problem they will be likely to have another foot problem.
- People can self-refer but most people don't know this.
- -Diabetic wounds don't hurt, people ignore them and this is a problem because they cover up a wound and do not seek the help they need until it is severe.
- People with foot problems are usually older and less mobile.
- How do we frame a consistent easy to understand message that highlights the importance of getting seemingly non-problematic foot injuries checked in diabetic patients? This early intervention can stop progressive problems which could lead to amputations.
- A change in Foot Care services comes in to effective in October 2017.
- Most people are getting screening in primary care but what is not happening is they are not then getting referred to all the correct channels.
- Not enough information is passed between the nurse and the GP at the annual check-up.
- People don't always understand why they are there and the importance of the screening. They haven't had the discussion of why they are having the screening.

The solutions

- To work on standardising the diabetic message throughout the boroughs.
- We will create a single contact number for the whole of north west London. We will have one centralised website.
- 6 specialist podiatrists over NWL – provide a Saturday and Sunday clinic at the vascular hubs, St Marys and Northwick park will be the hubs. Currently when people have a problem with Footcare on the weekend

they will go to A&E. The plan is for the availability of the hubs to change this.

- Outreach clinics- So they will have podiatrist in the local hospitals and get a specialist foot service person Monday – Friday 9 – 5.
- When the dashboard is working well. The GP should be able to see who have not had their annual foot check.
- Improving access to consultants in the multi-disciplinary foot teams. NWL is performing better than the rest of the country in this area.
- Brent has had the lowest amputation rate for the last 8 years, year on year because of a good multidisciplinary team who were easily accessible.
- In Brent, we made it our priority over the last 10 years to get people the right advice so if someone has a foot ulcer they get referred to the Diabetes speciality team.
- Building in strong user engagements to embed services that reach the right people.

Question: Are there any concerns about the fact that people with Diabetes will no longer be seen by the regular podiatry clinics if they are low risk?

Answer: We will have to work together together to see how this is implemented.

Action: Bethany will ensure that Lesley is aware of the changes in the podiatry service.

DUG Feedback:

- People who are vulnerable may ignore their foot problem because it doesn't hurt and they have more immediate problems in their life.
- Because people with Diabetes don't feel ill, they don't see the need to access services. In BME communities, there is an attitude that if you feel well, you are well and you don't need to change anything. Health promotion and education is crucial.
- People in BME Communities need one to one support around Diabetes to understand the condition and access services appropriately.

- There is stigma around Diabetes for people with BME communities so people are reluctant to admit to having Diabetes, needing help or not being well.

Item: 2 Update on Video work and structured education and how DUG have influenced this. Speaker: Bethany Golding (Hammersmith and Fulham CCG)

We have a video company who are commissioned to film those videos (But we want to know what people with diabetes think first about what would work) and to use those videos effectively.

DUG Feedback – What content is necessary for effective videos?

- DUG members agreed the videos should follow a format that shows a mixture of warnings but they will begin with kind supportive messages.
- Members highlighted that because patients with Diabetes don't feel ill, some patients feel that they can ignore the fact they have Diabetes and feel they don't need to change anything.
- It is important to have videos in different languages and the CCG is committed to ensure videos are available in the most needed languages.
- There is a group of people who don't engage in services and this is a problem too. People are scared once they enter the health service they are no longer in control.

Item 3: Some suggestions for future meetings

- Diabetes Champions and Mentors and how they support the work of GPs.
- Use of Herbal medicines for cures and treatment work alongside the medical advice and medical treatment given?
- Providing the equipment to check diabetes at home.