NHS South West London Integrated Care Board

The Diabetes 3 Treatment Target (3TT) Quality Improvement Project - Reducing inequalities in diabetes management in Primary Care

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AIM

To reduce variation in the quality of care for people with Type 2 Diabetes (PWD) across SWL by supporting GP surgeries to achieve at least 45% compliance with the 3 treatment targets over 4 years. Recognising that Practices often look for a single 'solution' rather than think of diabetes care as systemic.

BACKGROUND

There are unexplained levels of variation in the quality of care for PWD T2 across SWL, with GP surgery compliance of the 3 treatment targets ranging from 11-57%

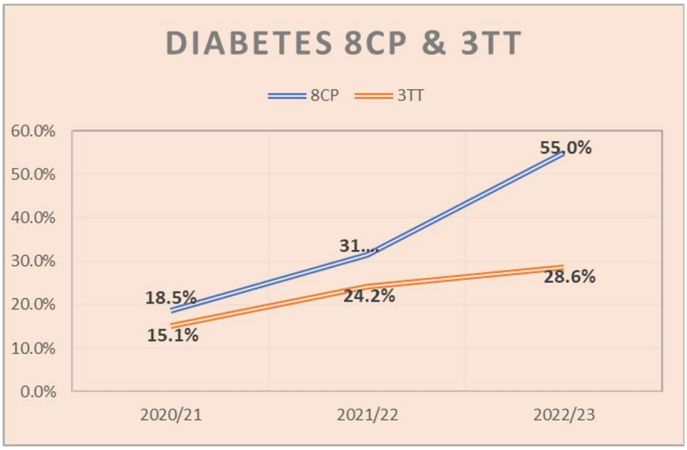
NEXT STEPS

To scale the project by producing a Diabetes specific QI methodology with supporting guide. Also, by creating a SWL support offer to all GPs. Please help us share this work by downloading the *Diabetes QI Guide for Improving 3TT in GP.*

METHODS

Project commenced with 2 system wide 'root cause analysis' workshops (following the *Yale 8 Steps to Problem Solving*). Objective and subjective data gathering methods (stakeholder engagement, lit review, observation, data analysis) were used. A thematic analysis from the lit review created the basis for a practice self-assessment tool (Maturity Matrix (MM)) – which forms the practice planning as part of a PDSA cycle. Inclusion criteria was based on low compliance of the 3TTs identified from national diabetes audit (NDA) data (GPs with lower-than-average 3TTs in localities with high deprivation scores &/or in areas of high ethnicity). Using theory from Kotter's 8 Steps Practices formed = 'guiding coalitions' (i.e. Diabetes Working Groups) and created their own (rather than prescribed) systemic understanding of the problem and action plan through a facilitated MM session. Support included - innovative software, training (e.g. personalised care, data analysis, comms and call & recall). SWL BI dashboard, Eclipse, NDA, and practice level data were used to assess & monitor. Stakeholders included SWL diabetes clinical leads, GP staff, Place teams, PH & GP SPIN fellows.

RESULTS



Combined data from 4 GPs involved, demonstrating an increase in their diabetes 3TT and 8CP over time since commencing the project.

CONCLUSION

GP practices are unique, complex systems of work; therefore improvement requires a 'whole practice' approach. Successful, sustainable change occurs when data, action planning and coalitions were the cornerstone of the improvement process.

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