

Disease-specific guidelines

Diabetes

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Scottish Intercollegiate Guidelines Network



- History (1995-1997)
- More history (1999-2001)
- Current context in Scotland

History

... *(part one)*

Why guidelines?

- 1989 - St Vincent Declaration formulated ten key targets for diabetic health care
- 1993 - A Joint Task Force was created between UK Dept of Health and British Diabetic Association (BDA)
- 1994 - A Steering committee involving Scottish Royal Colleges, Scottish Home and Health Dept, Clinical Resource and Audit Group and BDA was established to implement St Vincent aims for diabetic patients in Scotland

The St Vincent Declaration targets (1989)

- To reduce new blindness due to diabetes mellitus by 30% or more
- To achieve a pregnancy outcome in diabetic women that approximates to that in non-diabetic women
- To reduce the number of patients entering end-stage diabetic renal failure by at least 30%
- To reduce the rate of limb amputations for diabetic gangrene by 50%
- To cut morbidity and mortality from coronary heart disease

SIGN Guidelines (1996-97)

- SIGN 4 (Prevention of Visual Impairment)
- SIGN 9 (Management of Diabetes in Pregnancy)
- SIGN 10 (Good Practice in the care of Children and Young People..)
- SIGN 11 (Management of Diabetic Renal Disease)
- SIGN 12 (Management of Diabetic Foot Disease)
- SIGN 19 (Management of Diabetic Cardiovascular Disease)

SIGN Diabetes Guidelines (1996-7)



Methodology?

- Multidisciplinary development group
- Systematic review of the evidence
- Consultation and expert peer review
- Dissemination policy

But.....

- Multidisciplinary development group
 - *Extremely limited and not systematically appointed*

SIGN 9 (Management of Diabetes in Pregnancy)

- 3 Physicians
- 1 Obstetrician
- 1 Midwife
- 1 Community Health Specialist

But.....

- Systematic review of the evidence
 - *Limited to MEDLINE searches only*

Guidelines contain c. 50-60 references

But.....

- Consultation and expert peer review
 - *Small National Meeting (c. 70 delegates)*
 - *Small peer review (9 reviewers)*

But.....

- Dissemination policy
 - *Guidelines circulated to all consultants, irrespective of specialty, and to GPs. Distribution to other healthcare professionals was haphazard*

Clinical improvements

Audit in Tayside Diabetes Network showed:

- Prevention of visual impairment in diabetes
 - *Detecting and treating 65% more sight-threatening retinopathy than the national average*

Clinical improvements

Audit in combined primary / secondary care setting in Fife showed:

- Management of cardiovascular disease
 - *significant improvement in life expectancy following achievement of 140/80 mmHg blood pressure targets in Type 2 DM.*

History

... *(part two)*



Review of Diabetes Guidelines

1999

- *All 6 original guidelines approved for review*
- *Remit extended to include “lifestyle issues”*
- *“New” methodology used*

1999-2001

- *Guideline review*

SIGN Diabetes Guideline (2001)

Scottish Intercollegiate Guidelines Network

55

Management of Diabetes

A national clinical guideline

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November 2001

Methodology?

- 7 Multidisciplinary development groups working in parallel
- Steering group overseeing progress

Methodology?

- 100 health care professionals

(anthropologist, cardiologists, dietitians, exercise scientists, general physicians, GPs, gynaecologists, midwives, neonatologists, nephrologists, nurse specialists, obstetricians, ophthalmologists, optometrists, orthopaedic surgeons, paediatricians, patients, psychologists, practice nurses, public health, researchers, vascular surgeons)

Methodology?

- Integrated patient involvement
- Patients identified by National voluntary organisation (Diabetes UK) and involved with each of the 7 subgroups
- Patient support group established

Methodology?

- Systematic review of the evidence (1991-2000)
- Medline, Embase, Healthstar, Cochrane
- Psychinfo, CINAHL
- Internet
- also literature supplied by group members
- c. 400 references in final guideline

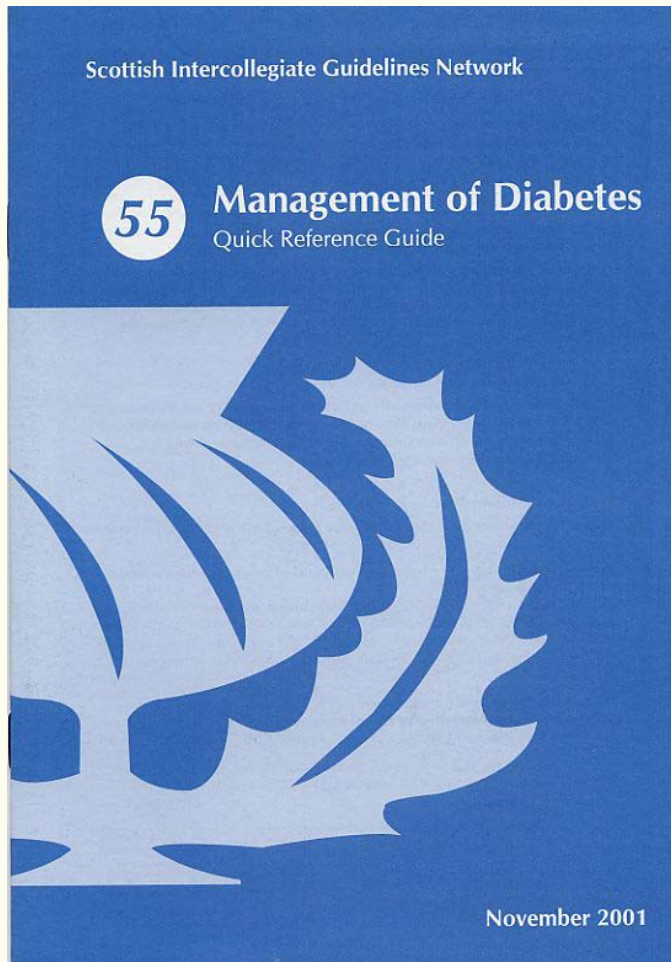
Methodology?

- Consultation and expert peer review
- National Meeting for all groups in December 2000 attended by 400 delegates
- Detailed submissions from 57 independent peer reviewers

Methodology?

- Dissemination policy
- Guidelines distributed via NHS clinical effectiveness coordinators to relevant members of multidisciplinary teams
- Released on CD-ROM and website (HTML and PDF formats)
- Quick Reference Guide

SIGN Diabetes QRG (2001)



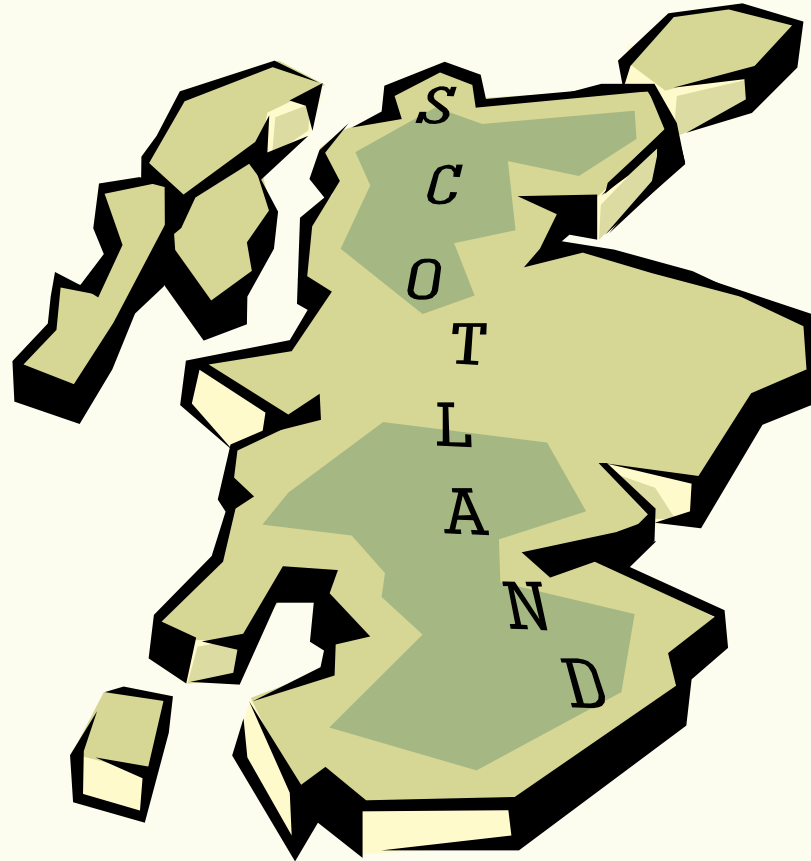
15 page booklet

Colour-coded recommendations
in all areas of guideline

Information sources for patients
and professionals

Reprinted in *Guidelines in
Practice* and *J R Coll
Physicians Edin, 2002*

Current context in Scotland





Dec 2000

Scottish Executive announce plans for a Scottish Diabetes Framework and a national strategy for diabetic retinopathy screening

Nov 2001

Publication of National Framework Summary, Scottish Diabetes Survey, SIGN 55, Clinical Standards for Diabetes (on World Diabetes Day!)

April 2002

Publication of Organisation of Services for Diabetic Retinopathy Screening and full version of Scottish Diabetes Framework

Nov 2002

Major conference presented by the Scottish Executive and Diabetes UK Scotland held in Glasgow on 15 November 2002.

Feb 2003

The Scottish Diabetes Core Dataset building upon previous work (e.g. SIGN 25) is published to produce the core information elements that must be shared amongst all those caring for people with diabetes. The dataset includes 139 items and is fully Read coded.

April 2003

Updated Scottish Diabetes Survey 2002

July 2003

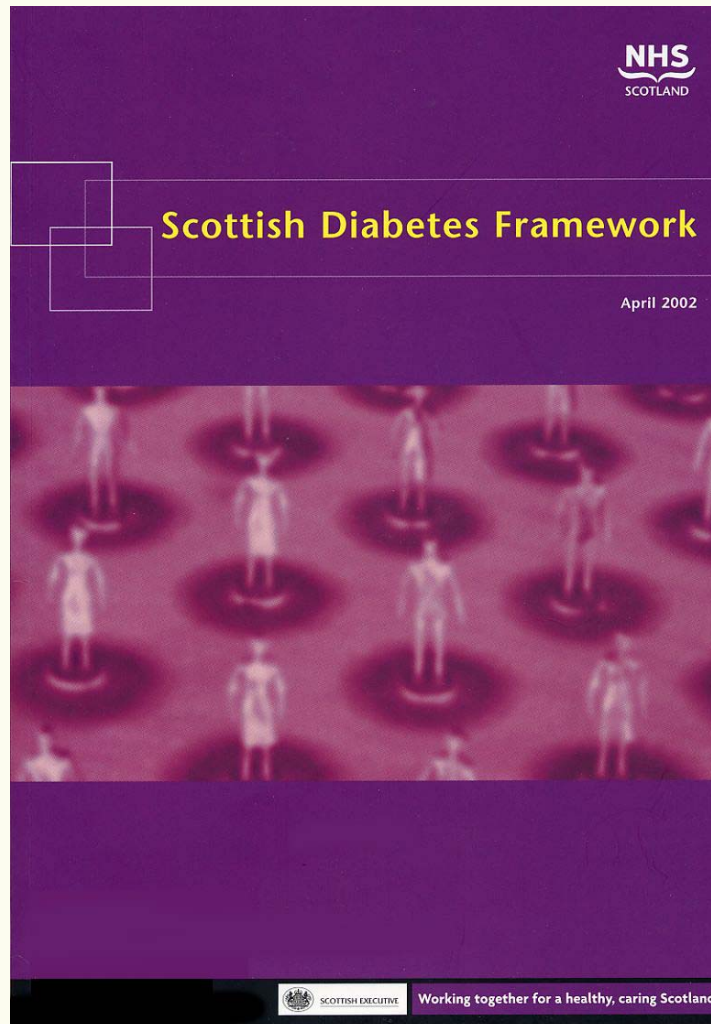
Recommendations for implementations of diabetic retinopathy screening programme

Clinical Leadership

The Scottish Diabetes Group was set up by the Scottish Executive Health Department to support and monitor the implementation of the Scottish Diabetes Framework which was published in April 2002.

Remit: "To act as a national steering group to co-ordinate and evaluate the implementation of the Scottish Diabetes Framework; to oversee the review and ongoing development of the national diabetes strategy; and to provide expert advice to the Department."

Scottish Diabetes Framework



Scottish Diabetes Framework

- Draws together existing guidance and best practice
- The standards and the SIGN guideline should be viewed as integral parts of the Framework.
- A model of diabetes care was developed by the Working Group. This consists of 22 building blocks, divided amongst six broad headings: Prevention and early detection; Care, monitoring and treatment; Specific groups; Planning and managing services; Implementation; and Community Issues.

Scottish Diabetes Framework

- The Framework identifies seven of the building blocks as 'first stage' priorities:
 - Patient Information, Education and Empowerment
 - Heart Disease
 - Eye Care
 - Strategy, Leadership and Teamworking
 - Education and Training for Professionals
 - IM&T and Diabetes Registers
 - Implementation and Monitoring

Scottish Diabetes Framework

Throughout the Framework a number of 'milestones' and 'actions points' have been included. A **Milestone** represents a significant stage on the way towards creating a high quality patient-centred diabetes service. It marks a point for reflection, assessment of progress and confirmation of direction. An **Action Point** is a specific piece of work that will be undertaken to support this process.

Patient Information, Education and Empowerment

A project to encourage and support patient and carer involvement in the work of Managed Clinical Networks and Local Diabetes Service Advisory Groups (LDSAGs) will be funded in 2002.

A national meeting for lay members and potential lay members of LDSAGs will be held during 2002.

Eye Care

All people with diabetes will have their eye status (retinopathy) recorded on the local diabetes clinical management system by September 2003.

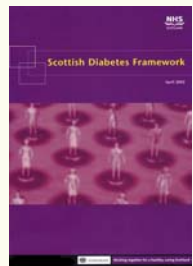
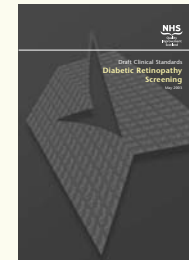
The Scottish Diabetes Group will produce plans to take forward the implementation of the report of the Health Technology Board for Scotland on the organisation of services for diabetic retinopathy screening by Summer 2002.

Strategy, Leadership and Teamworking:

All NHS boards should establish an effective multi-professional Local Diabetes Service Advisory Group (or equivalent) with service user involvement by June 2002.

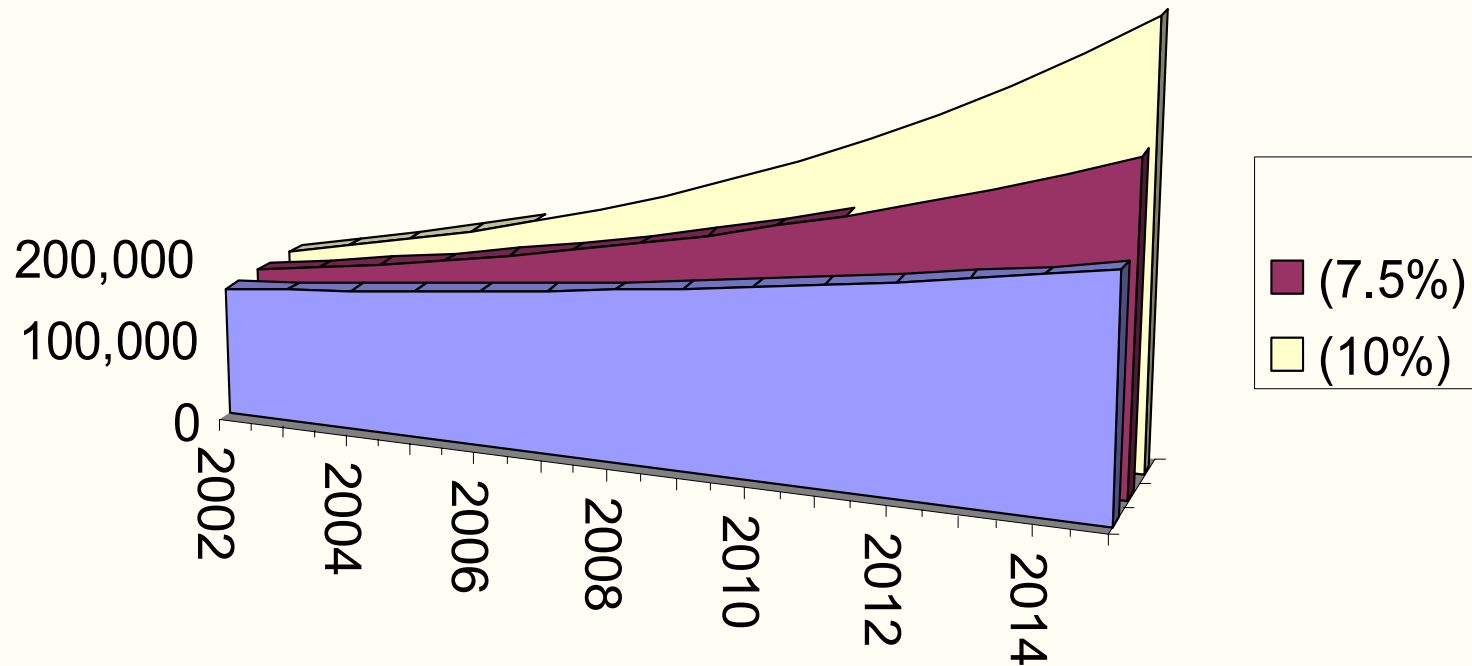
Diabetic Retinopathy

- SIGN 55
- Health Technology Assessment
- Scottish Diabetes Framework
- Clinical Standards
- Recommendations for implementation



A model of guideline development


- Focused, specific guideline groups working in parallel to agreed agenda with mutual facilitation
- Sharing of methodological resources - literature searches, consultation processes, print and distribution costs
- Coordination with National activities
www.diabetesinscotland.org



Estimated no. of people with diabetes in 2002 = 153,438 (3%)

In 2015 with 5% annual increase = 289,330 (5.7%)

In 2015 with 7.5% annual increase = 392,865 (7.7%)



To be or not to be isn't the question.
The question is how to prolong being.

Tom Robbins

Thank you for listening

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