Priority 1 - Prevention and Early Detection of Diabetes and its Complications

Key deliverable	Tasks / Actions
(a) Develop and roll out education campaigns and guidance aimed at primary care staff on diagnosis of diabetes. This will include the national rollout of Diabetic ketoacidosis (DKA) campaign	• Strategies to rapidly identify diabetic ketoacidosis (DKA), including national roll out of the DKA awareness campaign developed by the Paediatric sub group in partnership with Diabetes Scotland. • Developing guidance on use of HbA1c for diagnosis of type 2 diabetes .

Priority 2 - Type 1 Diabetes

To improve the care and outcomes of all people living with type 1 diabetes

Key deliverables	Tasks / Actions
(a) Develop and implement strategies (including education, awareness of complications, the particular healthcare needs of young women and care planning) that support children and young adults to improve their management of diabetes, ensuring early identification and referral of new onset type 1 diabetes.	• Ensure children and young adults are supported in education by promoting the use care plans for those in full time education and working with the voluntary sector to review the impact of these care plans.
(b) Minimise the impact of adolescence and young adulthood on diabetes care by utilising the available resources aimed at transitional care and by up skilling healthcare professionals in youth engagement.	• Roll out educational resources nationally to up skill healthcare professionals in youth engagement strategies.
Key deliverable	**Tasks / Actions**
(a) Develop and implement strategies that promote good glycaemic control in the early stages post diagnosis including: an early glycaemic intensification strategy; and national structured education resource for use within 6 months of diagnosis.	• Adult & paediatric HbA1c improvement meetings organised every 6 months • Review current early intensification strategies used and evaluate outcomes. Pilot in agreed centres and agree national strategy.

(c) Implement a national improvement programme to increase the proportion of people with type 1 diabetes with optimal glycaemic control, including timely and appropriate access to insulin pumps.	• Through holding regular national and regional quality improvement meetings for networks to promote learning and sharing of good practice. • Support the local use of run charts of glycaemic control in groups of patients in specific clinical services. • Ensuring continued improvement in timely and appropriate access to Continuous Subcutaneous Insulin Infusion (CSII)/insulin pumps. • Develop a national approach and guidance in the use of continuous glucose monitors (CGMS) and improve reporting on the use and outcomes of CGMS.

Priority 3 - Person-Centred Care

People with diabetes enabled and empowered to safely and effectively self-manage their condition by accessing consistent, high quality education and by creating mutually agreed individualised care plans

Key deliverable	Tasks / Actions
(a)Ensure access to appropriate high quality education resources [See also structured education identified at Priority 2]	• Standardised education within six months of diagnosis.
PCC 3.1(b)Ensure that during consultations healthcare professionals actively support self-management by providing relevant information and appropriate signposting to third sector and community resources.	• Providing information e.g. written information at the time of diagnosis. • Signposting to self-management resources – a search facility for finding local groups and activities providing support in the community. • Using education leaflets based on foot risk assessment.
Key deliverable	**Tasks / Actions**
PCC 3.3 (a) SDG and MCNs will actively involve people living with diabetes in decision making processes enabling their experience to be recognised and used to drive service change for improvement. This includes recognising what matters to people living with diabetes and acting upon their feedback.	• Develop and deliver a mechanism for the voice of people living with diabetes to be heard at Scottish Diabetes Group and its work streams/groups.

Priority 4 - Equality of Access

To reduce the impact of deprivation, ethnicity and disadvantage on diabetes care and outcomes

Key deliverable	Tasks / Actions
EA 4.2(d) Roll-out relevant inpatient safety initiatives and develop a training package for care home staff.	• Build on existing Action Plan Coordinator Care Home mapping work to develop a training package for care home staff

Priority 5 - Supporting and Developing Staff

To ensure healthcare professionals caring for people living with diabetes have access to consistent, high quality diabetes education to equip them with the knowledge, skills and confidence to deliver safe and effective diabetes care.

Key deliverable	Tasks / Actions
SS 5.1(a) Increase the level of consultation and patient engagement skills	• SS 5.1(a) Promote through MCNs the awareness and use of currently available training packages and consider in collaboration with experts in the field of consultation skills, what additional resources should be developed for different health care groups.
Key deliverable	**Tasks / Actions**
SS 5.3(a) Increase the level of psychological assessment skills	• The Scottish Diabetes Group will encourage the development of psychological services as part of the care and management of people living with diabetes in line with national guidance, building on the PiD-PaD project to increase the availability of psychological support.

Priority 6 - Inpatient Diabetes

To improve the quality of care for people living with diabetes admitted to hospital by improving their glucose management and reducing the risk of complications during admission

Key deliverable	Tasks / Actions
IP 6.2(a) Improve the awareness of foot care to reduce the number of people developing avoidable ulcers including distribution of 'Check Protect Refer' (CPR) for feet posters; developing a LearnPro module and training manual on CPR to inform ward staff.	• Developing and monitoring the use of a LearnPro module to inform ward staff of each aspect of CPR. • Providing a Training Manual to help Podiatrists or other HCP's to deliver ward based training.
(Other deliverable identified by SDFAG group) - Update Traffic Light System	• Consultation with members of Foot Action Group
(Other deliverable identified by group) - Develop and improve the Ulcer Management System(UMS) within the SCI-Diabetes system to ensure that it is 'fit for purpose' and includes a national audit facility widely used throughout Scotland	• Convene a working group to address all issues and requirements to develop the UMS
(Other deliverable identified by group) - Develop a competency based casting course and ensure its accessibility and delivery for podiatrists and other clinicians throughout Scotland	• Convene a short time working group to address all issues and requirements to develop the casting course • Ensure delivery of course depending on demand throughout 2015/16
(Other deliverable identified by group) - Formulate a Scotland wide Antibiotic protocol for the treatment and management of diabetic	• Review current international guidelines • Consult with infection control experts within Scotland

foot infections	• Produce an up to date antibiotic protocol for the treatment and management of diabetic foot infections

Priority 7 - Improving Information

To ensure appropriate and accurate information is available in a suitable format and effectively and reliably used by all those involved in diabetes care.

Key deliverable	Tasks / Actions
II 7.2(a) The Scottish Diabetes Group will strengthen mechanisms to ensure that data is available and used to inform national discussions on improving care through accessible and relevant reporting.	• Standing item on 'what the data is telling us' at SDG with analysis not just presentation of numbers. • MCNs should be able to access monthly [or, at a push, for each MCN meeting] reports on delivery against the 9 care processes and where possible the 15 HCEs.