



**Wolverhampton
Diabetes Care**

What Care to Expect

Operational Principles to Guide Diabetes Health Care

The modern management of any chronic condition such as diabetes have an increasing evidence base to define the underlying principles that promote the deliver effective health care.

Principled

The structure of care should be based on core principles that can be shared and owned by users and various providers alike. Diabetes health care provision should strive to be appropriate, efficient and effective and evidence based.

Equitable and Accessible.

Such care should have equity of access to all users with the health system working to understand and minimise personal and health system constraints to access.

Whole systems and Integrated.

The planning of provision of care should be based on an integration principle that links and co-ordinates primary and specialist care so that roles, task and responsibilities are well understood as are the common aims and objectives.

Care pathways.

It is vital to have common processes of care between all providers that assure the effective delivery of care, integrated to maximise efficiency and minimise wasted effort, reduplication and missed opportunity.

Community focused.

The system should strive to deliver care as close to the community as possible predominately in a primary care setting.

Patient Centred and Patient Empowered.

This can take many formats but essentially allows and requires the patient to be as fully involved as possible with their health care. The tangible obligations on the service are to ensure that care integrates around the patient's needs rather than its own organisational conveniences, that the patient is kept informed, consulted and involved and that effective self management strategies are promoted and supported.

Education based.

Support for self management and self directed care requires accessible, comprehensive and effective training programmes.

Informed.

Clinical information systems must be in place to facilitate efficient and effective care and such information must be shared between providers for the beneficial purposes of the patient.


Managed.

The provision of diabetes health care should have clear managerial structure, process and responsibility.

Governed.

The process of diabetes health should be subject to full governance processes through audit to evidence the quality of care against defined standards.

Patient Centred Integrated Diabetes Care

Did access	Did access but incomplete	Did not access	
Person Specific (Service users)		Practise Specific (Service Providers)	
Age		GP's	
Sex		Nurses	
Social class and deprivation		Dedicated Diabetes session	
Ethnicity		Training in diabetes	
Literacy		Interest in diabetes	
Social Support		Link workers	
Transport		Educational material	
Disease and co-morbidity		Cultural Sensitivity	
Disability: Visual, Mobility & Dexterity		Acceptable Advice	
Psychological		Facillities	
Diabetes Population base District population base/demographics			

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