



Western Isles NHS  
Local Diabetes Services Advisory Group  
And Managed Clinical Network

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***Organisation, Accountability and  
Clinical Governance Framework***

**November 2004**

## **Purpose of the document**

This document establishes the remit of the Western Isles NHS Board's Diabetes Services Advisory Group (LDSAG) and Diabetes Managed Clinical Network (DMCN). The arrangement in the Western Isles is unique in that the role of both groups has been combined and therefore holds a dual function.

## **Background**

The increasing prevalence of diabetes is well established on a global basis, this trend is to continue with the World Health Organisation (WHO) predicting that the prevalence of diabetes is due to double in the next five years.

The subject of diabetes is complex. The condition can require medical care within primary care, across many medical disciplines in secondary care, and involves extensive management from allied health professionals. Thus quantifying precisely the level of activity is difficult.

**The Scottish Diabetes Framework (SDF) was published in April 2002, in response to a commitment in our National Health – A Plan for Action, A Plan for Change. The Framework draws on other existing guidance, best practice and available evidence. The document sets out an integrated framework for the care of people with diabetes of which one of the aims is to develop and establish managed clinical networks for people with diabetes in all NHS Boards by September 2004.**

## **Aims and Objectives**

In line with the implementation of the Scottish Diabetes Framework (SDF), NHS Quality Improvement Scotland (NHSQIS), Health Technology Board for Scotland (HTBS), Diabetes Retinal Screening Implementation Group (DRSIG), (Scottish Intercollegiate Guidelines) SIGN 55 and HDL (2002) 69 documents, the LSSAG / MCN will develop a structure which delivers the following:-

### **Aims**

- To implement the recommendations from the Scottish Diabetes Framework
- To develop a sustainable and integrated service for people with diabetes in the Western Isles
- To follow the generic principles of an MCN encompassing a patient-centred approach to improve overall care, in a formalised structure, that is actively managed, is evidence based to inform best practice and includes patients in service planning
- To redesign services to ensure that they result in long term health gains
- To achieved sustained improvement in health experience and a life approaching normal expectation in quality and quantity for people with diabetes
- To prevent major complications of diabetes mellitus.

### **Objectives**

- To develop a Diabetes Managed Clinical Network for Western Isles as laid out in HDL (2002) 69.
- To have clarity of clinically appropriate roles, remit and purpose of all service providers
- To develop a Quality Assurance programme that addresses:-
  - ❑ Occupational standards for delivery of care
  - ❑ Training and education of Health Care Professionals
  - ❑ Audit of process and outcome measures of care through a single IM & T system.
- To develop a Diabetes Service for Type 2 diabetes rooted in Primary Care
- To develop and achieve a local provision of high quality organised care in a timely and equitable manner

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- To establish a comprehensive Western Isles wide and used clinical information system to facilitate clinical care and audit
- To provide consistent and universal high minimum standards of care
- To provide consistent information and education for patients
- To provide a service that has patient involvement in its design
- To manage a Western Isles-wide Retinal Screening Programme
- To redevelop Island-wide guidelines for Diabetes care and to ensure use and sense of ownership by all relevant practitioners.

### Function

**Advisory and Strategic Planning Roles:** The function of the LDSAG/MCN is to provide Western Isles NHS with a strategic lead for diabetes services across the Board's area including provision of agreed standards across the diabetes network. It will be responsible for recognising changing needs within the population, taking account of national policies and developments and advising the Board of measures to be taken to meet those needs.

The group will have responsibility for operational and clinical governance of the Western Isles Diabetes Service.

The Group reports to the Chief Executive and Medical Director of Western Isles NHS Board who have primary responsibility for delivery of such services.

Membership of the group will include broad representation from Primary Care, Secondary Care, Diabetes Specialist Nursing, Allied Health Professionals, Public Health Medicine, Health Service Management and Service Users.

The Chair is responsible for ensuring the analysis of critical or significant events occurring within the service provided by the network, that is brought to their attention by data governance or other parties and, if required would report this to the Board's Clinical Governance Committee or its Operational Divisions. The Chair will be responsible for ensuring that meetings are held at sufficient intervals to discharge the responsibilities of the group.

The group will ensure that systems are in place to monitor and report on compliance with standards, policies and protocols and that peer review is occurring at regular intervals. The group will arrange to receive reports on the performance of key elements of the service including, diabetes retinal screening programmes, clinics and services. It will also ensure that a system is in place for notification of incidents of blindness due to diabetic eye disease and ordering an event report when such an incident occurs.

The group will be responsible for the production of reports to the Board's Clinical Governance Committee and ensuring that an annual report is produced.

**Managed Clinical Network Functions:** The LDSAG/MCN will ensure that a Managed Clinical Network is established that meets national criteria. It will provide clinical and managerial leadership across all services assuring compliance with NHS QIS Diabetes Standards and the implementation of agreed strategic developments. The smooth day to day running on the Network will be assured, including

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specific responsibility for IT, Network Data, Retinal Screening, Public Involvement, Training and Development, Publicity and Events.

**Core Staff:** The Planning & Development Manager is recognised as the Board officer with responsibility for development of the managed clinical network including framework and structures in line with national recommendations. Diabetes services development is part of a wider portfolio of responsibilities. The Board's lead officer for diabetes is the Director of Public Health.

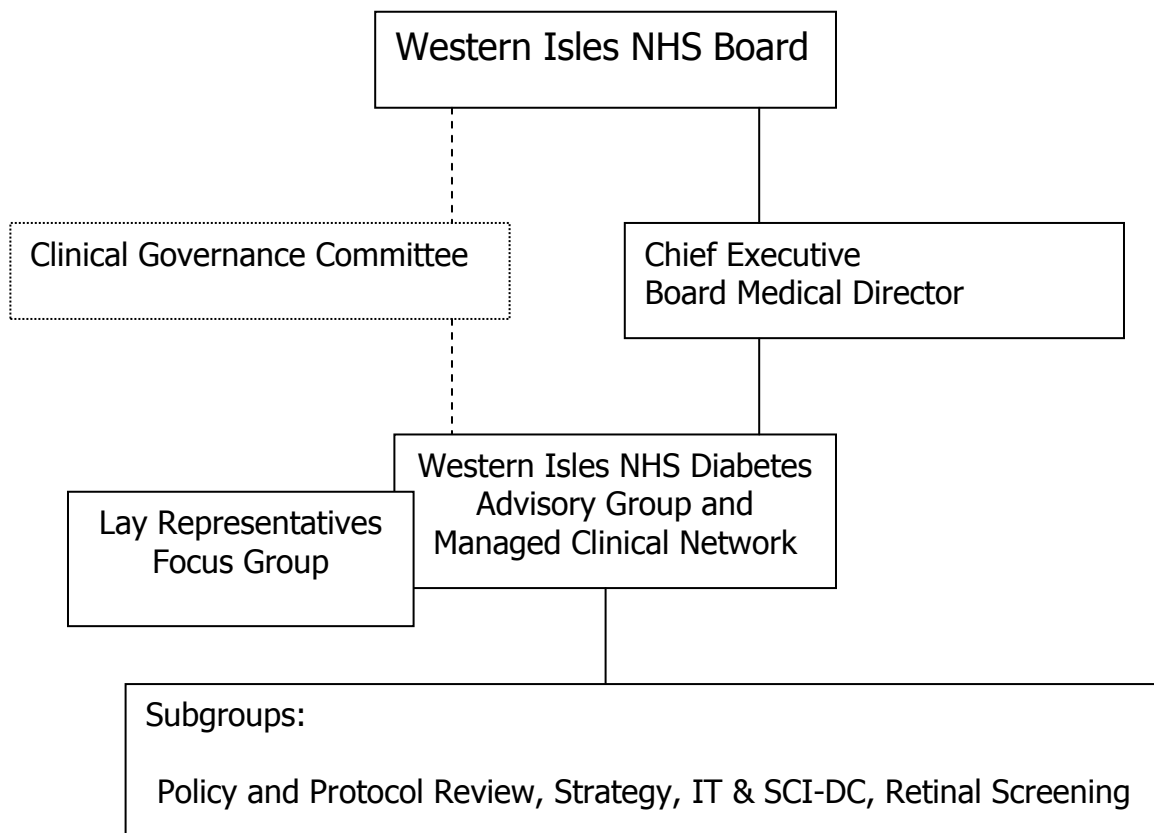
A Lead Clinician has been appointed to the Managed Clinical Network and is operationally accountable to the Medical Director Hospital Services.

Two Primary Care Lead Clinicians have been appointed, one representing Lewis and Harris, the other for the Uists and Barra.

The Diabetes Centre Co-ordinator is responsible for the day to day management of the Network and specific programmes such as IT, data management, diabetes register, SCI-DC implementation and IT developments, retinal screening, patient and public involvement and for co-ordinating network initiatives with key members of the network.

**Patient and Public Involvement:** Users and Families are represented on the core group with representatives from Diabetes UK, Type 1 Diabetics, Parents, Teenagers. In addition a Diabetes MCN Patient Focus Group has been recognised and participates in diabetes projects.

### Structure:



## **Clinical Governance**

### **Western Isles Diabetes Network Clinical Governance Principles**

Clinical Governance can be defined as a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

The Western Isles NHS Diabetes Managed Clinical Network adheres to the Clinical Governance Arrangements laid out in HDL (2002) 69 Appendix 3, and to the following principles defined by Scally and Donaldson (Scally G, Donaldson LJ. 'Clinical governance and the drive for quality improvement in the new NHS in England.' *BMJ*; 317: 61-5)::

- Avoiding risk, through having properly trained staff, good procedures and a safe environment.
- Coherence, by ensuring good communication within clinical teams so that everyone is clear about what they should be doing and why.
- Infrastructure, by having adequate access to evidence, training and education, and aids such as IT systems that support clinical practice.
- Quality methods that enable clinicians to objectively assess the quality of the care they provide, learn from mistakes and support evidence-based protocols.
- Identifying poor performance, intervening effectively and ensuring that everyone knows how their service is performing.
- The development of a culture that is open, where there is good leadership and team working, high quality education and effective partnership with patients.

### **Reporting Critical or Significant Events**

With reference to the Clinical Governance Arrangements laid out in HDL (2002) 69 Appendix 3; The Chair of Western Isles NHS Diabetes Strategic Advisory Group will be responsible for analysis of, and reporting to the Clinical Governance Committees of Western Isles NHS Board or its Operating Divisions, all critical or significant events occurring within the service provided by the Network.

### **Standardising Practice and Performance**

Recognising that there will be variations in practice across the Board area the aim of the clinical governance programme will be to standardise practice and ensure equity of service and that the services are meeting national and locally agreed standards.

The LDSAG / MCN will ensure that a structure exists to assure quality and measure performance against agreed criteria. SCI-DC and the database of the local diabetes register will be central to this function and therefore provision for data quality management will also fall within the remit of the group.

A Clinical Performance Review Programme will be agreed year on year and selected process and outcome variables agreed between the LDSAG / MCN and the Board's Clinical Governance Committee. These will then serve as the Diabetes Services Quality Assurance markers.

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The aim will be to measure from a baseline the clinical performance of the Diabetes Service so that within three years targets will be in line with, if not exceeding, National targets based on SIGN Guideline 55 and the Quality and Outcomes Framework in the new General Practice Contract.

By 2007 they will also include targets relating specifically to specialist care activity.

Historical data will be held on Western Isles NHS intranet site so that year on year comparisons can be made.

**Reporting Data:** Reporting will be in line with the policies agreed by the Clinical Governance Committee. Data will be made available to individual clinicians or practices that is relevant to them and in aggregated form to Board Divisions and to the Clinical Governance Committee. Support will be provided to clinicians in terms of interpreting the data and the planning of action at Practice / Clinic level to facilitate future improvements.

The LDSAG / MCN will involve the Management Performance Department, Quality Assurance / Clinical Governance Manager and Area Clinical Audit Facilitator in meeting the above obligations.

### Public Health

The World Health Organisation have declared diabetes an international epidemic. In Scotland the recognised number of people with diabetes is 3% of the population and it is predicted there is a further 3% of undetected people with diabetes.

In the Western Isles there are approximately 900 people registered with the condition and, if the local population trends are comparable with Scotland, there will be approximately 900 people with diabetes who have not yet been detected. Nationally and locally this incidence is expected to double in the next five to ten years. The Western Isles has the highest incidence of childhood diabetes in the UK.

The LD-SAG / MCN will engage with public health medicine to monitor the local population and measure need. In partnership, strategies will be developed for the detection of diabetes, Health Promotion and education.

The LD-SAG will implement a public and patient information strategy that provides health information and advice about the condition, management and local services. It will organise regular awareness raising initiatives locally.

### Education and Training

The LD-SAG will identify education and training needs for those professionals directly involved in diabetes care and maintain a register of all personnel, whether in primary or secondary care who are directly involved in diabetes services. A record of training will be maintained.

To maintain a reasonable knowledge on the management of diabetes within the general workforce, the group will also make recommendations to the Board and its Divisions on the training of general staff and contribute to training programmes and schemes.

The LD-SAG / MCN will involve the Professional Training and Development Manager in meeting these obligations.



Western Isles NHS  
Diabetes LDSAG MCN Governance Framework

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