Collaborative Working Project executive summary

Project title	**Improving the levels of care and clinical outcomes of young people, and university students aged 16-25 years old with all types of diabetes in North East Essex**
Partner organisation/s	North East Essex Diabetes Service (hosted by Suffolk GP federation) Sanofi
Project rationale	The care of young people, in particular university students with diabetes, faces enormous challenges. A recent survey of 1,864 18-24 year old students with type 1 diabetes showed that the majority had not moved diabetes care to the city where they study, found diabetes management harder and suffered frequent hypoglycaemia. 26% of students reported diabetes-related hospital admission. 91% of students never or rarely contacted university support services about their diabetes (Kellett et al, 2018 in Diabetic Medicine). Young people starting University experience a huge transition in their lives and often struggle to self-manage their diabetes; they become immediately more isolated and struggle to find peer support in their locality; furthermore, with issues such as transport, time, and finances they can find it very hard to access appropriate health professionals. Poor diabetes control in this patient cohort can put additional strain on NHS diabetes management and emergency care resources and have a significant negative financial impact on the healthcare economy. From the perspective of health professionals, Successful engagement with the young person's cohort is notoriously challenging with high DNA rates and variations of many be 'hard to reach'. This often results in missed diabetes annual reviews and care process checks as reflected in the national data. The Adolescent and Young Adult Type 1 Diabetes Audit (AYA) links datasets from the adult and paediatric national diabetes audits. The AYA has been designed to audit care provision during the period when young people with diabetes move from paediatric to adult based clinical care. Data from June 2022 (2017-2021) https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit-aya/nda-aya-2017-21 3 recommendations from AYA are – 1) All Children and young people should continue to receive essential health checks 2) Primary care/ adults/ paeds teams work collaboratively to reduce DKA & deteriorations commonly seen in glycaemic control of this age group 3) Insulin pump- continue support/ offer where eligible as per NICE guidelines. **Local population need:** SNEE consists of a broad mix of towns, such as Colchester

	and Ipswich, combined with rural and semi-rural areas. The Tendring coastal areas, particularly Jaywick and Harwich, are some of the most deprived in England. Colchester is a university town with a single GP surgery supporting student on campus and during the nine months of term-time has a high prevalence of hard-to-reach young people. These often present in an acute bed with DKA or in need of urgent insulin pump attention without being known to the local diabetes specialist team. The Children and Young Person population of SNEE ICS is 224 according to Eclipse Diabetes Complete. This comprises the transition clinic at ESNEFT, and 118 individuals managed by the Young Person service in the community based North East Essex Diabetes Service. The GP surgery linked to University of Essex (The Rowhedge Surgery) has many of the students register with them, currently 32 of the Rowhedge Surgery caseloads and 4 of NEEDS caseload are known university students but we recognise these figures are not a true reflection of the actual population which we also hope to improve as part of this project (e.g. International students and students who have recently moved to the area). Insights collected from experts and the NDPA audit showed that outcomes where SNEE ICS are significantly different to the East of England are: ▪ High deprivation. ▪ Low care processes recorded for BMI, foot examinations, micro albumin, smoking status and blood pressure. ▪ Low uptake of flu vaccinations. ▪ High numbers of young people 15+. ▪ High number of young people not screened for psychological support. ▪ Low uptake of insulin pumps and CGM. **Current identified risks for young people and students include:** - Many university students, including international students do not register with local teams, opting to stay with their home team resulting in delays to access to care limited to out of term time only - Missing essential yearly reviews to flag changes or deteriorations in health in a timely manner - Lack of peer support through embarrassment in disclosing their condition to new friends/ housemates - Poor clinical outcomes and high risk of clinical harm due to the above, combined with changes in lifestyle experienced whilst at university and growing up living alone etc. - Limited levels of psychological support available locally - Limited level of collaboration between health support teams and academic support teams
Project period	Q3 2023 to Q3 2024

Project objectives	The collaborative working project will deliver the following benefits for Patients, the NHS and Sanofi: **<u>Patients</u>** • Identifying areas where students and young people are experiencing inequity in access to diabetes services or not engaging with the service support available. • Efficient pathways and joined up care to provide quicker and more equitable access to care for students and young people with diabetes in North East Essex ICB, ensuring the right patients receive the right care in the right place at the right time. • Access to psychological and educational wrap around care empowering patients to start a self-care journey to improve emotional and psychological well-being. **<u>NHS</u>** • Joined up care approach across with service providers across the locality with both the NHS and University of Essex. • Efficient service pathways in place that demonstrate a reduction in unwarranted variations in care for young patients and students. • Learning from the implementation of a population health management approach to addressing pathway and service access issues for patients with diabetes at high risk that can inform the implementation of similar projects in other areas nationally/internationally. **<u>Sanofi</u>** • Improved knowledge of the needs of the customers in managing students and young people with diabetes who experience inequalities of care and how targeting health inequalities can be used to improve patient care. • Improved reputation with relevant stakeholders within Suffolk and North East Essex ICB and partner organisations. • As Sanofi produce medicines in this disease area if overall patient care is optimised there may be an increase in usage of these products in line with local and national guidelines.
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