

**Royal College of General Practitioners and Warwick Medical School
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Abstract Submission Form**

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Category Audit	
PRESENTATION DETAILS	
Authors Dr Andrew Askey	Title of Study Improving diabetes care by increasing screening for microalbuminuria
<p>What's the problem you are tackling? Screening for microalbuminuria is a key care process for people with diabetes, but was removed from QOF and since then the percentage of patients having this test has dropped significantly as reported by the National Diabetes Audit. Increasing screening will reduce risk of microvascular complications going unrecognised and improve outcomes.</p>	
<p>How did/will you do it? As a clinical lead for the RCGP /National Diabetes Audit project to improve quality of care for people with diabetes I worked with 6 local practices in my CCG to improve ACR screening using quality improvement methodology. Process mapping helped to identify where interventions could be made. Data was collected monthly and run charts used to show improvement in the number of people being screened appropriately. EMIS prompts were devised to assist clinicians in requesting a screen, facilitate coding and management of microalbuminuria.</p>	
<p>What did you find? The 6 practices involved had a combined diabetes register of 1800, about 10% of the CCG register for diabetes. In 2014 fewer than 1000 had an ACR screen performed; by the end of the project in 2016, nearly 1800 screens had been done. In 1 practice, there was also increased coding for microalbuminuria (about 60 patients), increased prescribing of ACEi or ARB medication, and better monitoring of renal function.</p>	
<p>Why does this matter? Early detection of possible complications of diabetes will facilitate better management and reduced risk of significant clinical outcomes. Simple changes in process at a practice level showed significant change in this group of practices; there is huge potential for more significant impact if these simple processes were adopted on a larger scale.</p>	