WHH KES Impact Case Study

Report of a case in which information provision has influenced patient care, either individually or through the development of a care pathway.

Library concerned: Warrington & Halton Hospitals NHS Foundation Trust Name of case study: Evidence to support European research into offender health and diabetes – specifically a nurse-led outreach service. Date of interview to inform the case study: 16/06/2016

Interviewee	Name: Lesley Mills Job Title: Consultant Nurse in Diabetes Trust/Employing body: WHH Email: lesley.mills@whh.nhs.uk Tel: ext. 2179
Summary of problem or reason for enquiry(3 sentences)	The Clinical Evidence Specialist conducted a literature search around offender health and the control of diabetes with a specialist interest in nurse-led outpatient care.
Briefly describe what information was found	My team presently provides outpatient care to diabetic patients within secure facilities. The patient, in the past, has been required to attend appointments within the hospital. This service is costly and necessitates two prison guards securely transporting patients to the hospital. They then have to accompany the patient in the Outpatient's Waiting Room and then transport them back. This is a high-risk situation that causes uneccessary issues, distress for the patient and other attendees and is likely to result in a high number of Did Not Attends (DNAs). Prisoners, for several reasons are unable to attend their appointments and this is problematic for waiting lists and vehicle arrangements. A couple of the papers retrieved by the Clinical Evidence Specialist highlighted a Diabetes Nurse Specialist Outreach Service. This is where the nurse visits the prison to provide outpatient care. This ultimately improves patient care and eliminates DNAs. The prison guards are not required to attend appointments and costs savings have been realised.

Give up to	
four short	
quotations	
demonstrating	
how patient	
care changed	

- 1: There has been a cost saving of around £48,500 with a reduction in DNAs, not requiring transport or supervisory prison guards.
- 2: The Clinical Evidence Specialist was able to recall evidence that it would have taken me much longer to find. This enabled a

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as a result of the information provided or found

quick publication of my research and implementation of the service.

- 3: I presented the findings of the study, based on the evidence sourced by the library, to present at the Primary Care & Public Health Conference 2014. This service will now be implemented nationally.
- 4: Ultimately, the service now provides improved patient care for offenders. They are less distressed at being transported, they receive thorough, tailored and appropriate care and the nurse is able to see all patients.

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