PRIMIS
Making clinical data work

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GRASP-DM

GRASP-DM is a free, easy-to-use tool that assists GP practices to interrogate their clinical data, enabling them to improve patient outcomes, reduce costs, avoid inappropriate treatment for patients with DM and reduce their risk of developing associated complications.

GRASP-DM uses the CHART software tool to create a highly visual practice-level summary in the form of a dashboard, as well as allowing practices to drill down to examine detailed patient care at an individual level.

CHART Online provides the ability for practices to benchmark themselves securely and anonymously against others both locally and nationally.

GRASP-DM can be adapted to suit local requirements. Please contact PRIMIS to find out more.

Obtaining the GRASP-DM quality improvement tool

Use of the standard GRASP-DM is FREE to practices in England. Please apply for access via the online form at:

https://tinyurl.com/CHART-GRASP

Contacting PRIMIS

Web
nottingham.ac.uk/primis

General enquiries
enquiries@primis.nottingham.ac.uk

Diabetes management

audits patient care against current best practice guidelines

reports on the presence of associated complications of diabetes for all patients with diabetes in the practice

reports on the NICE recommended care processes and the number achieving the related targets for HbA1c, BP and cholesterol

reports on the number of patients currently being treated in accordance with NICE recommendations regarding blood glucose lowering therapy

provides multiple data views including a visual dashboard, ASCVD dashboard, medication pathway and tabular summaries. From patient level to practice, local and even national levels

highlights where prescribing in diabetes might be sub-optimal from a safety point of view with advice and cautions included from the BNF

Case finder

helps identify patients with a missing diagnosis of diabetes

allows practices to determine a more accurate prevalence rate within their population

identifies patients in the practice who are most at risk of developing type 2 diabetes through calculation of the Leicester Practice Risk Score and the presentation of indicative risk factors

assisting with the reporting requirements for the NHS Diabetes Prevention Programme, including identifying patients eligible for referral to the programme

provides a mail merge function to invite priority patients for review

Benefits of using
GRASP-DM

Joint benefits

helps to optimise the care and treatment of patients with diabetes

helps to boost Quality and Outcomes Framework (QOF) points

contributes to the delivery of the QOF, National Diabetes Audit, NHS Outcomes Framework, CCG Outcomes Indicator Set, NHS Diabetes Prevention Programme and NHS RightCare
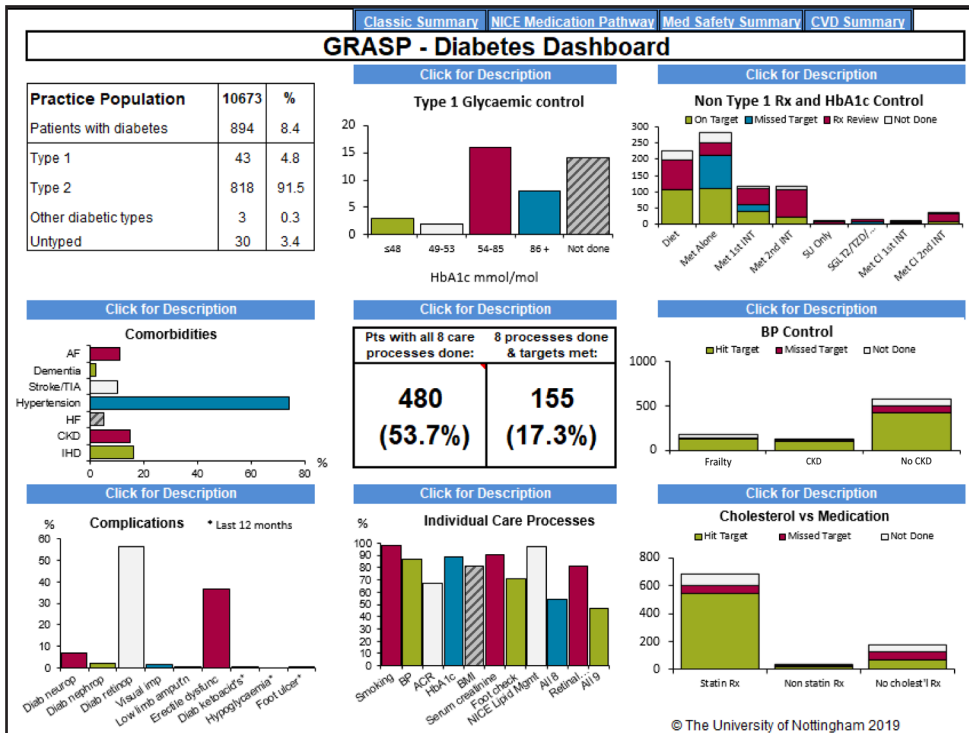
DM management - CHART dashboard summary

The CHART dashboard provides practices with an instant visual snapshot of their clinical data, the NICE medication pathway, the medication safety summary and the classic tabular view.

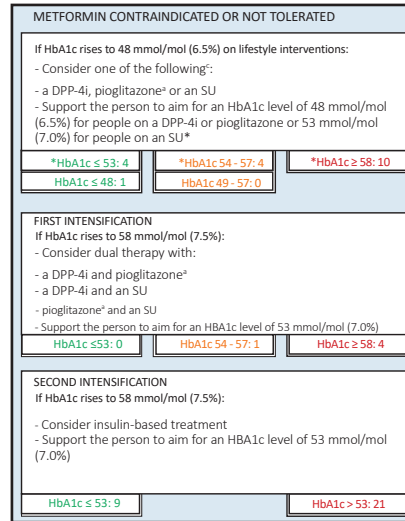This allows the following key aspects of DM management to be evaluated:

- achievement of each of the individual care processes as recommended by NICE, with an indication of the number receiving 8 or 9 processes in the last 12 months

- the number of patients receiving the key care processes and achieving the related targets for HbA1c, BP and cholesterol in the last 12 months

- presence of associated complications and key co-morbidities with the ability to focus on patients with diabetes and ASCVD

- adherence to the NICE blood glucose lowering pathway

- key medication and prescribing safety aspects, including the number of patients currently at risk

- diabetes prevalence by diabetes type

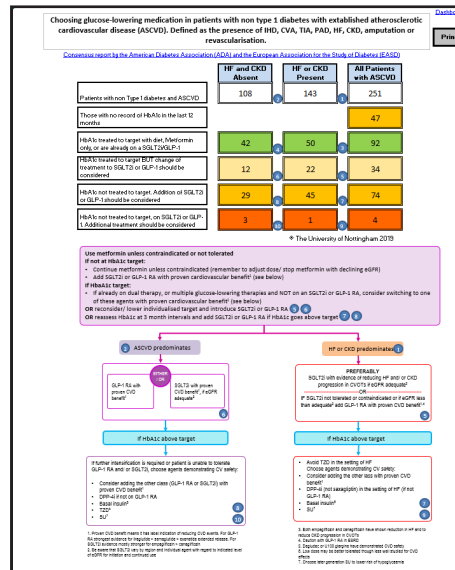- HbA1c control by diabetes type

The Diabetes Care Dashboard ▼

The dashboard acts as a 'home' area, from which all other views are all accessible

A section from the NICE Medication Pathway ▶

METFORMIN CONTRAINDICATED OR NOT TOLERATED

If HbA1c rises to 48 mmol/mol (6.5%) on lifestyle interventions:
- Consider one of the following:
- a DPP-4i, pioglitazone or an SU
- Support the person to aim for an HbA1c level of 48 mmol/mol (6.5%) for people on a DPP-4i or pioglitazone or 53 mmol/mol (7.0%) for people on an SU*

*HbA1c ≤ 53: 4	*HbA1c 54 - 57: 4	*HbA1c ≥ 58: 10
HbA1c ≤ 48: 1	HbA1c 49 - 57: 0	

FIRST INTENSIFICATION

If HbA1c rises to 58 mmol/mol (7.5%):
- Consider dual therapy with:
- a DPP-4i and pioglitazone
- a DPP-4i and an SU
- pioglitazone and an SU
- Support the person to aim for an HBA1c level of 53 mmol/mol (7.0%)

HbA1c ≤53: 0	HbA1c 54 - 57: 1	HbA1c ≥ 58: 4

SECOND INTENSIFICATION

If HbA1c rises to 58 mmol/mol (7.5%):
- Consider insulin-based treatment
- Support the person to aim for an HbA1c level of 53 mmol/mol (7.0%)

HbA1c ≤ 53: 9	HbA1c > 53: 21

A section from the ASCVD Dashboard ▼

GRASP - Diabetes Dashboard

Classic Summary | NICE Medication Pathway | Med Safety Summary | CVD Summary

Practice Population	10673	%
Patients with diabetes	894	8.4
Type 1	43	4.8
Type 2	818	91.5
Other diabetic types	3	0.3
Untyped	30	3.4

Type 1 Glycaemic control

Non Type 1 Rx and HbA1c Control

Comorbidities

Pts with all 8 care processes done: **480 (53.7%)**

8 processes done & targets met: **155 (17.3%)**

BP Control

Complications

Individual Care Processes

Cholesterol vs Medication

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Choosing glucose-lowering medication in patients with non type 1 diabetes with established atherosclerotic cardiovascular disease (ASCVD). Defined as the presence of IHD, CVA, TIA, PAD, HF, CKD, amputation or revascularisation.

Consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD)

	HF and CKD Absent	HF or CKD Present	All Patients with ASCVD
Patients with non type 1 diabetes and ASCVD	108	143	251
Those with no record of HbA1c in the last 12 months			47
HbA1c treated to target with diet, Metformin only, or are already on a SGLT2/GLP-1	42	50	92
HbA1c treated to target BUT change of treatment to SGLT2i or GLP-1 should be considered	12	22	34
HbA1c not treated to target. Addition of SGLT2i or GLP-1 should be considered	29	45	74
HbA1c not treated to target, SGLT2i or GLP-1. Additional treatment should be considered	3	1	4

* The University of Nottingham 2019

Five key actions following use of the GRASP-DM tool

Identify patients who may have a missing diagnosis or are at risk of developing diabetes (case finder)

Establish the number of patients who have received the NICE care processes in the last year and the number achieving related targets for HbA1c, BP and cholesterol

Target patients who are not being treated in accordance with NICE recommendations regarding blood glucose lowering therapy and review accordingly

Identify where prescribing in diabetes might be sub-optimal from a safety point of view and review patients at risk

Upload data to CHART Online for benchmarking and comparison