Intended	Primary driver	Secondary driver	action
outcome Improve or maintain outcomes while minimizing the environmental, social and financial costs of Type 11 Diabetes care	Prevent avoidable disease	-Reduce weight -Reduce sugar intake	-Every contact counts -Exercise referrals/green space/social presciption -Dietician referrals -input to policy eg sugar tax -Increase awareness of diet and diabetes
	Empower patients to improve disease management	-improve self-monitoring- in patients who require it -Shared decision making -Peer support -improve networks -Improve life skills eg cooking	-Apps -Diary -Individual care plans -Annual reviews + discussion -Monthly expert patient meetings social prescription – food/cookery/food growing
	Ensure lean systems	-Reduce continued use of drugs without benefit -Joined up care for multiple chronic conditions -Reduce unnecessary hospital referrals -Lean communications	-Regular team meetings with a diabetic focus -Audit -Joint clinics for chronic conditions in hospital -Regular local training events with diabetic focus
	Switch to lower carbon alternatives	-?increase the use of telemedicine	-?introduce digital support for videoconferencing between GP/nurse and consultant and patient eg for diabetic foot ulcers?
	Improve operational resource use	-promote medicines optimization -Improve recycling of equipment -reduce unnecessary use of patient blood glucose monitoring	-Pharmacy/GP medication reviews -work with manufacturers to recycle glucometers? - improve education around who benefits from regular glucose monitoring.