

DIABETES THINK TANK

21 February 2017

Supporting GPs and primary care to improve outcomes for people living with diabetes

2.00pm to 4.00pm
Room R, Portcullis House

Meeting report

Introduction

The Diabetes Think Tank welcomed NHS England Associate Clinical Director for Diabetes, Dr Partha Kar, as keynote speaker for its opening meeting of 2017. Previous meetings of the Think Tank had underlined the importance of GPs and primary care in supporting outcomes for people living with diabetes. Members were keen to hear from Dr Kar on the work he is leading at Portsmouth Hospitals NHS Trust, known as the [‘Super Six’ model](#). To ensure better outcomes for people living with diabetes, this collaboration framework between the hospital and community care allows for more seamless communications and dedicated support for GP practices in that area.^{1,2}

The topic was particularly timely given the recent publication of the [2017/18 General Medical Services \(GMS\) contract for GPs](#), which includes a requirement to allow collection of National Diabetes Audit (NDA) data from all practices from July 2017. This followed a significant increase in participation from 57.3% in 2014/15 to 82.4% in 2015/16, and is a step that the Diabetes Think Tank has called for over recent years.³ In addition, the new contract confirms the establishment of a working group to discuss the future of the Quality and Outcomes Framework (QOF) post-April 2018.⁴

The meeting also provided a timely opportunity for members to reflect on the recent call for bids to access the £43m diabetes transformation fund, which closed on 18 January 2017.⁵

On opening the meeting, Diabetes Think Tank Chair, Pauline Latham MP, informed the group that this would be her last meeting as chair. Ms Latham expressed her gratitude to the group for their support over her period of chair and stressed the value of the forum in driving change for people living with diabetes. The members in turn thanked Ms Latham for her commitment and leadership, and welcomed her ongoing engagement as a member of the Think Tank going forwards. Members also reiterated their aspiration to see stronger engagement from policy makers, specifically parliamentarians.

Recommendations

During the course of the meeting, the following recommendations were made by the Think Tank:

- **The reformed Quality and Outcomes Framework (QOF) should focus on outcomes-based, measurable indicators with patients at the heart.** The current framework is centred on getting the processes right for diabetes care; as the BMA works with NHS

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England to develop and strengthen QOF, there should be a shift towards incentivising and measuring improvements in outcomes, capturing patient experience

- **Best practice being delivered through local enhanced services (LES), or local incentivised services, should be captured nationally.** In order to support primary care to deliver more and better care for people living with diabetes, the core attributes of successful LESs should be collated into a national document to guide and spread best practice across the country
- **Areas in most need of support for improving diabetes services should not be neglected.** Whilst the diabetes transformation fund will provide investment for successful applicants, unsuccessful applicants, or indeed regions that did not submit bids for funding, should also be supported to transform and improve care for people living with diabetes. This could be in the form of additional investment where needed, but also through programmes such as NHS RightCare and dissemination of best practice guidance to provide the tangible support to make improvements achievable
- **The diabetes transformation fund must be continued into 2018/19 and beyond.** The funding process for 2017/18 allocations was held under significant time constraints and, whilst bringing together actors in local areas to collaborate, was not necessarily conducive to producing the strongest applications. Whilst lessons can be learnt from this, it is important that this funding is not a one-off investment. Improvements in outcomes may not necessarily be tangible within a one-year time frame, and in order to ensure long-term transformation can be delivered, certainty around the longevity of funding is vital

Supporting general practice to deliver more care for people living with diabetes

NHS England Associate Clinical Director for Diabetes, Dr Partha Kar, gave an overview of the work being undertaken at Portsmouth Hospitals NHS Trust to support GPs to take over the care of nearly half of patients with Type 2 diabetes. The Trust has developed and led the 'Super Six' model of diabetes care, which established a community diabetes team, comprised of both consultants and specialist nurses from the hospital, to work closely with GPs in the area to better provide diabetes care outside of hospital. The premise is that hospital care should focus on the 'super six' patients that require high levels of diabetes expertise or multidisciplinary input.⁶

- Inpatients with diabetes
- Pregnant women with antenatal diabetes
- Type 1 diabetes patients with poor control
- Patients with complications requiring diabetes foot care
- Patients who require insulin pump therapy
- Patients with nephropathy and receiving dialysis

This has led to measurable improvements in outcomes, notably in the management of diabetes in pregnancy; an area that has seen little improvement since the 1989 St Vincent declaration commitment to achieve pregnancy outcomes in women with diabetes that approximate that of women without diabetes.⁷ The evaluation of the scheme at five years reveals that, for 2014/15, the

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rates of longer-term complications have been reduced, and it is estimated that £1.9m was saved in 2014/15 alone.²

The discussion that followed explored what lessons can be learnt from the 'Super Six' model to apply in other regions. Principles that were agreed included:

- Whilst there is no panacea for diabetes care, the principles from the "Super Six" model can be adapted to different areas, both rural and urban
- Bringing people together and establishing strong working relationships locally, using phone and email to keep in contact as well as regular face-to-face meetings, provides the foundation for transformation
- Whilst the frameworks are emerging for greater local collaboration – through the transformation fund, sustainability and transformation plan (STP) footprints and new models of care – complex financial flows and incentives can be a barrier. Organisations are not incentivised to relinquish work under the current funding system

The discussion moved onto QOF, and how QOF can be strengthened as an incentive and a tool to provide support for general practice post-April 2018. The following principles were agreed during the meeting to feed into the development of QOF:

- The scheme is currently focused on process; both QOF and the CCG Improvement and Assessment Framework should move towards greater outcomes-based assessment
- There should be a greater focus on patients, such as through patient experience indicators
- The indicators have to be measurable and tangible

The final discussion area of this section focused on local enhanced, or incentivised, services (LESs), which offer practices access to additional funding for enhanced diabetes services in primary care. These are in place, or being trialled, in a number of CCGs; however, there is currently no mechanism in place to capture and share best practice. Areas of best practice were discussed, including:

- Continuous training and mentorship for healthcare professionals, including practice nurses and community pharmacists, to deliver and manage care for people living with diabetes
- Refreshing the LES annually, to ensure that it continues to drive targeted improvements
- Inclusion of diabetes services within LES for long-term conditions, rather than in isolation, can often be more effective

Whilst it was agreed that a top-down model for LES would not be appropriate, there would be value in national guidance for elements of best practice that can be applied locally depending on the needs of a given area. Members present agreed that the Think Tank has a role to play in capturing best practice and core competencies that should be incentivised and driven through a reformed QOF, and feeding this into the BMA working group developing the scheme over the coming 18 months.

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Diabetes transformation funding

Between 2 December 2016 and 18 January 2017, individual CCGs or groups of CCGs (excluding Greater Manchester), were invited to submit applications to access a diabetes transformation fund totalling £43m across four interventions:

- Improving the achievement of the NICE-recommended treatment targets (HbA1c, cholesterol and blood pressure) and driving down variation between CCGs and between GP practices – £17m
- Reducing amputations by improving the timeliness of referrals from primary care to a multi-disciplinary foot team (MDFT) for people with diabetic foot disease – £8m
- Reducing length of stay for inpatients with diabetes through the provision of Diabetes Inpatient Specialist Nurses (DISNs) - £8m
- Improving uptake of structured education (SE) by both the prevalent and newly diagnosed population – £10m

Dr Partha Kar gave his insights and feedback on the bidding process and applications received:

- Approximately 240 bids were received, with a good spread across the four intervention areas
- Notification of investment is expected by the end of February or early March
- The applications were judged by regional panels in the first instance, and then finalised by a national panel. The national panel did not overturn any recommendations from regional panels

Members were invited to share their feedback on the process, both in terms of submitting applications and judging the bids. Key lessons were shared, including:

- The timing of the call for bids was inconvenient over the Christmas period, and the timeframe itself was too short. In some cases, this meant that bids could not be submitted due to the time constraints
- There are concerns around the longevity of the funding - should this become a one-off fund for 2017/18 only, how can local investment be guaranteed beyond this timeframe to ensure delivery of the initiative?
- A word count would help focus the bids and give a steer on content

Whilst there were a number of areas that need to be improved upon in the bidding process, members agreed that that exercise brought people together to collaborate on the bids which was of significant value, opening local conversations on how to drive up care for people living with diabetes. It was agreed that support for those areas most in need of improvement should be provided, particularly where they are unsuccessful with their bids, or unable to submit bids.

At present, this funding is stated as available for 2017/18 and “provisionally in 2018/19, subject to confirmation”.⁸ With this in mind, members stressed that return on investment and significant improvements in outcomes may not be visible within 12 months, and this must be kept in mind when evaluating the successful initiatives. Nevertheless, it was noted that implementation and establishment of processes can be measured over the course of 2017/18, and indeed this will be important for making the case for future investment in 2018/19 and beyond.

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Assessing the impact of the Diabetes Think Tank

Members spent the final section of the meeting reflecting on the progress made in recent years on diabetes policy, including:

- NHS England's 2016/17 Mandate commitment to reduce the variation in management and care for people living with diabetes⁹
- The securing of transformation funding for diabetes services, which saw £43 million allocated towards improving treatment and care for people living with diabetes¹⁰
- The inclusion of diabetes as a priority area in the CCG Improvement and Assessment Framework¹¹
- The inclusion within the GP contract of the NDA as a contractual requirement from July 2017³

Whilst significant progress has been made for people living with diabetes, there are still many areas for improvement, as well as stark variation in care across the country. In particular, the following areas were highlighted by members for focus over the coming years:

- Building on the meeting's discussions, how primary care can be supported to deliver care for people living with diabetes
- Continuation of investment such as the transformation funding, and maintenance of diabetes as a priority area for government and NHS England
- The impact of cuts to public health funding and health education
- The importance of empowering patients to manage their condition, including through structured education
- Ensuring patient access to innovative treatments, technology and devices, in line with that achieved in other countries

Summary of discussion questions

Discussion question 1: What lessons can be learnt from the Portsmouth 'Super Six' model, and how can they be applied across the country?

Discussion question 2: What are the core principles for diabetes services that the BMA's working group should take into account when considering the future of QOF?

Discussion question 3: Is local best practice, such as the use of LESs, being captured and disseminated to share successful models of diabetes care in the community? Can the Diabetes Think Tank play a role in this?

Discussion question 4: Are the four areas set out for the transformation funding for diabetes services the right areas of focus? Is the distribution of funding across these areas the right balance?

Discussion question 5: Have any members been involved in or aware of applications for diabetes transformation funding? What are members' experiences of the process?

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Discussion question 6: What plans are in place to monitor and evaluate the outcomes of successful initiatives to ensure that best practice is captured?

Discussion question 7: How can we ensure that funding is continued for transformation in diabetes care into 2018/19 and beyond?

Discussion question 8: How can we help to raise the profile of the Diabetes Think Tank's achievements?

Discussion question 9: Are members happy for us to invite the Minister for Public Health and Innovation, Nicola Blackwood MP, to the June meeting? If so, what are the three areas that members would like to raise with her?

List of attendees

| Title | Name | Surname | Position | Organisation |
|-----------|----------|----------|--|---------------------------|
| Dr | Gary | Adams | Reader in Diabetes Health | University of Nottingham |
| Professor | Clifford | Bailey | Professor of Clinical Science | Aston University |
| Dr | Neel | Basudev | Clinical Director | Health Innovation Network |
| Ms | Debbie | Cook | Nurse Consultant and Clinical Champion | Diabetes UK |
| Ms | Heather | Daly | Nurse Consultant | Leicester Diabetes Centre |
| Mr | Mark | Evans | Lecturer and Consultant | University of Cambridge |
| Ms | Laura | Fargher | NDA Engagement Manager | Diabetes UK |
| Professor | Devaka | Fernando | Professor and Consultant | Sherwood Forest Trust |
| Ms | Victoria | Hayes | Public Affairs Lead | Sanofi |
| Dr | Sufyan | Hussain | Consultant and Lecturer | Royal Free |
| Ms | Aileen | Jackson | Interim Programme Director, Diabetes and Stroke Prevention | Health Innovation Network |
| Ms | Lesley | Jordan | Chief Executive | INPUT Patient Advocacy |
| Dr | Partha | Kar | Associate Clinical Director for Diabetes | NHS England |
| Ms | Abigail | Kitt | Diabetes Regional Programme Manager | NHS England |

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|------|----------|----------|--|--|
| Ms | Pauline | Latham | Member of Parliament for Mid Derbyshire and Chair, Diabetes Think Tank | House of Commons and Diabetes Think Tank |
| Dr | Jo | McCardle | Diabetes Podiatrist | Foot In Diabetes UK |
| Ms | Rosie | Mughal | Account Director | Incisive Health |
| Ms | Sara | Nelson | Programme Lead | Health London Partnership |
| Mr | Ben | Nunn | Associate Director | Incisive Health |
| Ms | Vicky | Parker | Quality and Improvement Manager | London Diabetes Network |
| Lord | Chris | Rennard | Peer | House of Lords |
| Ms | Lesley | Roberts | Programme Director | North West London STP |
| Ms | Hannah | Salmon | Assistant to Derek Thomas MP | House of Commons |
| Mr | Virendra | Sharma | Members of Parliament for Ealing Southall | House of Commons |
| Mr | Derek | Thomas | Member of Parliament for St Ives | House of Commons |
| Mr | Chris | Warren | Account Executive | Incisive Health |
| Ms | Lis | Warren | Patient Representative | Diabetes UK |
| Ms | Alison | White | Project Manager, Diabetes | Health Innovation Network |

About the Diabetes Think Tank

The Diabetes Think Tank has been meeting in Westminster since 2008. It brings together policy makers, patient group representatives and healthcare professionals from across the diabetes patient pathway and provides them with a platform to engage in an open discussion of current issues affecting care for people with diabetes.

The cost of administrative support for the Diabetes Think Tank has been provided by Sanofi, who have no editorial control over the Think Tank's recommendations.

Secretariat of the Diabetes Think Tank, March 2017

¹ Portsmouth Hospitals NHS Trust, [Super Six diabetes model](#) (Accessed 6 February 2017)

² Nicholson EJ, Cummings MH, Cranston ICP et al, [The Super Six model of care: Five years on](#), *Diabetes & Primary Care*, 18:221-6, 2016 (Accessed 6 February 2017)

³ NHS Digital, [National Diabetes Audit – 2015-16: Report 1, Care Processes and Treatment Targets](#), 31 January 2017 (Accessed 6 February 2017)

⁴ BMA, [GP contract 2017](#), 7 February 2017 (Accessed 7 February 2017)

⁵ [Diabetes: Written question – 59859](#) (Accessed 25 January 2017)

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⁶ The King's Fund, [Portsmouth and South East Hampshire diabetes service](#), October 2014 (Accessed 23 February 2017)

⁷ The full text of the St Vincent declaration on the treatment of diabetes can be found here:

<http://www.diapedia.org/management/8105473810/the-st-vincent-declaration-on-the-treatment-of-diabetes>

⁸ NHS England, [National Diabetes Treatment and Care Programme](#) (Accessed 5 January 2017)

⁹ [The government's mandate to NHS England for 2016-17](#), December 2015 (Accessed 7 February 2017)

¹⁰ NHS England, [Diabetes transformation fund](#), December 2016 (Accessed 7 February 2017)

¹¹ NHS England, [CCG improvement and assessment framework 2016/17](#), March 2016 (Accessed 7 February 2017)