

DIABETES THINK TANK

Future of Diabetes Care Summit

BMA House, Black Suite, 15 October 2013, 9.00am-1.30pm

Meeting Report

Introduction

The Diabetes Think Tank has been meeting in Westminster since 2008. Its meetings are designed to bring together policy makers, patient group representatives and clinical diabetes specialists from across the entire patient pathway to discuss and propose solutions to the current challenges faced by the diabetes community.

The Think Tank meetings are chaired by Adrian Sanders MP, Chair of the All-Party Parliamentary Group for Diabetes, and are also regularly attended by leading figures from NHS England and the Department of Health. Sanofi have supported the Think Tank throughout its existence.

As a result of broader NHS reforms earlier this year, the diabetes landscape has undergone a significant transformation.

To reflect on the recent changes and to look ahead to the future of diabetes care, the Diabetes Think Tank hosted a Summit intended to:

- provide transformation leaders with a platform to address the diabetes community;
- listen to concerns and suggestions; and,
- outline next steps required to further improve the quality of care received by people with diabetes.



Adrian Sanders MP, Chair, Diabetes Think Tank

The prevalence of diabetes is rising dramatically. There are currently about three million people in the UK who are diagnosed with diabetes. If the current trends continue, this number will rise to five million by 2025. In addition, it is estimated that up to 850,000 people live with diabetes, without being aware that they have the condition.

Diabetes is now the biggest single cause of amputation, stroke, blindness, and end stage kidney failure. It is also associated with around 24,000 premature deaths every year, with half of these deaths resulting from cardiovascular disease. Yet, only 60 per cent of people with diabetes receive all nine NICE-recommended tests designed to monitor treatable risks for diabetes complications. While significant improvements in care have been achieved in recent years, a lot more still remains to be done.

Attendees at the Summit heard opening speeches from **Adrian Sanders MP**, the Chair of the Diabetes Think Tank and **Professor Jonathan Valabhji**, National Clinical Director for Obesity and

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Diabetes. **Jane Ellison MP**, the Public Health Minister, delivered the keynote address in her first major public engagement since her recent appointment while **Lord Hunt of Kings Heath**, Opposition Health Spokesman in the House of Lords, provided the Opposition perspective.

Following this, there were several presentations on the vision for the future of diabetes care capturing six perspectives from across the diabetes patient pathway:

- **Baroness Young of Old Scone**, Chief Executive, Diabetes UK - *Patient Perspective*
- **Professor Roger Gadsby**, Associate Clinical Professor, University of Warwick - *Primary Care Perspective*
- **Dr Partha Kar**, Clinical Director, Diabetes and Endocrinology, Portsmouth Hospitals NHS Trust - *Secondary Care Perspective*
- **Amanda Cheesley**, Long-term Conditions Nursing Adviser, Royal College of Nursing - *Nursing Perspective*
- **Philip Newland-Jones**, Advanced Specialist Pharmacist for Diabetes and Endocrinology, University Hospital Southampton Foundation Trust - *Pharmacist Perspective*
- **Dr Phil Moore**, Leadership Group, NHS Clinical Commissioners - *Commissioner Perspective*

The key points from the headline presentations are captured in the below report.

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NHS England

Professor Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, outlined the place of diabetes care in the new NHS. He emphasised that all five domains of the NHS Outcomes Framework are relevant to the provision of high quality diabetes care.

He stated that key areas of focus over the coming year would be:

- **Prevention of type 2 diabetes**
- **Identifying the undiagnosed**
- **Improving outcomes for people with diabetes**
- **Prioritising care needs of people with type 1 diabetes**



Professor Jonathan Valabhji, National Clinical Director for Diabetes, NHS England

Prevention of type 2 diabetes

Professor Valabhji stated that steps to prevent the onset of type 2 diabetes are a priority for NHS England. In order to achieve this, work will be focussed on tackling obesity in both children and adults, and identifying those at risk before they develop full symptoms.

It is estimated that by effectively supporting people at high risk of developing the condition and those presenting with early stage symptoms, up to 30 per cent of new type 2 diabetes cases could be prevented. As part of the NHS Health Check programme, weight-to-height ratios are measured, in order to identify obesity and catch any relevant diabetes symptoms before the stage where they have an irreversible impact on a patient's long-term health and wellbeing.

Identifying the undiagnosed

There will be a rigorous effort to identify existing undiagnosed patients. Earlier diagnosis of people with diabetes will help to avoid the development of many serious diabetes-related complications and to prevent diabetes symptoms progressing in their severity.

Improving outcomes for people with diabetes

The NHS will work towards improving patient outcomes for people already living with diabetes by encouraging healthcare provider compliance with existing NICE guidance, including the delivery of the nine key care processes. Integration of services will be promoted to tackle multiple-morbidities common in people with diabetes. NHS England is keen to improve access to mental health services, given its duty to promote parity of esteem for mental health and take a whole system approach to planning peoples' care pathways.

Prioritising care needs of people with type 1 diabetes

There is a need for improvement in care for people with type 1 diabetes. He acknowledged that it has, in some cases, been under-prioritised due to the smaller number of people with the condition in comparison to type 2 diabetes.

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Government

Jane Ellison MP, Parliamentary Under-Secretary of State for Public Health, praised the work of the Diabetes Think Tank in raising the profile of diabetes in Parliament.

She highlighted the Think Tank's recommendations relating to the Quality and Outcomes Framework (QOF) reform as an area of policy the Department of Health were particularly interested in examining further.

The Minister stated that diabetes is a priority for the Government and outlined several areas that will be key to improving care for people with diabetes:

- **NHS England Leadership**
- **Health and Wellbeing Boards**
- **NHS Health Checks**
- **The Public Health Responsibility Deal**

NHS England Leadership

The appointment of the National Clinical Director for Obesity and Diabetes and the inclusion of seven diabetes-specific measures in the Clinical Commissioning Group Outcomes Indicator Set show the commitment of NHS leadership to help deliver improvements in care for people with diabetes. NHS England will soon be publishing the new *Action for Diabetes* plan, which is currently being updated in light of the recent reforms to the health service.

Health and Wellbeing Boards

Health and Wellbeing Boards will play an instrumental role in driving forward improvements in services for people with diabetes. The Minister highlighted that three quarters of Boards have chosen to prioritise diabetes as part of their work, focussing in particular on improving diagnosis rates to identify the condition earlier and prevent its symptoms from progressing.

The role of local Boards is said to be particularly important because, as the Minister highlighted, there is no longer capacity or means for the Government to dictate to the NHS from Whitehall. In the reformed NHS, the Minister's role is to promote and spread best practice.

NHS Health Checks

Echoing Professor Valabhji, the Minister indicated that the NHS will be putting a renewed emphasis on the NHS Health Checks programme to identify conditions such as diabetes earlier.

Public Health Responsibility Deal

She also confirmed she would be driving forward the Public Health Responsibility Deal. Under this scheme, companies sign voluntary pledges to, for example, cut the sugar and saturated fat contents of their products. This is intended to help consumers make informed diet choices and reduce rates of obesity, which is a key cause of type 2 diabetes.



Jane Ellison MP, Parliamentary Under-Secretary of State for Public Health

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Opposition Perspective

Lord Hunt of Kings Heath welcomed the Think Tanks recommendations, outlined in the 2012 Annual Report and suggested they were an excellent base on which to develop future policy. He then outlined HM Opposition's concerns over the current direction of health policy and their perspective on the future of diabetes care and how Labour would improve the situation. He focussed on:

- **The fragmentation caused by NHS reforms**
- **GP and hospital capacity**
- **The NHS England Mandate**
- **Labour's diabetes policy**



Lord Hunt of Kings Heath, Opposition Lords Health Spokesman

Fragmentation of services

Lord Hunt stated that the NHS reforms have led to fragmentation and a lack of accountability in the health service, along with pressure on services due to cuts in funding. He highlighted research from the National Audit Office and Public Accounts Committee as evidence that there is sub-optimal support for people with diabetes due to the lack of cohesive Government policy.

GP and hospital capacity

He suggested that the reforms caused disruption to primary care services, leading to fifteen per cent of inpatient beds now being occupied by people with diabetes. Inadequate community care and failure to diagnose symptoms and complications at an early stage increased pressure on hospital capacity. GPs are struggling to provide adequate attention to the approximately three hundred people with diabetes in each practice. The other pressures on GPs' time due to the formation of Clinical Commissioning Groups (CCGs) means that there is an urgent need for care professionals to cooperate and integrate to provide effective care for people with diabetes.

The NHS England Mandate

The move towards 'generalities' under the Mandate is thwarting cohesive, targeted policies and diverting attention from specific conditions, such as diabetes. He suggested that NHS England and its local teams are stuck in 'big state performance-management mode' dictating inflexible policy from the centre, rather than providing helpful leadership to encourage change at a local level.

Labour's policies for diabetes care

Health and Wellbeing Boards were praised as one area of the reforms that could have genuine potential to improve diabetes care by encouraging a unified plan for each local health economy. However, the evidence at the moment is mixed due to being diverted by process and paperwork required by Joint Strategic Needs Assessments. He also indicated that Labour would provide clear lines of accountability for NHS services at Ministerial level, something that he believes has been lost under the new system, and put forward a much stronger public health programme. To demonstrate Labour's commitment to improving diabetes care, he committed to a refresh of the previous National Service Framework for Diabetes to clearly set out an integrated care pathway for diabetes treatment.

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Patients' Perspective

Baroness Young of Old Scone, Chief Executive of Diabetes UK, spoke on behalf of patients, emphasising the central elements of improved patient experience:

- **High quality and consistent self-management education**
- **Integrated care plans**
- **Diabetes Specialist Nurses (DSNs)**

Self-management education

At present, only Diabetes UK, in partnership with Tesco, is running a nationwide diabetes awareness campaign. It was hoped that Health and Wellbeing Boards would be a powerful partner in raising awareness of the risks of diabetes as they develop local public health improvement plans.



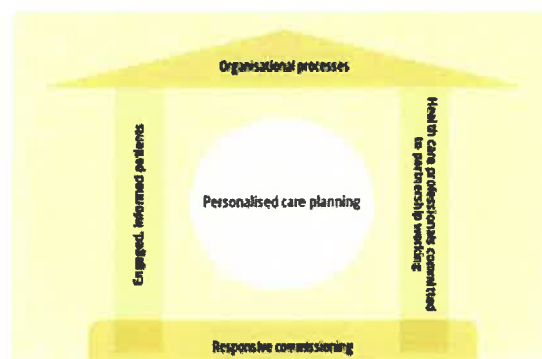
Baroness Young of Old Scone, Chief Executive, Diabetes UK

She emphasised that structured, high quality patient education on how people with diabetes can self-manage their condition can make a significant contribution towards improving health outcomes and save the NHS money.

Baroness Young cited education and public awareness as particularly important due to the seven million people currently at risk of developing diabetes. She argued that greater public awareness could prevent many new cases, reducing the pressure on the health service in the future.

Integrated care plans

To help deliver an integrated service for people with diabetes, the House of Care, as highlighted in a recent King's Fund Report, was highlighted as a useful model. The different 'walls' of the house are intended to demonstrate the interdependency of the programme's participants, including engaged service users, clinicians working in partnership and a well developed local commissioning plan. Involving service users from an early stage was emphasised as integral to developing services that fit their needs.



The House of Care Model

Diabetes Specialist Nurses

In order to provide high quality care to people already diagnosed with diabetes, integrated care is critical. However, an important component of the integrated service, Diabetes Specialist Nurses, are currently being moved down the pay scales, demoted or made redundant, a point emphasised later by Amanda Cheesley from the Royal College of Nursing.

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Primary Care

Professor Roger Gadsby, Associate Clinical Professor at the University of Warwick, discussed how the QOF has helped improve care for patients and delivery of the nine NICE-recommended care processes. However, reform is needed to ensure continued improvement in services. Professor Gadsby made observations on the future of QOF in the following areas:

- **Improving rates of referral**
- **Risks of a 'plateau of achievement'**
- **Better communication between health professionals**
- **Improving self-management education.**

Improving rates of referral

Professor Gadsby noted that the QOF has been instrumental in improving practice in screening, but fails to ensure consistently high standards for referrals to secondary care, particularly in areas such as podiatry.

Hugely differing standards in delivery of the nine NICE-recommended care processes were also highlighted, but the level of care has improved overall from five per cent in 2004 to and 54 per cent in 2010-11.

Risks of a 'plateau of achievement'

If left unchanged, QOF may inadvertently encourage a 'plateau of achievement'; primary care clinicians will work to meet the QOF targets but go no further. As such, QOF should not be scrapped, as suggested by some diabetes professionals, but strengthened.

Better communication between care professionals

To streamline and improve the care pathway, communication between primary and secondary care professionals is vital, along with the integration of budgets. More effective use of IT would help facilitate this and stop duplication of effort between clinicians across the patient pathway.

Improving self-management education

Only three per cent of people with type 2 diabetes currently receive high quality, structured education on self-management of their condition. Any reforms to the QOF should highlight the importance of providing education and identify who in the care pathway is ultimately responsible for ensuring education is provided and that patients complete their programmes.



Professor Roger Gadsby, Associate Clinical Professor, University of Warwick

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Secondary Care

Dr Partha Kar, Clinical Director of Diabetes and Endocrinology at Portsmouth Hospitals NHS Trust, spoke of his own experience of overseeing the integration of diabetes care in his locality. Dr Kar and his colleagues developed a 'Super Six' model of care to streamline services and improve outcomes and efficiency of service delivery around Portsmouth.

The plan focussed on improving the care pathway for diabetes service users by enabling care to be delivered in the most appropriate setting by:

- **Ensuring appropriate settings for follow-up appointments**
- **Correctly classifying and discharging patients**
- **Using innovative practices and technologies.**

Appropriate settings for follow-up appointments

Follow-up appointments were cited as one stage of the pathway that was routinely and unnecessarily taking place in secondary care facilities. They could have just as easily been performed in primary and community settings, for greater patient convenience and lower cost to the health service.

Correctly classifying and discharging patients

Due to a lack of clarity over who was ultimately responsible for overseeing patients, pockets of GP surgeries in the locality were unwilling to accept patients with complex conditions or multiple co-morbidities. Again, this pushed patients into secondary care settings, causing unnecessary and expensive hospital stays.

In order to improve the situation, a rigorous effort was made to correctly classify patients, including reviewing hospitalised people who could be safely discharged and treated in the community. Contact details of diabetes care professionals were made available so that service users could contact them for advice without having to make a formal appointment with their GP or receive an unnecessary referral.

By improving understanding by both clinicians and patients as to when hospital treatment was necessary, the divide between primary and secondary care was broken down, with hospitals being seen as being part of the community, rather than distant and detached.

Using innovative practices and technologies

In addition to ensuring people with diabetes were able to access care in the most appropriate setting, Dr Kar and his colleagues focussed on innovative methods to improve patient concordance with their treatments, such as virtual clinics and engaging patients in reviewing local care priorities.

A year on from the local service redesign, 89 per cent of patients strongly feel the local Community Diabetes Team benefits them, while 95 per cent strongly agreed that their DSNs were professional in their manner and of benefit to patients and carers. 91 per cent of patients wished for the local Community Diabetes Team to continue its work.



Dr Partha Kar, Clinical Director of Diabetes and Endocrinology, Portsmouth Hospitals NHS Trust

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Nursing

Amanda Cheesley, Long-term Conditions Adviser at the Royal College of Nursing, spoke of the vital role of DSNs in the care pathway. They provide support not just to people with diabetes, but also to other colleagues without specialist training in diabetes management. They play a key role in several particular aspects of diabetes care:

- **Treating people in the community**
- **Providing expert advice to people with diabetes**
- **Helping to support people with diabetes in care homes**



Amanda Cheesley, Long Term Conditions Nursing Adviser, Royal College of Nursing

Treating people in the community

DSNs play a crucial role in identifying and preventing complications and helping people to self-manage their condition without the need to see their GP or a secondary care professional. They offer advice on diet, exercise and training programmes.

Despite their valuable place in the pathway, over the last few years there has been a 52 per cent reduction in DSN posts across the NHS; staff have been moved, downgraded or dismissed, largely as a result of cost cutting.

Providing expert advice to people with diabetes

There is no clear replacement for these lost posts. DSNs require specialised postgraduate training and cannot easily be substituted for non-specialised nurses or other staff. It is estimated by the Royal College of Nursing that it takes two and a half non-specialist staff to adequately cover the work of one DSN.

In addition, remaining DSNs are not always being used effectively, being required in some cases to perform tasks and consultations more suited to other care professionals. Commissioners need to be clear when designing a service on exactly which specialist practitioner will best meet a task at hand with maximum effectiveness.

Helping to support people with diabetes in care homes

The role of DSNs in the care of older people and care home residents was emphasised as particularly important. Care home residents can experience poorer care due to a lack of diabetes-specific education, training and expertise amongst staff.

This can be a particular concern when homes lack capacity to administer insulin correctly or give foot care the priority it needs in this particular setting. DSNs are integral in giving the care home residents the confidence to get involved in the design of their personal care plan.

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Pharmacist Perspective

Philip Newland-Jones, Advanced Specialist Pharmacist for Diabetes and Endocrinology at University Hospital Southampton NHS Foundation Trust, highlighted the positive role pharmacists can play in the wider treatment pathway for people with diabetes, complementing and supporting the work of other clinicians by:

- **Relieving pressure on GPs and DSNs**
- **Improving diabetes medicines management**
- **Providing specialist advice**



Philip Newland-Jones, Advanced Specialist Pharmacist for Diabetes and Endocrinology, University Hospital Southampton NHS Foundation Trust

Relieving pressure on GPs and DSNs

Pharmacists are currently seen as separate from other healthcare professionals, and do not play a full role in inputting into the design and commissioning of local services, in particular for conditions such as diabetes, where they could play a major role and help relieve some of the pressure on GPs and DSNs.

Given the range of patients that pharmacists see, they have a good overview of the health needs of their local population. There is a potential 'army' of pharmacists who could assist clinicians in offering self-management advice and education to people with diabetes, given their regular face-to-face contact with patients.

In addition, it was suggested that it is far more cost-effective to the NHS for a pharmacist to be offering advice on medication and treatments than a consultant or clinician.

Improving diabetes medicines management

Pharmacists can also ensure that people with diabetes are taking their prescriptions effectively and can help with medicines rationalisation, spotting potential problems in patients with co-morbidities where multiple medications (polypharmacy) may have a negative effect.

For example, anti-psychotic drugs can have an effect on patients' blood glucose levels – a potentially critical side effect for someone with diabetes.

Providing convenient access to specialist advice

The easy accessibility of pharmacists was highlighted. Pharmacies are often open late in the evenings and advice can be obtained without prior appointment.

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Commissioner Perspective

Dr Phil Moore, from the Leadership Group of NHS Clinical Commissioners, outlined the role that commissioners play in helping local clinicians design effective services for people with diabetes. He emphasised the importance of commissioners working with patients and service users to design services that suit their needs by working towards the following aims:

- **Involving clinicians from across the care pathway in designing care**
- **Driving uptake of self-management systems**
- **Focussing on outcome-based commissioning**



Dr Phil Moore, Leadership Group, NHS Clinical Commissioners

Involving clinicians from across the care pathway in designing care

An inclusive approach encompassing all stakeholders is important as clinicians tend to ‘trip up on the cracks’ between primary and secondary care, particularly when dealing with conditions such as diabetes that require a multi-disciplinary approach.

Due to their important role in the care pathway, carers should also be involved to ensure services suit all patients who may need to use them.

Driving uptake of self-management systems

Commissioners also have an important role in facilitating the development of self-management systems for people with diabetes. Driving the uptake of personal health budget and the innovative use of IT can help reduce the pressure on surgeries and improve peoples’ experience of care.

Focussing on outcome-based commissioning

When designing and funding services, activity-based commissioning is not as effective as an outcome-based approach. However, for this system to work with maximum effectiveness, cooperation is required from secondary care providers, which can be challenging.

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