DIABETES THINK TANK
Wednesday 1 May 2013

Stephenson Room, One Great George Street
4.30pm – 6.00pm

NHS England:
Vision for Diabetes in the New NHS

Meeting Report

Introduction

On 1 May, the Diabetes Think Tank met for the first time since NHS reorganisation came into effect. As part of this wider reform, the diabetes landscape has undergone a major transformation. The responsibility for the commissioning of primary care diabetes services has been assumed by NHS England's Local Area Teams while Clinical Commissioning Groups are now in charge of secondary care commissioning. NHS Diabetes has ceased to exist in its own right and its functions are now performed by the newly established NHS Improving Quality (NHS IQ). In addition, Cardiovascular Strategic Clinical Networks are emerging to help commissioners reduce unwarranted variation in care and encourage innovation. The recently published Cardiovascular Disease Outcomes Strategy sets a new direction for the commissioning of diabetes services.

This meeting sought to examine the impact of these changes on the delivery of diabetes care and to formulate a vision for diabetes services in the new system. In the absence of the longstanding Chair, Adrian Sanders MP, the meeting was moderated by Dr Jonathan Valabhji, the newly appointed National Clinical Director for Obesity and Diabetes. The Think Tank was delighted to welcome Professor Sir Mike Richards, NHS England Director for Domain One, who opened the meeting by outlining the new landscape and describing how diabetes fits in. This was followed by a wide-ranging discussion of three themes which broadly reflect some of the most pressing concerns expressed by the diabetes community.

Theme 1: Dilution of diabetes expertise in the new NHS

While diabetes features in the Cardiovascular Disease Outcomes Strategy as a major cause of excess deaths and disability from heart disease, stroke and peripheral arterial disease, it fails to be addressed in its own right by this strategy. As a result, concerns have been expressed that this kind of generic working could lead to a dilution of diabetes-specific expertise and diabetes care taking a secondary place on the agenda.

Theme 2: Safeguarding the legacy of NHS Diabetes

On 1 April 2013 NHS Diabetes ceased to exist in its own right and was absorbed by the newly established NHS IQ. As NHS Diabetes represented a valuable source of guidance and leadership for the diabetes clinical community, it is feared that much of its work could be lost in the transition to a more generic domain-based working of the new organisation.

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Theme 3: Payment Mechanisms and the integration of diabetes care in the new NHS

While the commissioning landscape has undergone a major overhaul as part of the broader reform, it appears to be the case that this transformation has done little to ameliorate the payment mechanisms associated with the old system. During the Think Tank's previous meetings it was pointed out that these payment mechanisms - particularly Payment-by-Results - fail to incentivise the provision of integrated diabetes care and, in fact, introduce perverse incentives in this regard.

During the discussion, Think Tank attendees were encouraged to look forward and identify ways in which the diabetes community could effectively use the new system to maximise the improvement of health outcomes for people with diabetes. While these topics formed the central theme of the discussion, attendees were encouraged to raise additional points throughout the meeting. The Group's recommendations are summarised below.

Summary of Think Tank Recommendations

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Recommendation 1:
Opportunities for shared learning associated with domain-based working should be maximised whilst maintaining consistent diabetes-specific service delivery.

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Recommendation 2:
The diabetes community must take collective responsibility in helping to educate newly appointed commissioners of diabetes services to minimise disruption to delivery of care.

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Recommendation 3:
Innovative healthcare professionals must demonstrate improvement in patient outcomes associated with their initiatives.

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Recommendation 4:
NHS Improving Quality should build on the legacy of NHS Diabetes and find a new permanent location for the resources hosted on the NHS Diabetes website.

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Recommendation 5:
Payment mechanisms should incentivise more effective diabetes screening and an integrated diabetes service.

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Meeting Notes

Recommendation 1:
Opportunities for shared learning associated with domain-based working should be maximised whilst maintaining consistent diabetes-specific service delivery.

The Think Tank acknowledged concerns within the diabetes community about the transition from disease-specific working to the new domain-based system. It was agreed that healthcare professionals should maintain a focus on diabetes, even though the Cardiovascular Disease Outcomes Strategy addresses diabetes predominantly in the context of its status as a major cause of excess deaths and disability from heart disease, stroke and peripheral arterial disease. Healthcare professionals should not lose sight of the fact that diabetes is also a direct cause of a number of significant health complications, including amputations, renal failure and retinopathy, most of which can be prevented through optimal diabetes management.

While taking note of the concerns associated with the more generic domain-based working, the Think Tank would encourage healthcare professionals to capitalise on the opportunities afforded by the new system to improve care for patients. It was pointed out that diabetes crosses all five of the domains contained within the NHS Outcomes Framework and the holistic approach this system openly encourages could deliver improvements in areas of patient experience and patient safety. Also, it was suggested that through sharing of knowledge across the traditional disease-specific boundaries, innovative practices can be adopted more readily through the health system. It was noted that through learning from experiences of other disease areas, the diabetes community could achieve further improvements in diabetes screening and rehabilitation services.

Recommendation 2:
The diabetes community must take collective responsibility in helping to educate newly appointed commissioners of diabetes services to minimise disruption to delivery of care.

Two tiers of commissioning organisations have been abolished under the NHS reforms. As a result, in many cases, the responsibility for commissioning diabetes services falls to commissioners who are new to their posts and might not have extensive experience of the diabetes area.

In order to minimise disruption to service delivery and to prevent any potential adverse impact on patient care, the diabetes community should take collective responsibility to educate the new commissioners and build their expertise to the required level as quickly as possible. The collaborative working and sharing of expertise should come both from above (NHS England leadership) as well as from those on the ground (the clinical community).

It was suggested that, given the higher levels of autonomy afforded to Clinical Commissioning Groups in comparison to their predecessors, greater care should be taken in adopting the appropriate tone when approaching the new commissioners with advice, especially from NHS England. It was pointed out that rather than trying to impose ideas and practices on the new

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commissioning bodies, advice should be provided in a non-prescriptive manner and it should be left up the local commissioners to determine which suggestions might be appropriate for their particular locality.

Recommendation 3:
Innovative healthcare professionals must demonstrate improvement in patient outcomes associated with their initiatives.

As laid out in the Mandate, issued to NHS England by the Government, the improvement of patient health outcomes is the primary purpose of the NHS. Throughout the new structure, institutions will set their priorities according to the NHS Outcomes Framework and its organisational level adaptations. When trying to change local, regional or national practice, innovative healthcare professionals should bear in mind the focus on health outcomes and build their cases for change accordingly. In attempting to achieve service improvement or broader service redesign, innovators need to develop an evidence base of how their initiative demonstrably improves health outcomes within a given population. The Think Tank noted that much of the evidence needed to drive change in commissioning behaviour is already available via the National Diabetes Audit and the National Diabetes Inpatient Audit.

One area in which the Think Tank would like to encourage greater evidence building is the positive correlation between the number of Diabetes Specialist Nurses (DSNs) and improvement in patient outcomes. The attendees recognised that the value of DSNs lies not only in using their expertise to effectively manage diabetes in the local population, but also in enhancing people's experience of care and in educating generalist nurses. It is often the case that during the current period of financial restraint, the setting of strict restrictions on training and recruitment of DSNs is often identified as a way of making short-term savings. The Think Tank believes that this practice represents a false economy and would encourage the generation of evidence demonstrating the positive impact of DSNs on health outcomes and the sharing of this evidence with NHS leadership.

Recommendation 4:
NHS Improving Quality should build on the legacy of NHS Diabetes and find a new permanent location for the resources hosted on the NHS Diabetes website.

While noting the diabetes community's concerns about the possible dilution of diabetes-specific expertise and the potential loss of organisational memory as a result of the absorption of NHS Diabetes into NHS IQ, the Think Tank welcomed the fact that many of NHS Diabetes staff with extensive experience in diabetes care have been retained by the new organisation. NHS Diabetes provided much-needed leadership to the clinical community and a valuable information resource. The Think Tank calls on NHS IQ to recognise the importance of diabetes-specific leadership to continuous service improvement and to give its newly-acquired staff the opportunity to provide this leadership.

The Think Tank recognises the value of the NHS Diabetes website in acting as a host to an array of best practice guides and other resources of interest to the clinical community. The attendees were concerned about the uncertain future of the website and urge NHS IQ to find a 'safe haven'

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for the resources it hosts on its own website in order to make sure that the work completed to date is not lost.

Recommendation 5:
Payment mechanisms should incentivise more effective diabetes screening and an integrated diabetes service.

While the commissioning landscape has undergone a major transformation, the mechanisms through which healthcare providers are remunerated remain largely unaltered. On multiple occasions, the Think Tank has previously commented that the Payment-by-Results mechanism fails to provide secondary care providers with effective incentives to reduce the number of hospital admissions amongst the diabetes population; indeed, that it provides them with disincentives to do so. The Think Tank believes that Payment-by-Results not only presents providers with perverse incentives in trying to keep people with diabetes out of hospital but also represents a significant barrier to providing an integrated service.

The Think Tank observed that the system of payment incentives available to primary care providers is also becoming unfit for purpose. Notably, it was mentioned that the Quality and Outcomes Framework (QOF) has become outdated and is failing to drive service improvement, especially with regard to diabetes screening. The Think Tank would therefore advocate a far-reaching reform of the scheme. It was noted that in response to concerns about the effectiveness of the current diabetes QOF indicators, the Department of Health has asked NICE to explore creating a single composite QOF indicator for diabetes covering all of the nine key care processes worth more than £5,000. The next meeting of the Think Tank, due to take place in June 2013, will explore the feasibility of this composite indicator and will make its own recommendations on how QOF can be reformed in order to maximise its potential in improving services for people with diabetes and in improving health outcomes.

List of Attendees

Dr Gary Adams	Associate Professor in Diabetes Health and Therapeutics *University of Nottingham*
Belinda Allan	*Joint British Diabetes Societies Inpatient Group*
Julian Backhouse	Director of Operations & Communications *Institute of Diabetes for Older People*
Louise Brant	Government Affairs Manager *Sanofi*
Amanda Cheesley	Long-Term Conditions Nursing Adviser *Royal College of Nursing*

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Debbie Cook	Nurse Consultant *National Obesity Forum*
John Grumitt	Vice-President *Diabetes UK*
Dr David Haslam	Chair *National Obesity Forum*
Robin Hewings	Head of Policy *Diabetes UK*
Dr David Hopkins	Clinical Director *King's College Hospital NHS Foundation Trust*
Katy Ingleby	Public Affairs Coordinator *JDRF*
Fiona Kirkland	Diabetes Nurse Consultant *Staffordshire and Stoke on Trent NHS Partnership Trust*
Jan Maly	Secretariat *Insight PA*
Philip Newland-Jones	Advanced Specialist Pharmacist for Diabetes and Endocrinology *University Hospital Southampton NHS Foundation Trust*
Professor Sir Mike Richards	Director for Domain One *NHS England*
Katie Russell	Secretariat *Insight PA*
Virendra Sharma MP	Member *APPG for Diabetes*
Lynne Smith	Business Delivery Manager *Mid Essex CCG*
Karen Thomsett	Renal dietetics manager *East Kent Hospitals University NHS Foundation Trust*
Mike Townson	*College of Podiatry*
Dr Jonathan Valabhji	National Clinical Director for Obesity and Diabetes *NHS England*

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Grace Vanterpool	Consultant Nurse *CLCH Diabetes Intermediate Service*
Rt Hon Keith Vaz MP	Vice-Chair *APPG for Diabetes*
Dr Chris Walton	Chair *Association of British Clinical Diabetologists*
Lyndi Wiltshire	Head of Diabetes Care *Birmingham & Solihull Mental Health Foundation Trust*

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.

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