

Diabetes Think Tank

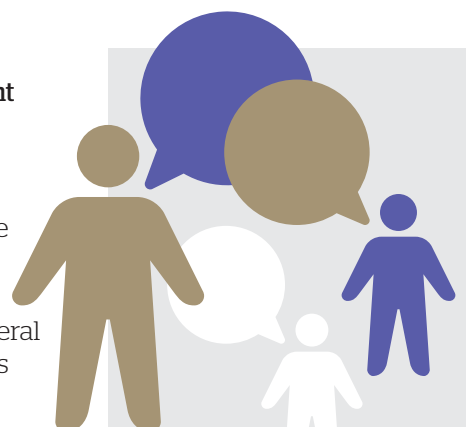
Progress report for the 2010 - 2015 Parliament

Introduction

Since 2008, the Diabetes Think Tank has brought together policy makers, patient group representatives and healthcare professionals from across the diabetes patient pathway to provide them with a platform to discuss and propose solutions to the challenges faced by the diabetes community.

Over the course of this Parliament, the Diabetes Think Tank has made a series of recommendations aimed at informing national policy and improving care for people living with diabetes. It has made recommendations across a range of themes related to diabetes, which have helped to influence key policy decisions on diabetes care.

The recent update to NICE clinical guidelines on diabetes, and the approaching General Election, presents an opportunity for the Think Tank to revisit the recommendations it has made since 2010. This infographic summarises the key Think Tank recommendations and progress made, and the priorities for policymakers in 2015.



Recommendations

Structured education

Appropriate education is central to good diabetes management and more can be done to encourage participation in structured education and address the low uptake of these programmes. (April 2011)

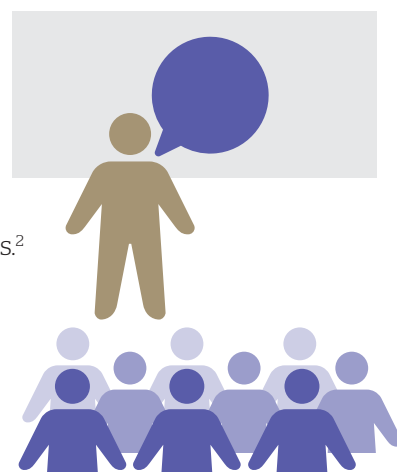
Progress

The NICE Diabetes in Adults Quality Standard 2011 recommends that people with diabetes should receive a structured educational programme.¹

In 2011, a Quality and Outcomes Framework (QOF) indicator was introduced for the provision of structured education within nine months of diagnosis.²

In 2013, a best practice tariff was introduced for the provision of structured education within three months of hospital discharge, when admitted with diabetic ketoacidosis.³

However, in 2012-13 only around 4% of those with Type 1 and 17% of those with Type 2 who were newly diagnosed were offered structured education.⁴



Delivering better outcomes for diabetes

The best care and management for people with diabetes should be encouraged through the QOF. There must also be a genuine patient/professional partnership approach to care planning. (June 2012)

Progress

NHS England's Action for Diabetes (2014) stated that in 2014/15, QOF would dedicate a total of 86 points to diabetic care and management, which equates to 15% of the total QOF points. It also contained a firm emphasis on patient empowerment and the sharing of information between providers and people.⁵

Future changes are expected to QOF in 2016/17 and it will be important to ensure this momentum is not lost.



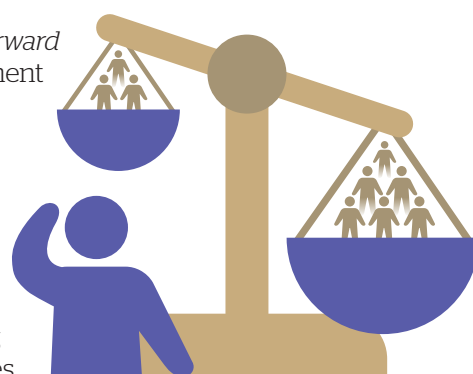
Models of diabetes care

More comparative research should be undertaken into the different integrated care models and their impact on health outcomes. Future models of care should incentivise greater integration and early intervention, to ensure people living with diabetes receive effective, timely and coordinated care. (December 2012 and February 2015)

Progress

The principles of NHS England's *Five Year Forward View* include creating an operating environment for different provider models of care to be established to respond to the needs of local health economies and strengthen the provision of community services.

Vanguard sites have now been set up across England as part of the New Care Models Programme. Local services should learn from these sites with the aim of transforming how care is delivered for people with diabetes.

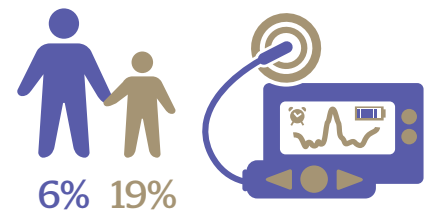


Diabetes technology

NICE guidance should be better implemented to ensure that people with diabetes have access to NICE-recommended technologies, such as insulin pumps. (December 2013)

Progress

The UK Insulin Pump Audit, published in May 2013, demonstrated that only 6% of adults and 19% of children with Type 1 diabetes were being treated with insulin pumps.⁶

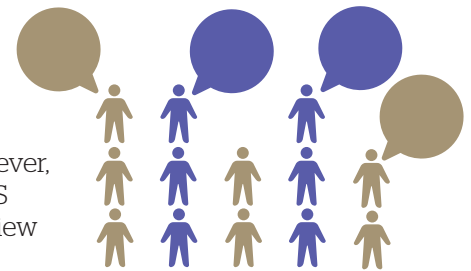


Patient experience of diabetes care

Patient experience of diabetes services should be captured, in order to identify the priorities of service users and to drive improvements in care. (July 2014)

Progress

A pilot Patient Experience of Diabetes Services (PEDS) survey ran between November 2013 and January 2014. However, there will be no full-scale launch of PEDS in 2015/16, pending an NHS England review of clinical audits.



Preventing diabetes

More should be done to prevent Type 2 diabetes, including better utilisation of NHS Health Check follow-up services and a commitment to a long-term diabetes strategy. (April 2014)

Progress

NHS England's *Five Year Forward View* contains plans for England to be the first country to implement a national, evidence-based Type 2 diabetes prevention programme linked to the NHS Health Check.⁷

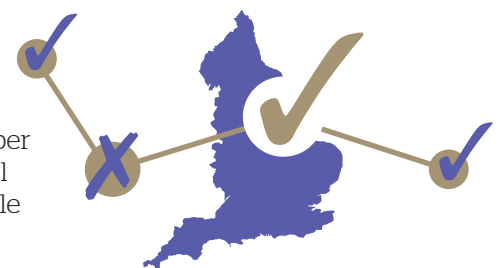


Care Quality Commission

The CQC should use its reinforced inspection regime and thematic review of diabetes services to tackle the unacceptable levels of variation in the quality and experience of care across the country. (November 2014)

Progress

The CQC has confirmed that the second phase of the review will follow up on the findings of phase one (published in October 2014) and explore the causes of local level variations in care and outcomes for people with diabetes.

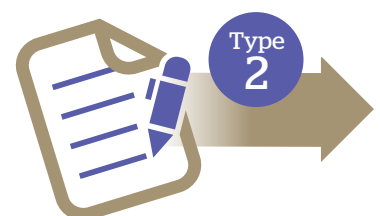


NICE clinical guidelines

NICE clinical guidelines should be evidence-based and focused on what is clinically best for the patient, rather than being cost savings driven. (February 2015)

Progress

NICE has recently published draft guidelines for Type 1 and Type 2 diabetes in adults attracting significant criticism from primary and secondary care clinicians and patient groups, industry, policy makers and primary care experts.⁸



Priorities in 2015

The Diabetes Think Tank recommended the following priorities for 2015-16:

1 Clinical guidelines should be evidence-based and focused on what is clinically best for the patient, rather than being cost savings driven. Acquisition costs should only be a consideration if all clinical aspects are equal.

2 To ensure people living with diabetes receive effective and timely care, future models of care should contain incentives to encourage more integration between services and early intervention with greater levels of local accountability for delivering improvements.

3 Funding for the national rollout of the PEDS should be secured as an important lever towards driving improvements in the quality of diabetes care.

¹ NICE, *Diabetes in adults quality standard*, March 2011 ² NICE, *Quality Outcomes Framework (QOF)*, 2011 (accessed 27 February 2015) ³ Department of Health, *Payments by Results Guidance for 2013-2014*
⁴ National Diabetes Audit, 2012-2013, *Report 1: Care Processes and Treatment Targets* ⁵ NHS England, *Action for Diabetes*, January 2014 ⁶ Adrian Sanders MP HC Deb, 26 February 2015, cW
⁷ NHS England, *Five Year Forward View*, October 2014 ⁸ Pulse, *NICE risks making itself a 'laughing stock' over guidance on metformin alternatives, say experts*, 9 February 2015 (accessed 3 March 2015)