

# DIABETES THINK TANK

Wednesday 9<sup>th</sup> October 2013

1.30pm – 3.00pm  
Meeting Room Q, Portcullis House

## The Role and Potential of Cardiovascular Strategic Clinical Networks in Improving Diabetes Care

### Meeting Report

#### Introduction

On Wednesday 9<sup>th</sup> October, the Diabetes Think Tank met to discuss the role and potential of the new Cardiovascular Strategic Clinical Networks (SCNs), established by the reforms of the Health and Social Care Act 2012. SCNs are hosted and funded by NHS England and cover conditions where improvements can be made through an integrated, whole system approach. Diabetes is covered by the Cardiovascular SCNs and, as such, they were the central focus of the Think Tank meeting.

The Think Tank was delighted to welcome Paul Trevatt, Cardiovascular SCN Lead for London, as a guest speaker to provide an update on the progress in establishing SCNs. Paul described the current state of development of the SCNs, the relationships they are attempting to establish and the priorities they will be focussing on over the coming months.

#### Development of SCNs Progress Update

SCNs are being set up to help local healthcare commissioners to reduce unwarranted variation in services and promote innovation. They are intended to exist for up to five years to help build solid relationships between NHS bodies as the new NHS structure settles into place.

SCNs were established in areas where large scale changes are required across complex care pathways that involve several different groups of clinicians, including specialist, secondary and community care practitioners.

Four core areas have been identified for SCNs to focus on, based on the interdependent nature of their care pathways and necessity of joint working in order to achieve improvements in clinical outcomes for service users:

- Cancer;
- Cardiovascular (includes CVD, stroke, diabetes and renal care);
- Maternity, children and young people; and
- Mental health, dementia and neurological conditions

As part of their hosting arrangements with NHS England, SCNs are accountable to local Area Team Medical Directors, to ensure close working relationships with other Directorates. It is hoped

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by NHS England that all relevant provider and commissioning bodies will see the benefits of engaging with their local SCNs.

To help monitor their development and working arrangements, SCNs are also accountable via an Oversight Group to the NHS England's central team. However, as the SCNs are non-statutory bodies, no official key performance indicators have been identified by which to assess their work, making it hard to monitor SCNs' effectiveness at fostering engagement and joint working.

In order to drive forward changes, each SCN is chaired by a clinical director. The clinical director is expected to oversee efforts to allow NHS professionals to meet and share specialist expertise, clinical experience and strategic knowledge.

It was noted that it is not mandatory for SCNs to establish a dedicated diabetes lead. At this moment, only four out of the twelve SCNs have a dedicated lead with responsibility for diabetes policy.

NHS England lacks the power to compel SCNs to focus on specific conditions and, as such, there is no guarantee that all twelve SCNs will have a dedicated diabetes lead once fully established and operational. However, the priorities of the London Cardiovascular SCN were highlighted as an example as what can potentially be done nationwide by other SCNs to prioritise diabetes as part of their work:

- **Priority One: Detection of Diabetes.** There are a large number of people in London who are undiagnosed who are at risk of long term diabetic and cardiovascular complications.
- **Priority Two: Equity of Access.** Care is varied and fragmented for patients with diabetes across London and there are clear inequities of access to services dependent on geography, deprivation, age and ethnicity that require the development of integrated care.
- **Priority Three: Provision of Education:** Education for patients with diabetes in London needs to be better co-ordinated. Supported self management needs to be developed.
- **Priority Four: Management of Care:** There are a significant number of patients who are not receiving optimal initial management and appropriate on-going support in primary care.
- **Priority Five: Experience of Care:** London patients tend to have a poorer experience of care than those living elsewhere. The NHS needs to know what kind of experience a person living with diabetes has in London.

Paul's presentation was followed by a wide-ranging discussion focussing on three main themes:

**Theme 1: Facilitating Joint Working and Service Integration**

**Theme 2: Encouraging Innovation and New Ways of Working**

**Theme 3: National and Local Engagement**

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The Diabetes Think Tank usually seeks to use its meetings to devise a list of practical recommendations on what can be done by policy makers and the NHS leadership to improve care for people with diabetes; however, given the early stage of SCNs' development, the discussion following the guest presentation was used by the attendees to find out more information about the development of the SCNs in practice rather than to provide advice on the direction that it should take.

### Summary of Discussion

#### Theme 1: Facilitating Joint Working and Service Integration

SCNs are tasked with encouraging different NHS bodies to work closely together to plan integrated services. They have an important role in bringing together clinicians from across the care pathway to develop high quality, integrated cardiovascular services for people with diabetes.

Work is currently being undertaken by the SCNs to establish good working relationships with Clinical Senates, Academic Health Science Networks (AHSNs) and local commissioners, but the pace and scope of engagement is limited by the slower development of some of these bodies, in particular the AHSNs.

NHS England's National Clinical Directors are meeting with SCNs to monitor their development and to ensure their operations are closely aligned with NHS England's priorities and requirements as set out in the NHS Mandate.

It was pointed out that some difficulties are being experienced when engaging with representatives from Clinical Commissioning Groups (CCGs) in discussions about strategic planning and integrating services, given their heavy workload and competing priorities. For example, the London Cardiovascular SCN is attempting to map all CCG diabetes leads in its locality and finding the process challenging.

#### Theme 2: Encouraging Innovation and New Ways of Working

The NHS England Mandate states that the NHS must improve the uptake and dissemination of innovative working practices and treatments in order to improve patient outcomes. SCNs are tasked with helping local NHS bodies achieve these aims, given their ability to bring together clinicians and patients from across a wide geographic area.

Think Tank attendees were keen to ensure that existing models of good practice and innovative working were not lost or fragmented by the reforms to the NHS commissioning system. Many areas, such as Birmingham, are trying to adapt successful old plans based on Primary Care Trusts to work within the new system. It was agreed that SCNs have an important role in supporting the local NHS to adapt and disseminate existing good practice and develop new ways of working in the new system.

Concerns were raised that as a result of significant budgetary restrictions and the domain-based working of the new NHS, CCGs might not be treating diabetes as a priority in itself at the present time. It was noted that an effective way of encouraging adoption of innovative service models in the

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new commissioning system is through the provision of evidence demonstrating how these models can help CCGs improve outcomes and save money. The SCNs are in a good position to take the lead on such activities.

### Theme 3: National and Local Engagement

In order to disseminate guidance and spread best practice, SCNs are expected to work closely with the national and regional NHS bodies, including CCGs and NHS England Area Teams. Given these bodies are largely new, the SCNs have a key role in bringing together health professionals and avoiding potential fragmentation of existing relationships.

Involving patients and service users in discussions was cited as a potentially effective lever to encourage NHS stakeholders to work together in partnership. In order to widen the scope of patient engagement, events and engagement opportunities should be tailored to appeal to people without a formal clinical background. It was pointed out that the five NHS Outcome Framework Domains can be perceived by service users as 'dry' and should therefore be communicated in more appropriate language.

Think Tank attendees agreed that it is important that NHS England provides enough support and resources to SCNs to ensure they develop as effective and relevant organisations with the power to drive change. In order to support them, consideration should be given to producing clear guidance for SCNs on how best to engage with other NHS bodies and work effectively towards building productive partnerships.

Effective communication between different NHS bodies and close liaison with service users is especially important as the reforms have seen many NHS professionals moving across organisations or changing roles. Think Tank attendees agreed that helping to re-establish effective informal links between managers, clinicians and service user groups should be a priority for the SCNs.

### List of Attendees

Adrian Sanders MP	Chair <i>Diabetes Think Tank and All-Party Parliamentary Group for Diabetes</i>
Paul Trevatt	Guest Speaker <i>Cardiovascular Strategic Clinical Network Lead (London)</i>
Dr Gary Adams	Associate Professor in Diabetes Health <i>University of Nottingham School of Health Sciences</i>
Belinda Allan	Consultant Endocrinologist <i>Hull Royal Infirmary</i>
Julian Backhouse	Director of Operations and Communications <i>Institute of Diabetes for Older People</i>

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Dr Mike Baxter	Consultant Adviser Diabetes <i>Sanofi</i>
Rosie Cooper MP	MP for West Lancashire <i>Health Select Committee Member</i>
Prof Roger Gadsby MBE	Associate Clinical Professor <i>University of Warwick</i>
Jon Harrison	Diabetes Think Tank Secretariat <i>Insight PA</i>
Lord Harrison	Vice Chair <i>All-Party Parliamentary Group for Diabetes</i>
Dr David Haslam	Chair <i>National Obesity Forum</i>
Dr Rowan Hillson	<i>Former National Clinical Director for Diabetes</i>
Caroline Horwood	Diabetes Divisional Director <i>Sanofi</i>
Katy Ingleby	Public Affairs Coordinator <i>Juvenile Diabetes Research Foundation</i>
Nikki Joule	Senior Policy Officer <i>Diabetes UK</i>
Lesley Jordan	Chief Executive <i>Input Diabetes</i>
John Lehal	Diabetes Think Tank Secretariat <i>Insight PA</i>
Jan Maly	Diabetes Think Tank Secretariat <i>Insight PA</i>
Ben Moody	Senior Public Affairs Manager <i>Juvenile Diabetes Research Foundation</i>
Sara Nelson	Cardiovascular Nurse and Quality Improvement Lead <i>London Strategic Clinical Network</i>

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Philip Newland-Jones	Advanced Specialist Pharmacist for Diabetes and Endocrinology <i>University Hospital Southampton NHS Foundation Trust</i>
Siobhan Pender	Senior Diabetes Specialist Nurse <i>Royal College of Nursing</i>
Virenda Sharma MP	MP for Ealing Southall <i>Health Select Committee Member</i>
Gemma Snell	Project Lead, CVD and Diabetes <i>London Strategic Clinical Network</i>
Alistair McInnes	<i>College of Podiatry</i>
Professor Jonathan Valabhji	National Clinical Director for Obesity and Diabetes, <i>NHS England</i>
Gemma Wilson	Project Lead, CVD and Diabetes <i>University Hospital Southampton NHS Foundation Trust</i>
Lyndi Wiltshire	Head of Diabetes Care <i>Birmingham and Solihull Mental Health Foundation Trust</i>

### 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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