

DIABETES THINK TANK

Tuesday 9 February 2016

2.00pm to 4.00pm
Committee Room 21, Palace of Westminster

CCG Improvement and Assessment Framework Meeting Report

Introduction

At its meeting in November, the Diabetes Think Tank made a number of recommendations in relation to the Government's Mandate to NHS England 2016-17, and to the development of new 'Ofsted-style' ratings for clinical commissioning groups (CCGs). Members concluded that these announcements – although welcome – could be strengthened. In particular, the Diabetes Think Tank recommended that:

- The final Mandate should include objectives on diabetes that focus on improving the treatment and management of the condition, as well as its prevention
- The new ratings system should contain metrics on how far the local diabetes population is supported to manage their condition effectively

As agreed at the meeting, the Chair, Pauline Latham MP, wrote to the Health Secretary, Rt Hon Jeremy Hunt MP, to highlight these recommendations.

Since these latest recommendations were published, significant progress has been made. Notably, the NHS Mandate 2016-2017 now contains a specific objective on diabetes for NHS England – as called for by the Think Tank – to make a:

*"Measureable reduction in variation in management and care for people living with diabetes"*¹

This development is very encouraging, although the way in which variations will be measured – and what scale of reduction will be targeted – remains unclear.

The Mandate also confirmed the development of a CCG 'Improvement and Assessment Framework' which will *"make it easier for local areas to see how their services and outcomes compare to others and to make consistent improvements"*.² On the 9 February meeting, NHS England released further details of the Framework to CCGs, inviting comment on the proposed metrics that will be used to assess each clinical area. The intended metrics for diabetes are:³

- The percentage of diabetes patients that have achieved all three of the NICE recommended treatment targets
- The number of newly diagnosed patients referred to or attending a structured education course

Data from the National Diabetes Audit will be used to inform the Framework. NHS England is seeking views on these proposals until Friday 26 February 2016 and the Framework will be published in March 2016.

Both the focus on the three treatment targets - HbA1c, LDL-C and blood pressure – and the inclusion of structured education within the Framework's metrics is welcomed by the Think Tank. However, during the course of the discussion, members identified a number of opportunities where

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these metrics could be strengthened, to ensure that the data collection is as robust and comprehensive as possible.

February's meeting therefore proved timely and provided an excellent opportunity for members to share their expertise on what the priorities for the diabetes component of the CCG Improvement and Assessment Framework should be. The discussion focused on:

- Members' reaction to and assessment of the proposed metrics
- How the Framework should be assured and what the consequences will be for CCGs that receive poor ratings
- How the results generated by the Framework should be used to ensure it can be an effective mechanism for driving improvements in diabetes care and outcomes

Summary of recommendations

During the discussion, the Think Tank agreed the following key recommendations:

- **The consequences for CCGs who receive a poor rating should be positive and not punitive.** The support offered to poorly performing CCGs, which could be delivered by the NHS England Right Care Team, should be focused on encouraging collaboration between local services to facilitate the spread of best practice
- **The metric on structured education should be strengthened.** The metric on structured education is welcome, but it should capture both the number of newly diagnosed patients referred to a structured education course and the number of newly diagnosed patients who attend a structured education course
- **NHS England should help drive improvement against the indicators included in the Framework, including through:**
 - Setting a target to deliver percentage improvements year-on-year in the proportion of patients achieving the NICE-recommended treatment targets, and the numbers of people being referred to, and attending, structured education courses
 - Full disclosure of the data underpinning the metrics as it is made available on, a quarterly basis
 - Working with the Department of Health to set a target to reduce variation in the management and care for people with diabetes, in line with its objective in the mandate 2016-17
- **Participation in the National Diabetes Audit (NDA) should be on an 'opt-out' basis.** As the NDA will inform the Framework, it is crucial that participation rates improve to ensure that the Framework is based on comprehensive, robust data. The process for participation should therefore return to 'opt-out'. Mandatory participation in the NDA should also be considered, in line with the recommendation made by the Public Accounts Committee
- **The Framework's indicators should make a clear distinction between Type 1 and Type 2 diabetes to drive greater parity between the outcomes achieved for the two conditions.** Within the proposed indicators, a differentiation between those with Type 1 and Type 2 diabetes should be included. This would encourage correct identification of these patients at

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CCG level and to ensure that the data facilitates better understanding of the care and outcomes for people with these very different conditions

- **The Diabetes Think Tank would welcome the opportunity to work with the expert group to review the diabetes component of the Framework before its publication**

It was also agreed that:

- All members would aim to submit a response to NHS England's engagement on the contents of the Framework, which closes on 26 February 2016
- Pauline Latham MP will write to the Health Secretary, Jeremy Hunt MP, and the Chief Executive of NHS England, Simon Stevens, to highlight the recommendations made by the Think Tank on the Framework

CCG Improvement and Assessment Framework

Discussion

Members discussed their initial reaction to the proposed metrics. The discussion focused around whether the metrics were the right ones for diabetes and whether to make further suggestions.

The key points that arose from the discussion were:

- **Metric on structured education.** The inclusion of a metric on structured education in the Framework was welcomed by members, who have long called for improvements in the provision of structured education for diabetes. However, members did express concern over the wording used and suggested that it could be amended to make clear that the Framework should assess referral to *and* attendance at structured education programmes. Members also highlighted that uptake of structured education falls as people with diabetes transition from child to adult services
- **Clinical competency.** Members reiterated concerns over variations in levels of competency in diabetes awareness amongst healthcare professionals. It was suggested that progress against the proposed metrics in the Framework would be limited if resources are not available for upskilling healthcare professionals, at all levels, across the diabetes care pathway
- **Achieving parity between the outcomes for Type 1 and Type 2 diabetes.** Members agreed that people with Type 1 diabetes continue to achieve poorer outcomes in terms of care processes and achieving treatment targets than those with Type 2, so it will be important for the indicators to make a clear distinction between Type 1 and Type 2 to encourage correct identification of these patients at CCG level and to ensure that the data facilitate better understanding of the care and outcomes for people with these very different conditions
- **Achieving all three NICE-recommended treatment targets.** The inclusion of a metric that focuses on clinical outcomes was welcomed by members, as an important step towards driving reductions in complication rates. The group agreed that it was unclear at this stage whether a specific target for improvement would be attached to this metric, and that such a target could be beneficial to help drive improvement in local diabetes services. The group also discussed how frequently these data would be collected. It was also noted that there are no targets to

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quantify what improvement has been made in reducing variation in diabetes outcomes by NHS England, as it is required to by the Mandate 2016-17

Diabetes datasets and indicators

Background

NHS England has confirmed that the data source for the intended metrics will be the NDA, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards.

However, there are concerns over the level of participation in the NDA: the latest audit reported that the number of GP practices participating in the audit is in significant decline, down from 70.7% in 2012-13 to 57.3% of practices in 2014-15.⁴ This is the lowest it has been in seven years.⁵

Discussion

Members were asked to consider what categories of indicators should be included in Framework.

The key points that arose from the discussion were:

- **Issues with current data collection.** Members agreed that there are significant gaps in data collections relating to diabetes, including that clinicians don't always have an accurate picture of the prevalence of people with Type 1 or Type 2 diabetes in their patient populations
- **Encouraging more data collection to enable data driven improvements.** There was broad consensus that more needs to be done to ensure that GPs participate in the NDA. The group agreed that, as the NDA will inform the Framework, it is crucial that participation rates improve, to ensure that the Framework is based on comprehensive, robust data. The group also discussed the possibility of mandating the involvement of practices in the NDA, as called for by the Public Accounts Committee in its [Management of adult diabetes services in the NHS: progress review](#)
- **Principles to underpin the information generated by the Framework.** Members agreed that the Framework's data should be easy to understand for the public, but expressed some concern that simply publishing CCG rankings will not be a useful resource for the public. The group also agreed that information about complication rates is a useful measure of the performance of diabetes services locally and that it would be important to assess ratings data over time to ensure it is a meaningful resource for identifying issues and making improvements in both treatment and outcomes

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Assurance and Support

Background

The CCG assessment framework stands to be a helpful tool in indicating those areas of the country delivering diabetes care of both a high and poor quality.

At November's meeting, members agreed that a robust assurance framework should underpin any ratings system for CCGs. In response to these and similar views, the Department of Health has stated that the new ratings will be verified by an independent panel of experts.⁶

However, at present it is unclear whether this transparency will be accompanied by any additional support for poorly performing areas, to truly support the 'improvement' aspect of the framework. NHS England has hinted that such support could be provided by a diabetes team as part of the Right Care programme: for example, Right Care teams might be encouraged to work with those areas that are achieving poorer diabetes outcomes to ensure that improvements are made.

Discussion

The discussion focused on how CCGs which are performing poorly could be supported to improve. There was broad consensus that any interventions provided to CCGs that receive low ratings should be supportive rather than punitive. Critically, members highlighted that there is likely to be significant variations between the clinical outcomes achieved within individual CCGs and that any intervention should support CCGs to tackle poorly performing providers

The key points that arose from the discussion were:

- **Support for greater collaboration.** Members agreed that greater collaboration between different parts of the system could help to drive up local standards of care. This could include 'buddying' well-performing CCGs with those which are poorly-performing
- **NHS England Right Care Team.** Members agreed that the Right Care Team could be a useful mechanism for supporting CCGs where a need for improvement has been identified. Members were keen to stress that any intervention, made for example through the Right Care programme, would need to focus on supporting CCGs to improve through learning from best practice examples
- **Socio-economic factors.** The group agreed that it would also be important to recognise that socio-economic conditions mean that some areas will always face greater challenges than others

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Summary of questions

Discussion question 1: What improvements do members think can be delivered through the framework? What specific objectives on diabetes should CCGs be set?

Discussion question 2: Are these the right principles to apply to ensure that the CCG assessment framework is an effective mechanism for driving improvements in diabetes care at CCG level?

Discussion question 3: Are there any principles that members think are missing from this list which would be useful to help guide policymakers in the development of the assessment framework?

Discussion question 4: Are these the right categories to use within the diabetes clinical area of the assessment framework? Do members think there are any additional categories that should be included from existing datasets (eg patient experience)?

Discussion question 5: Are there any particular indicators within these categories that should be prioritised?

Discussion question 6: Is this the right approach? Who should the panel comprise?

Discussion question 7: Should any further measures be introduced to ensure robust assurance for the CCG assessment framework?

Discussion question 8: What experience do members have of the Right Care Programme?

Discussion question 9: What further support should be offered to CCGs who receive poor ratings for diabetes care? What should happen when CCGs continue to perform badly year after year?

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List of Attendees

Pauline Latham OBE, MP	Chair of Diabetes Think Tank Member of Parliament for Mid-Derbyshire
Professor Clifford Bailey	Professor of Clinical Sciences Aston University
Louise Brant	Government Affairs Manager Sanofi
Caroline Day	Fellow Aston University
Catherine Gooday	Podiatrist College of Podiatry
Charles Gostling	Clinical Director Health Innovation Network
Dr Sufyan Hussain	Specialist Registrar and Lecturer Imperial College
Lesley Jordan	Chief Executive INPUT Patient Advocacy
Abigail Kitt	Independent Support Consultant to Diabetes Team (South East Coast) NHS England
Debra Lake	Senior Diabetes Nurse Specialist Maidstone and Tunbridge Wells Hospital NHS Trust
Chris Mieszkowski	Service user
Sara Nelson	Programme Lead Healthy London Partnership
Philip Newland-Jones	Advanced Specialist Pharmacist Royal Pharmaceutical Society
Lynne Smith	LTC Head NHS Mid Essex CCG
Gemma Snell	Senior Project Manager London Strategic Clinical Network
Lis Warren	Patient representative Diabetes UK

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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, February 2016

References

- ¹ The Government's mandate to NHS England for 2016-2017, December 2016, available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486674/nhse-mandate16-17.pdf (accessed on 18 January 2016)
- ² The Government's mandate to NHS England for 2016-2017, December 2015, available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486674/nhse-mandate16-17.pdf (accessed on 18 January 2016)
- ³ NHS England, [Delivering the Forward View: the CCG Improvement and Assessment Framework](#), February 2016
- ⁴ National Diabetes Audit 2013-2014 and 2014-2015, [Report 1: Care Processes and Treatment Targets](#), 28 January 2016
- ⁵ APPG Diabetes, [Press Release](#), 28 January 2016
- ⁶ Department of Health, Setting the Mandate to NHS England for 2016 to 2017, Government response to the Consultation, December 2015, available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/487491/Mandate_Cons_Response.pdf (accessed 18 January 2016)