DIABETES THINK TANK
28 June 2016

NHS RightCare: making the approach work for diabetes
2.00 - 4.00pm
Room M, Portcullis House

Introduction

At its first meeting of 2016, a key recommendation made by Diabetes Think Tank members was that CCGs that receive lower ratings through the CCG Improvement and Assessment Framework (CCG IAF) should receive the right support to equip them to make the necessary improvements to care. Members supported the approach the NHS RightCare programme is taking to help deliver these improvements, which includes producing various support and intervention tools.

At its June meeting, the Diabetes Think Tank welcomed the National Director for NHS RightCare, Professor Matthew Cripps, who presented members with an overview of the work of NHS RightCare in supporting local health economies. Specifically, Professor Cripps was able to inform members of how the RightCare methodology has been applied to local diabetes services.

The NHS RightCare programme uses data on a CCG's spend on patient care - and the health outcomes patients get for that spend - to highlight 'un-explained' variations compared to its demographic peers, and to help support CCGs to address those variations.[1] NHS RightCare is now an established programme of NHS England, reporting to Paul Baumann as Director of Finance, with a dotted line to Sir Bruce Keogh. The first wave of work with 65 CCGs is already underway, with the remaining CCGs taking on RightCare in December.

June's meeting therefore provided a timely opportunity for Think Tank members to understand the implications of the programme for diabetes services. Additionally, in line with the RightCare approach – utilising expertise from the frontline to drive local improvements – members were able to share their experience, helping to inform the development of the programme through discussions on what key principles should underpin the use of the RightCare methodology for diabetes services.

Recommendations

During the course of the discussion, members made the following recommendations to support the implementation of the Right Care programme:

Recommendations

- **Secure and support clinical engagement.** The success of RightCare relies on clinical engagement and leadership. Those involved in implementing the RightCare approach locally should prioritise supporting local clinicians to engage with the process

- **Ensuring a collaborative approach.** The RightCare approach is based on fostering a collaborative approach towards tackling local issues. Better use of existing networks should be employed to support delivery of improvements to local services and to help facilitate the spread of best practice

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- **Demonstrate 'quick wins' early on.** To help to secure buy-in from local partners and a sense of momentum, those implementing the RightCare methodology should look to what 'quick wins' can be achieved in the short term, including through highlighting previous successes such as Bradford and Slough CCG

- **Ensure the patient voice is heard.** Local partners implementing the RightCare approach should ensure that feedback from people with diabetes is used to inform the design and development of changes to local services

- **Diabetes Think Tank as a supportive partner.** The Diabetes Think Tank and its members will support the roll out of the Right Care programme and, where possible, support local partners to use the approach effectively to drive improvements in diabetes care

Presentation by Professor Matthew Cripps

Professor Cripps presented Think Tank members with a comprehensive overview of NHS RightCare and the principles that underpin its methodology. Additionally, Professor Cripps highlighted examples of how the RightCare approach could be employed to drive improvements in diabetes services, and examples of where this has been achieved.

Professor Cripps began by outlining the RightCare method. The approach consists of three main steps:[2]

1. **Where to look** – this helps local health economies to identify where they need to prioritise their health care improvement efforts. Commissioning for Value packs and the Atlas of Variation tools help health economies to do this by showing where variation exists
2. **What to change** – this phase helps CCGs work out what changes are needed to move from where they are to where they want to be. Deep dives, using evidential data, are a key element of this process and form part of the ongoing engagement with clinicians to develop the case for change
3. **How to change** – the third phase is about driving through changes using clinical leadership and engagement

Professor Cripps went on to cover the following key points on RightCare.

Principles underpinning RightCare

- **Using local data to make the case for change**. RightCare provides CCGs with data on how they compare to their demographic peers and encourages them to question when variations are warranted or unwarranted
- **"Doing the right thing to balance the books".** RightCare provides CCGs with methods, support and intervention tools, including Commissioning for Value packs, to help CCGs to drill-down into their local health system to understand why there is variation and what needs to change to improve value for patients and commissioners
- **Change driven by locally led ideas for improvement**. Principally, RightCare provides a forum in which locally driven ideas for service improvements can be explored and shared with key local partners, and a mechanism to support the implementation the changes required to make those improvements

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Exemplar case studies

Professor Cripps highlighted examples of where CCGs have employed the RightCare approach and radically improved their diabetes outcomes. This included NHS Slough CCG which, following primary care pathway reform through RightCare, achieved:

- 100% reduction in pre-diabetes patients' HbA1c levels
- 89% reduction Type 2 diabetes patients' HbA1c levels
- 15 of 16 practices showing an increase in the number of people whose diabetes was controlled, as measured by HbA1c <59mmol/mol[3]
- Being rated amongst the best in England for delivering the 8 care processes

Discussion

Following the presentation, members had an opportunity to question Professor Cripps and to address the questions contained in the discussion paper, which was circulated before the meeting. The discussion centred around the following themes:

- How to support clinicians to engage with the RightCare programme and implement its methodology
- How the CCG IAF will interplay with the RightCare programme and how it will be used to support the work of the RightCare programme
- The key barriers that exist at a local level which could limit the adoption of the RightCare approach

CCG IAF

Members were keen to understand how the RightCare programme would make use of the CCG IAF, which was due to publish its first set of scores in June 2016. The following points were discussed:

- **Issues with diabetes data.** Members highlighted that there are persistent issues with diabetes data, namely with the codes assigned to patients that denote whether they have Type 1 or Type 2 diabetes. Members agreed that these issues, unless resolved, could impede the efforts of both the RightCare programme, and the CCG IAF

- **Encouraging participation in the National Diabetes Audit (NDA).** As discussed at previous meetings, members are concerned that participation in the NDA has fallen dramatically. This has serious implications for the CCG IAF, which will rely on the NDA to generate its ratings for diabetes. Members were informed that NHS England is considering introducing a system whereby CCGs that fail to participate in the NDA, will automatically be assigned the lowest rating under the CCG IAF

- **Difference between approaches of RightCare and CCG IAF.** Professor Cripps outlined that a distinction between RightCare and the CCG IAF is that RightCare compares individual CCGs with their 'demographic peers'. Additionally, RightCare does not make any judgment on

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performance, but presents local data to enable CCGs to understand why there is variation and what needs to change

Barriers to driving improvements

In previous meetings, members have outlined the issues that exist at a provider and practice level which impact on the delivery of diabetes care. Building on the experience outlined by Professor Cripps, members discussed what barriers there might be at a local level to the implementation of the RightCare approach, including:

- **Competing interests of different local partners**. Members expressed concerns it could be difficult to build consensus amongst different local players (eg acute trust execs, clinicians, CCGs chairs etc) and emphasised the need to balance the disparate views of different local groups on the changes required
- **Lack of recognition by CCGs of the scale of poor performance**. Members suggested that there is often a lack of recognition of the scale of poor performance by local partners, resulting in failure to act on poor diabetes care and outcomes
- **Clinical competency and training.** Members reiterated concerns over variations in levels of competency in diabetes awareness amongst healthcare professionals and the lack of training available for HCPs on diabetes, particularly for practice nurses who often deliver the majority of care. It was suggested that some healthcare professionals may lack the confidence that their involvement will mean anything, or are unsure of what role they are able to play

Members also discussed some potential solutions to the issues outlined above:

- **Using local data to make the case for change**. Members agreed with the assertion made by Professor Cripps that using comparative data from CCGs' demographic peers often provides irrefutable evidence that change is required. This approach would also be supported by the publication of the CCG IAF, which will increase transparency about CCG performance
- **'Quick wins' to secure universal engagement**. Where possible, those involved in implementing RightCare should identify where early successes can be achieved to support local buy-in to the programme. Members suggested that RightCare case studies, such as the improvements made to diabetes services in NHS Slough CCG or NHS Berkshire West CCG could be used to support this
- **Secure support and engagement from local clinicians,** to ensure changes are driven through clinical leadership

In particular, there was agreement that, as emphasised by Professor Cripps, there needs to be a focus on supporting clinicians to implement the RightCare programme, to ensure it works effectively for driving improvements in diabetes care.

Supporting clinicians

Professor Cripps stressed that a key component to ensuring the success of the RightCare programme is to secure clinical engagement and for local changes to be delivered through clinical

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leadership. Members discussed how to ensure clinicians are supported to implement and lead the changes that result from applying the RightCare methodology.

Members raised the following ideas for supporting clinicians to deliver RightCare:

- **Encourage greater collaboration.** Greater use should be made of existing networks, such as Academic Health Science Networks (AHSNs) to help to disseminate best management and change management
- **Ensure the patient voice is heard.** People with diabetes should help to inform discussions around how improvements to local diabetes services can be delivered
- **Identify clinical champions.** Local partners should take the time to identify clinical champions who are supportive of change. Time and resources should be invested to ensure clinicians understand the importance of their role in the implementation of the RightCare programme. Clinicians should also be given the support and flexibility they need to contribute the process
- **Have conversations 'inside and outside the room'**. It may be beneficial to ensure different groups' concerns and interests are heard and understood, prior to all partners being brought together to agree an approach to addressing the variations identified by RightCare
- **Sponsorship by senior figures**. It is important for the most senior figures in the local health economy to support, encourage and 'permit' other local partners to engage with the RightCare process

Summary of questions

Discussion question 1: Have members had any experience of NHS RightCare in their local area? If so, what worked well? Are there any other interventions that members would like to see made at this level?

Discussion question 2: Will the CCG IAF be useful for understanding the areas of weakness within local health economies that require attention from the NHS RightCare programme?

Discussion question 3: What additional local barriers exist that could limit the full adoption of the NHS RightCare methodology?

Discussion question 4: How can clinicians be supported to implement the NHS RightCare methodology? How can clinicians be encouraged to be involved in implementing the NHS RightCare approach?

Discussion question 5: How can we close the 'perception gap' for clinicians treating diabetes and for people living with diabetes?

Discussion question 6: How can NHS RightCare's focus on CCGs be maintained throughout the development of STPs?

Discussion question 7: How can the diabetes community help to ensure the success of the NHS RightCare programme in improving outcomes for people with diabetes around the country? How should this success be measured?

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List of attendees

Title	Name	Surname	Position	Organisation
Ms	Jaqueline	Allan	Director	Diabetics With Eating Disorders
Professor	Clifford	Bailey	Professor of Clinical Science	Aston University
Ms	Louise	Brant	Corporate Communications Manager	Sanofi
Dr	Nicola	Bridges	Chair	North West London Paediatric Diabetes Network
Ms	Debbie	Cook	Nurse Consultant	Diabetes Clinical Champion
Professor	Matthew	Cripps	NHS RightCare National Director	
Ms	Faye	Edwards	Project Manager Diabetes	Health Innovation Network South London
Professor	Devaka	Fernando	Consultant in Endocrinology and Diabetes	Sheffield Hallam University
Mr	John	Grummit	Vice President	Diabetes UK and International Diabetes Federation
Dr	Alok	Gupta	Consultant Paediatrician and Clinical Director	Dartford and Gravesham NHS Trust
Ms	Nadia	Hill	Associate Director	Incisive Health
Ms	Beth	Hooper	Account Manager	Incisive Health
Dr	Sufyan	Hussain	Specialist Registrar and Lecturer	Imperial College
Ms	Lesley	Jordan	Chief Executive	INPUT Patient Advocacy
Ms	Abigail	Kitt	Diabetes Regional Programme Manager	NHS England

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Ms	Debra	Lake	Lead Nurse in Diabetes	Ashford and St Peters Hospital NHS Foundation Trust
Ms	Pauline	Latham	Member of Parliament for Mid Derbyshire	
Ms	Siobhan	Pender	Senior Diabetes Specialist Nurse	Royal College of Nursing
Ms	Lesley	Roberts	Senior Project Manager	London Diabetes Clinical Network, NHS England, London Region
Mr	Virendra	Sharma	Member of Parliament for Ealing Southall	
Ms	Karen	Stoddart	Diabetes Marketing Director	Sanofi
Ms	Ros	Thomas	Swansea Deputy Head of Podiatry	Morriston Hospital, Swansea
Professor	Jonathan	Valabhji	National Clinical Director for Obesity and Diabetes	NHS England
Ms	Lis	Warren	Representative	Diabetes UK
Ms	Lyndi	Wiltshire	Head of Cardiovascular Diabetes	Birmingham and Solihull Mental Health
Ms	Posy	Zawalnyski	RightCare Senior Manager	NHS England

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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Secretariat of the Diabetes Think Tank, July 2016

References

[1] NHS RightCare, Major roll-out of NHS RightCare, 14 January 2016
[2] South, Central and West Commissioning Support Unit, Rolling out RightCare, December 2015
[3] NHS RightCare, Slough Clinical Commissioning Group – Improving the value of diabetes care in Slough, accessed July 2016

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