

Supporting GPs and primary care to improve outcomes for people living with diabetes

Meeting
21 February 2017

The Diabetes Think Tank welcomed NHS England Associate Clinical Director for Diabetes, Dr Partha Kar, as keynote speaker for its opening meeting of 2017. The topic of the meeting was the importance of GPs and primary care in supporting outcomes for people living with diabetes.

Portsmouth's 'Super Six' model

Members heard from Dr Kar about his work at Portsmouth Hospitals NHS Trust, which focuses hospital care on the six patient groups that should be treated within an acute trust. Primary and community services are then supported to take responsibility for providing care for the rest of the pathway.^{1,2,3}

'Super Six' successes at five years



Establishing strong working relationships across primary, community and acute care



Rates of longer-term complications reduced

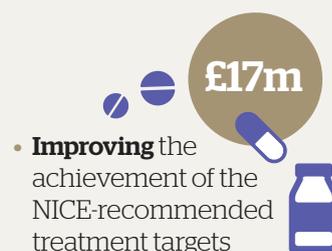


£1.9m saved in the local health economy

Diabetes transformation fund^{4,5}



£43m allocated towards:



• **Improving** the achievement of the NICE-recommended treatment targets



• **Reducing** amputations



• **Improving** uptake of structured education

• **Reducing** length of stay for inpatients



Approximately
240
applications
submitted

Recommendations

During the course of the discussion, members made the following recommendations:

The reformed Quality and Outcomes Framework (QOF) should focus on outcomes-based, measurable indicators with patients at the heart.

The current framework is centred on getting the processes right for diabetes care; as the BMA works with NHS England to develop and strengthen QOF, there should be a shift towards incentivising and measuring improvements in outcomes, capturing patient experience.

Best practice being delivered through local enhanced services (LES), or local incentivised services, should be captured nationally.

In order to support primary care to deliver more and better care for people living with diabetes, the core attributes of successful LES should be collated into a national document to guide and spread best practice across the country.

Areas in most need of support for improving diabetes services should not be neglected.

Whilst the diabetes transformation fund will provide investment for successful applicants, unsuccessful applicants, or indeed regions that did not submit bids for funding, should also be supported to transform and improve care for people living with diabetes.

The diabetes transformation fund must be continued into 2018/19 and beyond.

The funding process for 2017/18 allocations was held under significant time constraints and, whilst bringing together actors in local areas to collaborate, was not necessarily conducive to producing the strongest applications. Whilst lessons can be learnt from this, it is important that this funding is not a one-off investment.

Progress made in diabetes treatment and care since 2015

Diabetes Think Tank recommendation

Delivery

June 2015

Quality metrics should be established to measure how CCGs are performing against specific areas of diabetes care

November 2015

The CCG Improvement and Assessment Framework should contain metrics on how well the local diabetes population is supported to manage their condition effectively



March 2016

Inclusion of diabetes-specific metrics in the CCG IAF and an overall rating on performance against them, published on MyNHS.⁵ This included a metric on newly diagnosed patients attending structured education courses

June 2015

The Public Accounts Committee should hold an inquiry into adult diabetes services



October 2015

Inquiry undertaken by the Public Accounts Committee into the management of adult diabetes services in the NHS, reporting in January 2016⁶

November 2015

Specific objectives on diabetes treatment and care outcomes should be included within the Government's Mandate to NHS England



December 2015

NHS England's mandate 2016-17 included a commitment to achieve a *"measurable reduction in variation in management and care for people with diabetes"*⁷

February 2016

Participation in the NDA should be mandatory



February 2017

The 2017/18 General Medical Services (GMS) contract for GPs includes a requirement to allow collection of NDA data from all practices from July 2017⁸

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 current challenges faced by the diabetes community.

¹ Portsmouth Hospitals NHS Trust, Super Six diabetes model (Accessed 6 February 2017) ² Nicholson E.J, Cummings MH, Cranston ICP et al. *The Super Six model of care: Five years on Diabetes & Primary Care*, 18:221-6, 2016 (Accessed 6 February 2017)

³ Nicholson E.J, Cummings MH, Cranston ICP et al. *The Super Six model of care: Five years on Diabetes & Primary Care*, 18:221-6, 2016 (Accessed 6 February 2017) ⁴ Diabetes. Written question - 59859 (Accessed 25 January 2017)

⁵ <https://www.nhs.uk/service-search/scorecard/results/1172?metricGroupId=602&radiusInMile=0&recordsPerPage=10> ⁶ Public Accounts Committee, *Management of adult diabetes services in the NHS: progress review inquiry* 22 January 2016

⁷ Department of Health, *The government's mandate to NHS England for 2016-17* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494485/NHSE_mandate_16-17_22_Jan.pdf (Accessed 17 March 2017)

⁸ BMA, *2017/18 General Medical Services (GMS) contract for GPs* 7 February 2017 (Accessed 8 March 2017)

The cost of administrative support for the Parliamentary and Stakeholder Diabetes Think Tank has been provided by Sanofi, who have no editorial control over the Think Tank's recommendations.