NHS

Brighton and Hove
Clinical Commissioning Group

Report to Brighton and Hove HWOSC
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Diabetes service provision in Brighton and Hove – Consultation Results

Introduction

1. Throughout the Autumn/Winter 2013/14, Brighton and Hove Clinical Commissioning Group (the CCG) has led a city-wide stakeholder consultation, to seek views on improvements to diabetes care.

The purpose of this paper is to update the HWOSC on the results and outcomes of the Diabetes stakeholder consultation.

Background

2. As part of the priority planning process in 2012, Diabetes services and care was identified as a key priority. Consequently, Brighton and Hove CCG identified improving the Diabetes care pathway as a key strategic priority for 2013-2014.

3. The current pathway is fragmented, with services delivered by separate organisations (hospital, community, GP practices) with no over-arching care planning across the system. There is scope to deliver more holistic care for patients and to develop a more 'joined-up' pathway, between hospital, GP practices, community and mental health support. The successful management of patients with diabetes requires a whole system approach, with support for self-care and care in the community as key elements that can have a major impact on outcomes across all care settings. Through delivering more integrated care, Brighton and Hove CCG anticipates that it will improve both the quality of care and also make better use of resources.

Clinical best practice

The Department of Health "Best practice for commissioning diabetes services" guidance (2013) states through commissioning integrated diabetes services, CCGs would achieve the following benefits:-

- Improved patient experience
- Ensuring that all healthcare organisations involved in providing diabetes care, through partnership, clearly own the responsibility for delivering excellent care to their local population
- Providing clearly defined terms of accountability and responsibility for each health care professional / provider
- Reducing duplication of time, tests and information

The NHS England South East Coast Cardiovascular Strategic Clinical Network (2013) has identified the following key strategic priorities as recommendations to support CCGs to deliver best practice:

- Commission Integrated models of diabetes care
- Raising awareness of foot care, and integrate Foot care into diabetes care pathways
- Support Patient empowerment to self-manage their diabetes (care plan, structured education programmes and self-management programmes)
- That all patients diagnosed with diabetes received all NICE care processes
- Improving knowledge and up-skilling primary care through commissioning education programmes
- Raising awareness and Early diagnosis (including NHS Health Checks programme)

The CCG hopes to achieve the following outcomes through improving the diabetes care pathway:-

- To deliver a seamless Diabetes pathway for patients in Brighton and Hove which in accordance with clinical best practice
- To ensure care pathway is integrated, seamless and delivers more holistic care for patients
- To ensure patients receive coordinated care
- To commission a pathway which delivers improved patient outcomes
- To ensure patients are empowered and better supported to self-manage their diabetes
- To ensure the whole system joins in partnership to own the health outcomes of patients
- To improve skills and knowledge across primary care

The Joint Strategic Needs Assessment for Brighton and Hove recommends that every person with diabetes should have a care plan every year, which includes the health checks as recommended by National Institute for Clinical Excellence (NICE).

4. In September 2013, the CCG Local Member Group approved the strategic proposal to develop an Integrated Diabetes Care model, which would deliver a seamless diabetes care pathway led by multidisciplinary teams delivering integrated, patient focussed care, delivering national evidence-based and cost-effective standards to deliver improved outcomes.

5. The Brighton and Hove ‘Commissioning Intentions 2014-2016’ document, approved by the Governing Body on 26th November 2013, outlined the proposal to commission an integrated community based model of care based on a multi-disciplinary team approach, which we anticipate will be in place from April 2015.

Local inequalities in Brighton and Hove

6. There are significant health inequalities related to diabetes. It is more common in people living in the more socially deprived areas of the city.[1]

The level of diabetes is increasing because of increased levels of obesity, an aging population and a growing number of people of South Asian ethnicity.

7. The main fixed risk factors relate to age, gender and ethnic group: The rate of onset of Type 2 diabetes increases with age, diabetes is more common in men and in certain ethnic groups: it is up to six times more common people of South Asian ethnicity, and up to three times more common in those of African and African-Caribbean descent. [2]

8. There are public health interventions to address the risk factors of obesity, diet and exercise but these need to be better integrated into care pathways and there needs to be more public awareness for the risk factors of diabetes.[1]

Predicted levels of local future need

9. The increasing number of people diagnosed with diabetes each year is expected to continue. Public Health estimates suggest that one in two people who currently have diabetes, have not been diagnosed.

10. As a result of changes in risk factors (in particular overweight & obesity) and the population age structure, by 2030 there will be 17,842 people in the city with diabetes, compared with 9,936 people diagnosed with diabetes in 2011/12. This is a 56% increase.

11. Diabetes is projected to account for 17% of total national NHS expenditure by 2037.[3]

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[1] Joint Strategic Needs Assessment for adults with diabetes in Brighton and Hove http://www.bhlis.org/needsassessments [Accessed on 26/08/2012].

[2] Department of Health. Who gets diabetes - Health Inequalities http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/browsable/DH_4899972

[3] Hex, N., Bartlett, C., Wright, D., Taylor, M., Varley, D. Estimating the current and future costs of Type 1 and Type 2 diabetes in the United Kingdom, including direct health costs and indirect societal and productivity costs. *Diabetic Medicine.* In press.

Consultation

12. Patient and public involvement

The CCG invited stakeholders, patients, service users and the public to participate in the diabetes services consultation through either attending a city-wide stakeholder event, or through completing an web-based/paper-based survey (which asked the same discussion questions as at the stakeholder event to ensure consistency).

The invitation to stakeholders was circulated to healthcare professionals across Brighton and Hove including GPs and practice nurses, Specialist Diabetes Teams across community provider (SCT) and the acute trust (BSUH), care homes and nursing homes, patients, carers, public and other stakeholders, including Community and Voluntary Sector Forum, Ambulance Service (SECAMB), mental health trust Sussex Partnership Foundation Trust, Carers Centre, Amaze, FED, Diabetes UK, primary care Patient Groups in GP practices, LINKs and Health-watch.
Information about the event and also the links to the surveys were also publicised on the CCG website, on the Diabetes Consultation page.

13.1 Stakeholder Event

Brighton and Hove CCG held a Diabetes stakeholder engagement event on 5th November 2013.

This event was widely advertised, as outlined above. Fifty-three stakeholders attended the city-wide diabetes engagement event. Eleven (21%) attendees who attended the event were service users/carers.

The event was designed to be an informal but focussed atmosphere, to raise awareness, generate discussion about current services, identify gaps/duplication, and create ideas about the ways in which diabetes care can be improved in order to deliver coordinated care, improve patient experience and improve health outcomes for people living with diabetes in Brighton and Hove.

The diabetes stakeholder event involved a presentation from CCG outlining the aims for the event, the strategic context for diabetes care as a key priority for Brighton and Hove, and the outcomes that the CCG hopes to achieve through improving the diabetes care.

There was a presentation from Public Health which outlined the expected prevalence level of diabetes within Brighton and Hove, the impact of diabetes, and recommendations for improving care. The presentation also outlined the current service model and summarised the financial cost of delivering the current model.

There were facilitated round-table group discussions where all tables/participants discussed the same two questions, which allowed patients, service users and stakeholders to discuss and suggest ways that diabetes care needs to improve, so that patients receive coordinated care. The Full Summary Report detailing outcomes and themes from the discussions, at the event has been reported back to both those who attended the event, and also to those who were unable to attend.

A summary of outcomes and themes from the event was presented to the Brighton and Hove CCG Local Member Group at the meeting on the 19th November 2013.

The Full Summary report was circulated to the Diabetes Clinical Reference Group (CRG) and was discussed at the CRG meeting on 3rd December 2013. There are patient/service user representatives on the Brighton and Hove Diabetes CRG.

13.2 Surveys for Healthcare Professionals, patients/carers, public and other stakeholders

Brighton and Hove CCG prepared a survey (for clinicians, healthcare professionals patients, stakeholders across the city) which was circulated via email to all GPs, Practice nurses, Clinical Leads, in order to gain as much feedback as possible from clinicians and stakeholders who were unable to attend the stakeholder event, so that they can also contribute their views into the consultation on how we can improve diabetes care pathway.
A link to this electronic survey was also placed on the CCG Diabetes Consultation website page.

The outcomes from the healthcare professional survey are consistent with the emerging themes from stakeholder discussions at the city-wide stakeholder event on 5th November.

13.3 Patient/carer Surveys

Brighton and Hove CCG also prepared a patient survey which was circulated to patients and carers.

This survey was designed by the CCG to gather information from patients on how and where they currently receive their care, what care/support they have accessed, and how they would like their diabetes care services to improve in future, and what additional services they would like to access in order to support them in living with their diabetes.

The survey was available to patients, service users and carers both electronically, and in hard-copy.

A link to the survey was placed on the CCG Diabetes Consultation website page. Hard-copies of the patient survey were given to all GP Practices in November 2013, and further hard-copies were provided to the SCT Community Diabetes Service, SCT Community Podiatry Service, the Psychological Diabetes Service at BSUH, and the Diabetes Out-Patients department at BSUH within Brighton and Hove asking them if they could also ask if any patients would like to participate in the consultation. Also, at the Diabetes Stakeholder Event, there were patient surveys and also cards with the web-link for stakeholders and patients to take away.

The electronic link to the patient/carer survey was circulated out with the Health-watch newsletter, and both the electronic link and some hard copies of the survey with the Brighton and Hove Neighbourhood Care Scheme Newsletter, which reached over 1200 people across Brighton and Hove. Brighton and Hove CCG also asked GP Practices across the city to ask their patients, when they attended for an annual review throughout November and December, if they would be interested in completing the survey.

Results and Outcomes of the Stakeholder and Patient Consultation

Discussion and comments from all stakeholder, public and patient feedback all highlighted similar themed. The feedback has been clustered into the following themes below:-

14.1 *What works well within the current pathway/service provision:-*

- Overall, health care professionals across the whole pathway are good, but there is not sufficient capacity across the pathway to deliver a high quality service that is equitable and accessible to all patients living with diabetes
- The Community Diabetes Team (provided by Sussex Community NHS Trust) is very good, (welcomed by patients and clinicians). Service provides very quick & easy access, helpful advice, and there is good access to the service
- Patient Education programmes provided by the Community Diabetes Team ('DESMOND', 'Walking Away') are good and well received by patients, but there is a high non-attendance rate. The education programmes need a review/refresh to ensure they better suit patient needs and convenience to attend the course i.e. to provide the programmes in the evenings,.
- The Intensive Education for Type1 (BHITE) programme (currently provided by Brighton and Sussex University Hospitals NHS Trust) is well received by patients
- Care-planning works well where it is carried out. However, care planning is not carried out for all patients, and not all patients bring their care-plan to their appointments.
- Retinal Screening Service (provided by Brighton and Sussex University Hospitals NHS Trust) is very good and recall system works well
- Annual reviews completed in general practice are well received by patients, and patients have told us this is the most convenient place for them to receive further aspects of diabetes care in future

14.2 *Gaps/issues with current service provision / pathway:-*

- The current pathway is disjointed and not joined up
- Insufficient access to specialist dietetics and podiatry services
- Need an integrated multidisciplinary specialist service, with psychological/wellbeing support, podiatry, dieticians, with sufficient capacity
- Inequity of access to quality care (Recommended NICE Care Processes are not currently received by all patients)
- Inequitable access to some current services (i.e. lack of access to exercise for people with mobility problems)
- Need more patient support and information to empower patients to self-manage their diabetes

- Adolescent transition support needs to be more targeted to addressing the needs of this group, to support management of diabetes into adulthood
- Need to deliver rolling education programme to primary care clinicians to increase knowledge and skill in diabetes management
- Need better provision to support transition phase moving from children's into adult diabetes services
- Need a standardised and consistent approach to care planning and sharing of information across the pathway
- Primary care clinicians needs access to timely advice from specialists

14.3 *Delivering coordinated diabetes care requires the CCG to commission a model which delivers the following:-*

- **Care needs to be integrated - a 'one-stop shop' approach, including psychological support, dietetics and podiatry support services**
- **Equitable services for all patients**
- **To have a named care coordinator role for patients**
- **To ensure all patients receive NICE diabetes care processes and care-planning**
- **To ensure services are more holistic, and are wrapped around the patients' needs**
- **Support integration of care through good information sharing across the system**
- **Promote and support patient empowerment, through with access to education and information**
- **Improve knowledge and skill across primary care in diabetes management**
- **Deliver care in clinically appropriate care-setting, ensuring access to specialist advice and support as needed**

15. Feeding back to stakeholders, patients and the public

The full summary report detailing all of the feedback and findings from the full consultation has been fed back to attendees of the stakeholder event, has been saved onto the CCG website page, circulated to the project team and discussed by the Diabetes CRG (December 2013).

All of the feedback gathered from throughout the full diabetes consultation process will be used to shape the new model and define the service specification, to deliver an improved care pathway for people living with diabetes within Brighton and Hove.

The CCG will also be inviting stakeholders to attend a Diabetes Feedback Event, (date to be confirmed). At the event, the CCG will summarise the emerging themes & outcomes from the full city-wide stakeholder and patient consultation and based on this feedback, and we will be presenting the proposed integrated diabetes service for Brighton and Hove.
There will be regular updates throughout service development and implementation on the CCG website.

Further Detail and Next steps

Developing the service model and service specification

16. An Equality Analysis is being carried out. Given the increased risk factors associated with ethnicity, this will be reflected, and targeted work on increasing awareness of diabetes within those groups will be detailed.

17. A Sustainability and Social Needs Assessment is being carried out.

18. The CCG is in the process of finalising the details of the integrated service model. Based on current financial spend, the cost for the model will be approximately £1million.

19. The CCG is in the process of gaining procurement advice and further detail.

There may need a need to competitively procure. Competitively procuring the service would optimise the efficiency of a new model, reduce duplication across the system, and would deliver a seamless pathway which could be linked to improved patient outcome measures.

20. The Diabetes Clinical Reference Group meeting in January has approved in principle, the proposal for an Integrated Community-based Diabetes Service.

21. The Clinical Strategy Group meeting in February will consider the business case for the clinical model.

22. At the Governing Body meeting in March, the Governing Body will consider the business case for a new integrated model and will consider procurement.

23. Once the proposed service model has been approved by the CCG Governing Body, the service specification will be prepared for approval by the CCG.

24. The planned start date for the new service will be 1st April 2015. This would allow a full year to develop the service specification and to competitively procure the integrated service, subject to consideration by the Governing Body in March.