Getting better all the time

Dr Rob Gregory, Chair of the Association of British Clinical Diabetologists (ABCD), reviews recent developments in improving diabetes care

All the nations of the UK have prioritised diabetes in their respective health strategies, and are investing in it in ways that are expected to result in improvements in outcomes. In England, the Quality and Outcomes Framework (QoF) incentivised GPs to provide high-quality diabetes care. It then appeared that the improvement associated with QoF had reached a plateau, and that another lever to raise quality was needed. Enter the Clinical Commissioning Group Improvement and Assessment Framework (CCGIAF). This set out performance metrics in a range of health priorities, including diabetes, by which CCGs would be rated against their peers over the next four years.

The diabetes domains were carefully selected as those where there was known to be unacceptable variation between CCGs, and therefore opportunities for improvements in care, that would both benefit people with diabetes and save the NHS money.

The initial focus of the CCGIAF is on the proportion of people with diabetes who access structured education within a year of diagnosis, and on the proportion who achieve the three treatment targets (HbA1c, cholesterol and blood pressure). In years to come, assessments will include diabetic footcare and inpatient care. Assessments will be based on National Diabetes Audit (NDA) data, so it is important to achieve the highest possible practice participation rates. An independent expert panel chaired by Chris Askew, Chief Executive, Diabetes UK, has been established to analyse the results and identify CCGs where interventions are most needed.

NHS RightCare

The intelligence gathered by the CCGIAF will feed into the NHS RightCare Programme. This is the vehicle for encouraging and supporting sustainable improvement in England. In response to needs identified, NHS RightCare will work in partnership with stakeholders, including Diabetes UK and ABCD, to encourage and test innovations designed to improve the quality of care and reduce unacceptable variation.

NHS RightCare is producing a catalogue of ‘optimal pathways’ for various conditions, including Type 1 and Type 2 diabetes.

We have drawn NHS RightCare’s attention to documents that should help them to describe good care. These include recently updated NICE guidelines, the ABCD’s own position paper Standards for Care for Management of Adults with Type 1 Diabetes, as well as the Type 1 diabetes service specification that has been produced by the London Diabetes Clinical Network.

A commissioning framework for diabetes

There is no shortage of documents about commissioning models of care for diabetes, most of which are gathering dust on the bookshelves of commissioning managers. When the spotlight is shone onto an organisation to reveal shortcomings, there is an understandable temptation to slash and burn, and import a model of care that appears to work elsewhere. At ABCD we often hear from members that commissioners have decided to implement a new model, without discussion with local specialists.

Diabetes UK Clinical Champions and ABCD are ready and willing to assist in such situations. Last year I was pleased to be invited to join a Diabetes UK Council of Healthcare Professionals Working Group to design, test and disseminate a commissioning framework for diabetes. We hope this will become the first document that commissioners and providers look at when they feel the need to make improvements to the local diabetes service. It describes the essential components of successful models to encourage tailored service redesign from first principles, rather than picking an off the shelf solution.

New money

Last year NHS England announced an annual fund of £44 million for two years for sustainable service improvements in each of the four domains in the CCGIAF. In the age of austerity this investment is welcome, and channeling the bids through the Sustainability and Transformation Plans should provide assurance of cooperation between local organisations required to deliver successful projects.

The Carter Report Operational productivity and performance in English NHS acute hospitals: Unwarranted variations had a different perspective of the impact of variation and claimed that, if this were addressed properly in hospitals, there could be efficiency savings of £5 billion annually. Having tested this claim in elective orthopaedic surgery – and obtained encouraging results – NHS Improvement is rolling it out across a wide range of specialties, including diabetes and endocrinology. The national Quality & Efficiency Lead for ‘Getting it Right First Time’ (to be announced) will be expected to focus on helping specialist departments to provide best-quality, cost-effective care for patients – for which they deserve our support.

It remains to be seen whether the approaches outlined will lead to sustainable improvements on the scale required, but it does seem as though the NHS is not only talking the talk, but putting some money where its mouth is.