

Going for gold – a vision for diabetes care

Bridget Turner, Director of Policy and Care Improvement at Diabetes UK, reflects on what needs to change to deliver quality care for people with diabetes

What is quality care in diabetes? The definition of quality in health is well described in national clinical standards. It is about safety and clinical effectiveness. Measurement is essential, of course, and everyone looks to the National Diabetes Audit, Paediatric Audit and Scottish Survey to provide data to inform local improvement. But quality is also about patient experience. Living with diabetes is not only about clinical processes, outcomes and numbers. As Albert Einstein said: “Not everything that can be counted counts, and not everything that counts can be counted.”

This leads me to a second question. What does a good patient experience actually mean? It certainly includes clinical markers, being treated with dignity, respect and being listened to. It also means people having the knowledge, tools and relationships to support self-management, health and wellbeing. For a person with diabetes, much of life is spent managing their health and the role of the healthcare system is, undoubtedly, to help them do this better and to fit with their individual needs and circumstances. Numbers play an important part in the life of anyone living with diabetes. Each blood glucose test, each HbA1c, blood pressure or cholesterol result gives a number-based value of how things are.

However, clinical numbers do not tell us about how someone is actually feeling and coping or what is important to them. Numbers do not tell us much about the daily barriers faced by the person with diabetes in managing their condition and their life. This only comes from having conversations, which will go places that cannot always be predicted. But these are exactly the conversations that can, if done in an open, honest and collaborative way, encourage and enable people to have more control of their day-to-day management.

Care planning

The challenge for future diabetes care is to reduce variation in care standards and improve quality for the growing number with diabetes, within the ever-decreasing NHS cost envelope. The even bigger challenge is about changing how the healthcare system supports people with long-term conditions, such as diabetes, to improve

their own health and wellbeing. Some innovative solutions are needed.

What the NHS does is important. However, health is also about behaviour change, conversations, attitudes and relationships. These key relationships exist across different organisations, and also between people with diabetes and their clinical teams. This is recognised by the House of Care framework (NHS England, 2012), which puts personalised and coordinated care through care planning at its centre. The care planning process is the cornerstone of identifying and meeting needs, working together through dialogue. It is about helping more people become more engaged in their own health and enabling clinicians to tailor the care and support to each person. There is a need to have in place, in every locality, a system of diabetes care that is well-integrated across primary, community and specialist care, as well as recognising the role of non-medical support as part of the menu of options offered by voluntary and community groups.

All of the above requirements need to be underpinned by effective knowledge of diabetes, assurance and communication. This is not even easy to describe, never mind to deliver. It requires collaboration and clarity about what services are available, how they are accessed and signposting to other non-traditional healthcare services, such as peer support, information, education and emotional support. Combined with clinical care, this package of wider support will help deal with the growing challenge of diabetes.

Making it happen

Many localities are exploring new ways of working to make this vision of diabetes care a reality. Many organisations, including Diabetes UK, are now coming together through the Coalition for Collaborative Care: Action for Long-Term Conditions to support this vision (www.coalitionforcollaborativecare.org.uk). This is the moment to get involved. Different thinking is needed to deliver the high-quality care that people with diabetes deserve. Again, quoting Einstein: “Insanity [is] doing the same thing over and over again and expecting different results.” Quality is balancing health system processes with individual needs, rather as the person with diabetes has to balance their condition with their life.

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