Diabetes Service Review 2015/16
GP Membership Engagement Events held at PLT on 25/06/15

a). what services should be based in the hubs and what services should be based in the spokes?

<table>
<tr><th colspan="2">Tonbridge, Tunbridge Wells, Weald and Sevenoaks</th></tr>
<tr><td>Hubs
Education groups etc.
Pump management
Vascular clinics
Antenatal care
Paediatrics
Transition paeds/adult
HCP education
Consultant
Communication
Education
Resource centre
Diabetic consultant
Renal consultant
Antenatal
New Type 1 DM</td><td>Spokes
Diabetic retinopathy
Dietetics
Podiatry
‘One stop shops’
Nurses
GP
DSN
Dietetics
Psychologist</td></tr>
<tr><td colspan="2">Other Comments:
Floating level 2/3 & clinics rotating around practices
Community nurse to see patients that don’t have level 2 access
Level 1 – All practices
Level 2 – Federation based services including; injectable (initiation and optimisation), dietician, podiatrist with proper fast access to;
Foot specialist
Renal specialist
Complex case nurses for housebound
Specialist diabetic nurse
Level 3 – Diabetic consultant and ED specialist</td></tr>
<tr><th colspan="2">Invicta, Maidstone & Malling and Weald</th></tr>
<tr><td>Hubs
DSN
Podiatry
Dietetics
Resources and training material and facilities.
Daphne/Desmond
Foot Clinic
Largely level 4, some exceptions from level 3
Insulin pump services
Podiatry
Dietician
GPwSI Diabetes
Podiatrist
Specialist Nurses
Level 3 (GPwSI and one consultant)
Consultant Endocrinologist and current level 3-4 DSNs.
Visiting vascular opinion</td><td>Spokes
DSN
Health Education
Obesity
Specialist GP
Podiatry
Dieticians, Podiatry Level 2 and Level 1
Education
DESMOND
Predominately Level 2 and 1 with liaison between (DSNs, Specialist Practice Nurses, Practice Nurses)
Level 2 trained practitioners (DSN, Practice Nurse, GP for insulin/ GLP-1 initiation and adjustment.
Available for advice to other clinicians.
Patient education (delivery)
Type 2 for insulin
All level 2 in spokes</td></tr>
</table>

• Patient education (coordinated) • Transition child – adult • Level 4 and 3 – podiatry, dietetics, DAPHNE, development of Kinesis • Type 1 diabetes • Children and young people diabetes. • All level 3 in hubs	

Other Comments:

- Questioned whether physical hubs and spokes required
- Need 5 year commitment to structure and service provision

b). what should be the numbers of 'hubs' and the number of 'spokes' to meet the service needs of west Kent population. Identify the population number that an individual hub and a spoke should service on average.

Tonbridge, Tunbridge Wells, Weald and Sevenoaks

- Pending geography
- Hubs? – Paula Carr, TH and Pembury, Abbey Court
- In conjunction with regional/area services and at practice level
- Questioning the need for this model – can the services be provided at a practice level
- Minimum of two hubs – could be Cottage Hospitals not necessarily acute settings
- Spokes should not necessarily be fixed, could rotate.
- Depends on available resources. Provided access is good, requirement for very few hubs. Unsure of number of spokes.

Invicta, Maidstone & Malling and Weald

- 4 hubs; MGH (4) linking to Central Maidstone, South Maidstone and West Maidstone (all 3).
- 3 Hubs (Maidstone, Tonbridge, T Wells linking to mobile spokes incorporating rural practices – approach linking to a Diabetes bus.
- 30000 patients per spoke, 15 spokes in total all linking to 3 hubs.
- Proposal for a hub in Cranbrook clinic, highlighting that several hubs needed to ensure coverage of rural areas and community access.
- Hubs formed around clusters of 30000 patients.
- Roving hub where 1 team covers several sites – plus potential for home visits (Paula Carr type system)
- Population not represented by hub, dependent on numbers of complex patients requiring input.
- Moving spokes across fixed premises with moving staff. Set hubs would need geographical access to be considered – are all patients within 20 minutes of a hub. For those which are housebound, DSN will be required from spoke. Propose 4 hubs and 16 spokes (4 spokes around each hub) – 25000 practice population per spoke or 1500 diabetics per spoke.
- Hubs based on 2 hospital hubs (focusing on level 4 provision) and a number of primary care hubs (incorporating podiatry, dietetics and DAPHNE)
- Highlighted that not enough information to form decision, outlined that 6 practices could form 1 spoke

c). what systems of communications should be specified for the service to ensure that each practice clinicians have a quick and easy, direct and virtual access to a consultant, DSN & podiatry expertise based at these hubs and spokes?

Tonbridge, Tunbridge Wells, Weald and Sevenoaks

- Better kinesis (improving communication and collaboration)
- Integrated systems (GP-Specialist (inc. podiatry)) - hospitals for viewing of patient referrals and interactions across services.
- Contracts for IT systems
- Role of Abbey Court

• Role/responsibility of a lead consultant → upskill nurses • IT training resources • Kinesis for Doctors and Nurses • 24hr access to a diabetes nurses • Use of telehealth for monitoring • Notes sharing • Hubs need integrated IT view • Hubs to have primary care system to allow them to see primary care record • MDT • Kinesis
Invicta, Maidstone & Malling and Weald
• Vision & EMIS • Skype for working • BOS (?) links training • System like Kinesis • Access to notes of patients at other practices and ability to add to these notes (held centrally) • MDT to have some access • Kinesis type system to link hub and spoke. DSN inclusion • Clinical information to be directly entered onto clinical system • Will patients have access to system? – could patients email DSN directly • Emails with phone calls and faxes • Unified information – same system • Email advice along with robust system • Teledermatology for some Podiatry • Email, Kinesis, Telephones • Telehealth, Remote monitoring • DESMOND
Other Comments • CCG will need to provide respective funding for infrastructure.

d). define in your own view what an ideal format for continual education and training for primary care should look like under redesigned services

Tonbridge, Tunbridge Wells, Weald and Sevenoaks
• Specialities in the spokes to share skills and patient information, assist in MDT discussions. • Pit stop courses have improved availability • 'On the ground' teaching from CNS' to practice staff • Learner centred education – tailored to individual
Invicta, Maidstone & Malling and Weald
• Training re Consultant to DNS and Consultant to GP interaction • Meeting in practices with DNS • Electronic toolkits in a fashion amenable to all members • Individual educational needs/methods • Case discussion • Diabetes leads in practices • Access to GPwSI/Consultant when needed (Kinesis style) • Many GPs will not need to keep up to date as of specialist nurses • Spokes provide education sessions to practices in their area • Hubs provide education /mentoring for people in spokes. • Annual education event for all, within hub. • Fast and clear – letter, email communications.