

Directorate of Commissioning

Update on Diabetes

This paper provides a summary of the proposed primary care procurement of West Kent PCT for diabetic services.

Diabetes has a major impact on the health of the population of West Kent. There are approximately 22,000 people with diabetes among the registered population of the PCT (this represents 3.3% of the population). Currently the PCT is estimated to spend approximately £13.3m on the prevention, identification and treatment of diabetes for the population in West Kent.

The number diagnosed with diabetes is increasing and this represents a considerable challenge to healthcare professionals in providing high quality care. At a stakeholder event in November 2007 a wide range of multi-disciplinary professionals involved in diabetes care collectively defined a clinical pathway for diabetes. Building on this expertise and other National recommendationsⁱ, the Chief Executive delivered a presentation to Diabetes UK in Tunbridge Wells, sharing the vision for a Diabetes Community-Based Model of Care to provide rapid access to the right care, at the right time, from the right person.

Diabetes Community-Based Model of Care

The Diabetes Community-Based Model of care provides a framework to reduce inequalities and to provide high quality care for all. The model is similar to the principles adopted on other models for Long Term Conditions, whereby 80% of care is provided within primary, community and self-management settings. This means that 15% of care will be offered through intermediate care with only the most complex 5% of patient care being provided in specialist secondary care settings.

Practice based commissioning leads and diabetic consultants have been consulted and the Diabetes Community-Based Model of Care has been modified taking account of these views. The model is to be adopted formally at the PBC Board on the 29th July 2008 prior to working up the full commissioning strategy for local delivery.

Primary Care

Patients with stable type 2 diabetes are generally managed in primary care. However, many patients are being inappropriately followed-up by specialists in secondary care. This is not effective use of limited resources.

As part of the community based diabetes model of care to provide a high quality integrated diabetes service, every single general practice will be required to reach the awareness and capability of diabetes consistent with providing a Warwick

Diploma level trained practice nurse to ensure that all patients can be appropriately managed within primary and intermediate care, with only those requiring more specialised care being referred to secondary care. This will mean a substantial improvement in the knowledge and awareness of a number of practices and assure that high quality care is provided for all patients across West Kent.

Quality of care will be monitored by looking at primary care data and creating profiles of practices based on a basket of indicators such as; expected versus observed prevalence, HbA1c, Lipids, BP etc.

Intermediate Care

At present there are 3 diabetes centres in West Kent. The diabetes centres are located in secondary care at Darent Valley Hospital, Maidstone Hospital, and Pembury Hospital. Currently patients with intermediate care needs i.e. poorly controlled type 2 diabetes or relatively stable type 1 diabetes are currently being referred to diabetes centres. This group of patients could be more effectively managed in intermediate care settings in the community. Referring these patients to Diabetes centres in secondary care makes inefficient use of limited resource.

The community based diabetes model aims to provide a one-stop diabetes service supported by a multi-professional healthcare team in the community. Some elements of care currently provided in diabetes centres will be shifted to intermediate care settings in the community. It is envisaged that intermediate care can be provided either in GP surgeries or other community settings in a hub-and-spoke fashion. Consultants will be commissioned to provide system supervision and community outreach services and will work closely with local GPs who have a special interest in Diabetes (GPwSI) and will oversee the training programmes for all levels. This arrangement will also provide opportunities for all GPs to work alongside consultants to continue their professional development and update their knowledge and skills in diabetes. This will ensure specialist knowledge is shared to benefit the widest number of patients.

Once established it will be possible to shift care that was previously in the dominion of secondary care to an intermediate care setting in the community. For example, diabetic young adults (aged 16-25), insulin initiation and titration clinics, pre-pregnancy counselling.

As well as providing fair, personalised, effective and safe careⁱⁱ it is anticipated that service redesign and reconfiguration will yield cost efficiencies. Savings achieved will be re-invested to address any gaps in service and inequity of care. For example, psychological support for people with diabetes and diabetes services in residential care.

Specialist Care

The most complex care will continue to be provided by specialists in secondary care. These will include all in-patients, all patients with newly diagnosed type 1 diabetes, children, pregnant women and those patients with complications (significant eye, kidney or nerve damage) and co-morbidities (Cardiovascular).

There will be a progressive shift towards this model of care with business and workforce development plans for implementation in autumn 2008 for full implementation by 2011.

In conclusion, we are putting in place a commissioning strategy, underpinned by a health needs assessment and workforce development plans that will make more efficient use of resources and ensure we provide a high quality integrated diabetes service with seamless care for all patients between primary, intermediate and secondary services.

ⁱ The Way Ahead, The local challenge –improving diabetes services; 2007; DH

ⁱⁱ Our NHS Our Future: NHS Nest Stage Review – Interim Report; 2007; DH