NHS
Wakefield District

Addressing Health Inequalities and supporting Primary Care: Role of Specialist Diabetes Teams

Wakefield Diabetes Service Re-design

Dinesh Nagi
Clinical Champion and Clinical Lead for Diabetes
Janet Wilson
Diabetes Network Manager

your health our priority

‘Commissioning Specialist Diabetes Services for Adults with Diabetes’

….There is a recognition that specialist teams may need to provide services in a range of health care settings consistent with the ethos espoused in… “Teams without Walls philosophy”

Niru Goenka and Jiten Vora

Pract Diab Int March 2011

Wakefield

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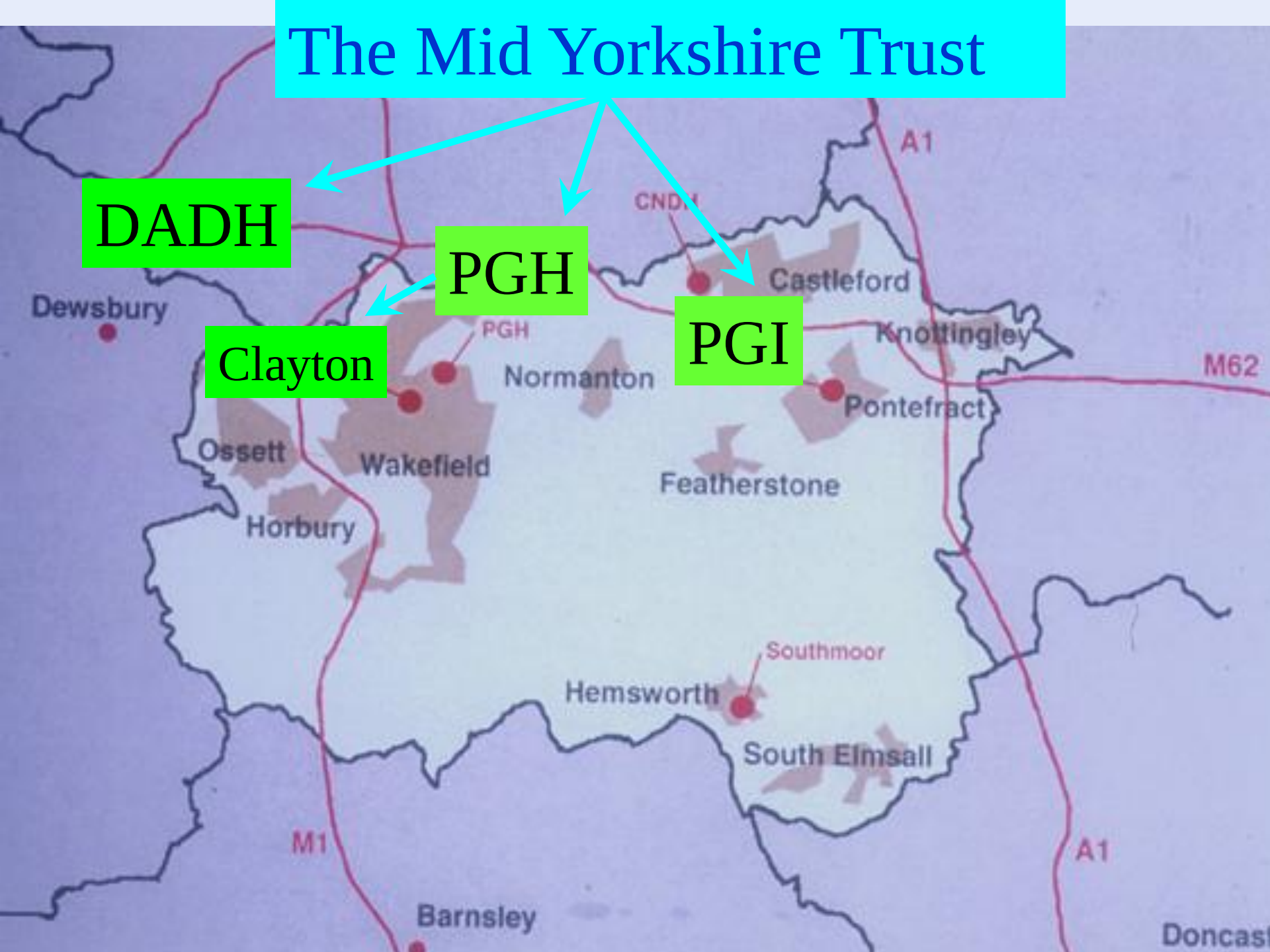
- 2 Diabetes Centres
- 40 GP Practices
- 1 Primary Care Trust
- Single Acute Trust
- Good relationships
- ***Active Diabetes Network (2003)***

GP led walk in Centre
HM Prison


The Mid Yorkshire Trust
DADH
PGH
PGI
Clayton
Dewsbury
PGH
Normanton
Castleford
Knottingley
M62
Pontefract
Ossett
Wakefield
Featherstone
Horbury
Southmoor
Hemsworth
South Elmsall
M1
A1
Barnsley

Existing Service and infrastructure

NHS Wakefield District

- Retinal Screening Programme
- Insulin Pump Service (2005)
- Structured Education Programmes
  - DESMOND
  - DAFNE
- Revised Diabetes Guidelines (2009, 2011)
- Active Patient Involvement (Network)
- Integrated Care Pathways
- IT support (Specialist Teams and Primary Care)

A Shared Vision…..

NHS Wakefield District

- Structured and organised care
- Services easily accessible
- Improving the quality of diabetes care
- Addressing health inequalities
- Reducing variation across practices
- **Integrating primary care and specialist care**

Start of Our Journey! (Background to the Re-design)

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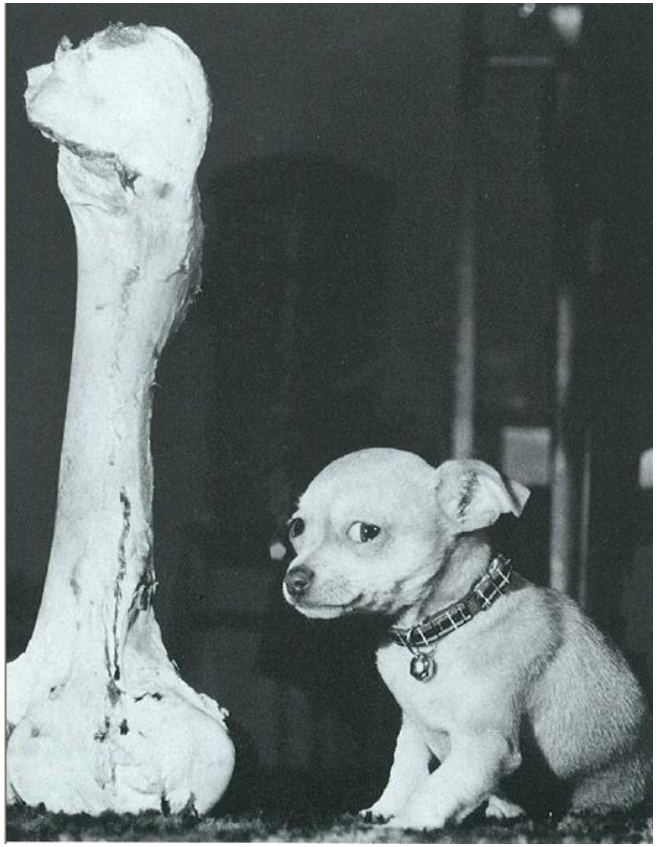
- Started with PEC meeting November 2006
- Network was given complete responsibility for redesign
- Full backing of the PEC
- Request that we take a whole system solution
- To ensure that it reflects national perspective and local issues

Biting off more than you can chew!

NHS Wakefield District

One bite at a time ?



The Service Re-design

NHS Wakefield District

The challenge!

Not what, but How?

Options Appraisal

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- Case for Change
- Gap Analysis
- Objectives, Principles, Constraints
- Confirm long list- and a short list
- Agree Clinical models
- Benefits and risks
- Stakeholder engagement

Objectives: Our Views

NHS Wakefield District

- Better clinical outcomes, clinical sustainability, and optimising volume
- Improving efficiency and productivity to support long term financial viability
- Safe and appropriate Care
- To deliver the benefits quickly

Principles: Our Views

NHS Wakefield District

- Patient safety and patient experience
- Both Diabetes Centres will stay open
- Duplication to be avoided at all costs
- Minimal capital spend
- Maximise existing capacity
- Upskilling of GPs and PN (clinical capability for future)

Constraints: Our View

NHS Wakefield District

- Options must be clinically endorsed
- Safeguard and improve Specialist services
- Refocus on in-patient diabetes care
- Minimise the need for additional capacity
- Look out for competitors?

What we did not wish to do?

NHS Wakefield District

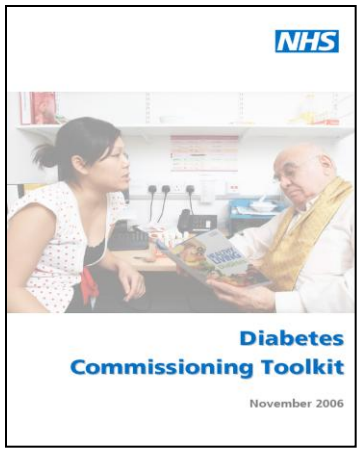
- Loose patient focus
- Create Intermediate diabetes Services
- Physical translocation of clinics from specialist centers to Primary care
- Create a model addressing organisational priorities
- Create a Model with huge/extra drain on resources

Focus on Re-design

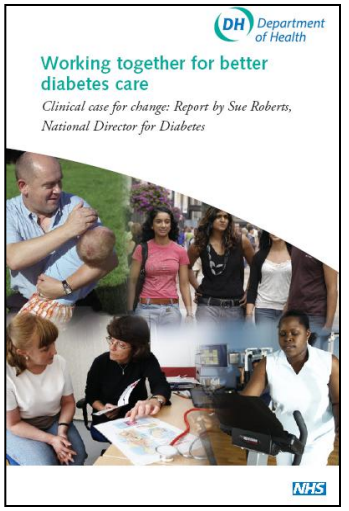
NHS Wakefield District

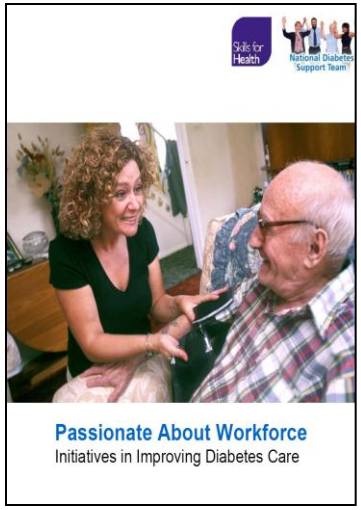
- Reducing Health Inequalities
  - Systematic and structured care for all
  - Reducing variation in care
  - Engaging non-attendees
  - Vulnerable groups
  - Services easily accessible
- Supporting primary care
- Improving in–patient diabetes care

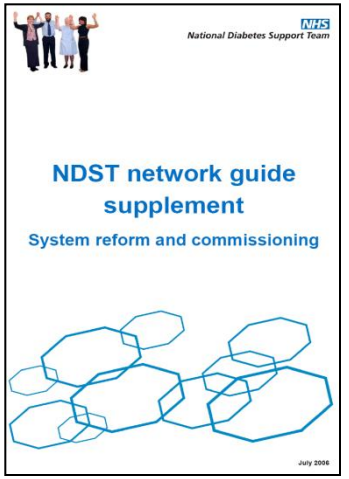
DH Guidance


NHS
Diabetes
Commissioning Toolkit
November 2006


Diabetes in the NHS:
Commissioning and providing specialist services


DH Department of Health
Working together for better diabetes care
Clinical case for change: Report by Sue Roberts, National Director for Diabetes
NHS


Skills for Health
National Diabetes Support Team
Passionate About Workforce
Initiatives in Improving Diabetes Care


NHS
National Diabetes Support Team
NDST network guide supplement
System reform and commissioning
July 2006

The Journey continues

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- Local issues, strengths and service gaps
- Information gathering
- Patient Focus Group involvement
- Engagement of the PBC Consortia
- Series of informal meetings/consultations
- All Stakeholders kept informed about the progress

Process

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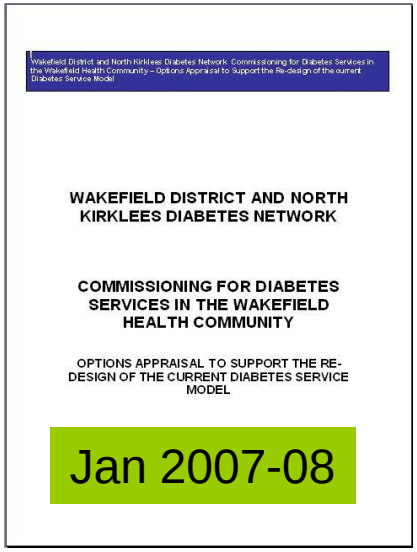
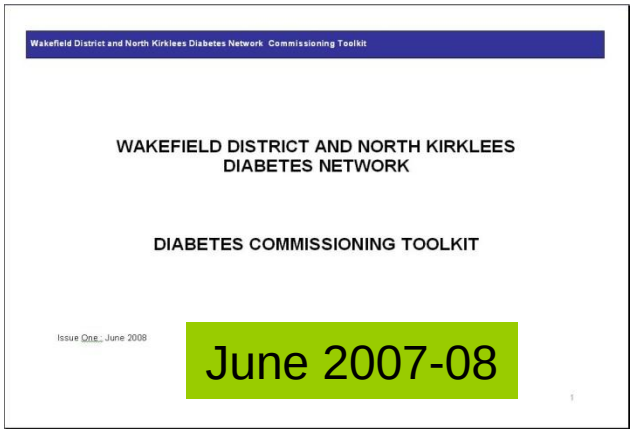
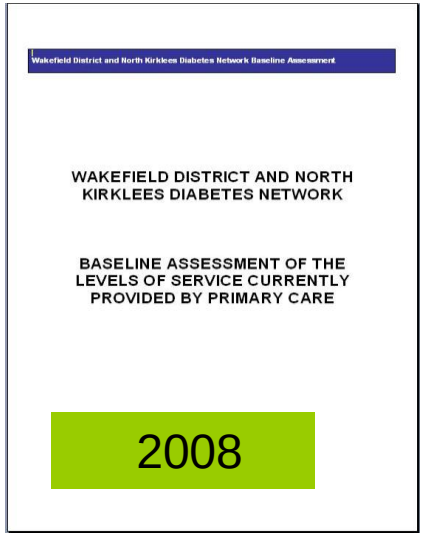


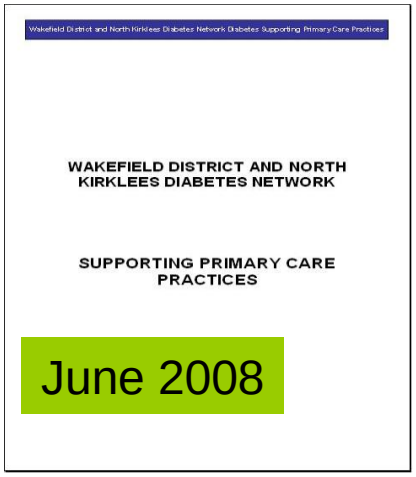
Jan 2007-08



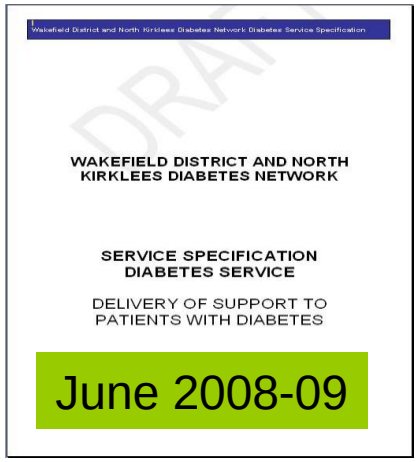
June 2007-08



2008



June 2008



June 2008-09

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Baseline Assessment of Levels of Service

	Prevention Identification Impaired Glucose Tolerance/ Impaired Fasting Glucose Diet controlled Type 2 diabetes	Type 2 on tablets Annual review	Management of patients stabilised on insulin Annual review Type 1 and Type 2 diabetes	Initiation of insulin Problem patients Unstable diabetes Annual review Type 1 and Type 2 diabetes	Gestational diabetes Pre-conception care Children and adolescents Inpatient hospital care Complex complications Insulin pump Carbohydrate counting DAFNE
Practice level 1					
Practice level 2					
Practice level 3					
Practice level 4					

Primary Care Services

Specialist Care Services

What the Practices told us

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- Insulin initiation and titration in T2DM
- Training to manage stable T1DM
- Specialist team support with complex cases
- Support with use of new therapies and devices
- Gradual discharge from hospital to primary care
- Specialist teams should support PC in their training, education and support
- Better communication with specialist teams (E-consultation, telephone access)
- Incentive?

What the Patients told us?

NHS Wakefield District

- Timely access to quality care and continuity of care
- Education (Structured and QA)
- Active participation in the care process
- Support for self management
- Care that is co-ordinated

Wakefield District and North Kirklees Diabetes Network Commissioning for Diabetes Services in the Wakefield Health Community – Options Appraisal to Support the Re-design of the current Diabetes Service Model

WAKEFIELD DISTRICT AND NORTH KIRKLEES DIABETES NETWORK

COMMISSIONING FOR DIABETES SERVICES IN THE WAKEFIELD HEALTH COMMUNITY

OPTIONS APPRAISAL TO SUPPORT THE RE-DESIGN OF THE CURRENT DIABETES SERVICE MODEL

Jan 2007-08





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A new Model-fit for purpose?

NHS Wakefield District

- Diabetologist and DSN attached to a practice
- Practice visits and joint working – dependent on the level of service and their aspirations
  - Discuss the organisation of the current diabetes services at the practice
  - Review and agree an appropriate location of care for all patients
  - Case note review (CNR) of patients
  - Joint Clinics

Action Plan: How?

NHS Wakefield District

1. **Initial visit**:
   - Review the practice list of people with diabetes
   - Review baseline assessment
   - Agree the Practice priorities
   - Discuss the proposed Model
2. **Case note review**:
   - to agree a management plan including location/transfer of care for all patients
3. **Joint Clinics**:
   - Specialist Primary Care Clinic (SPCC)
   - Joint PN and DSN clinics

Outcome of Patient Flows from CNR

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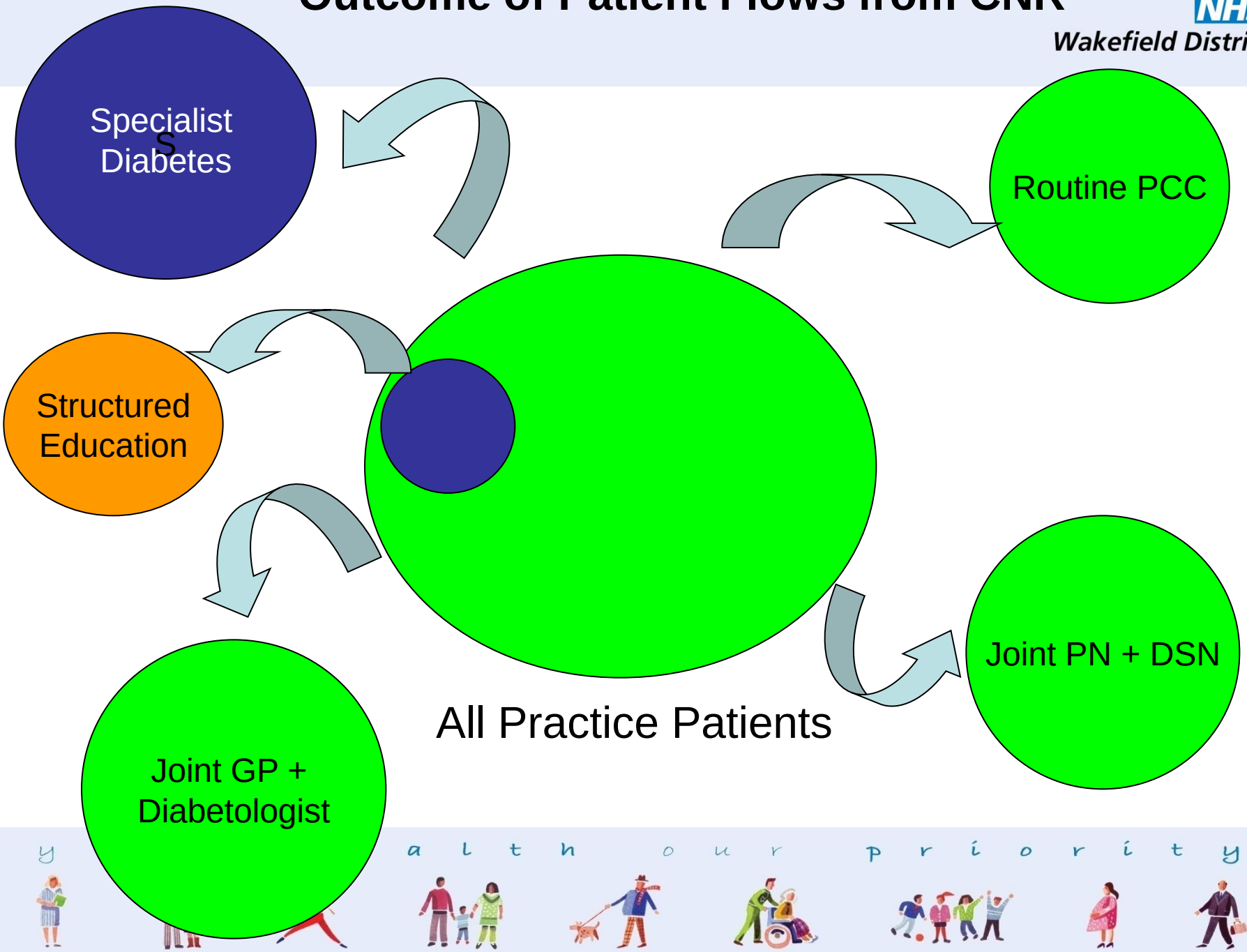

y a l t h o u r p r i o r i t y

Specialist Primary Care Clinic

NHS Wakefield District

- GP + Diabetologist together
- Consultation led by GP
- An explanation for the reason for this visit
- Patient “in charge”
- Clear agreed plan of action (documented)
- Further Review Plans

Support for the new Model

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- DSN working jointly with Practice Nurse
- Access to a community based Dietetic service (new)
- Capacity for DESMOND (foundation and newly diagnosed)
- Development of a new LES (Insulin, Byetta, etc)

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A New Model !

Presented to both PBC consortia-
May-June 2008

And PEC in July 2008

Business Case for the Re-design

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Workforce Planning

- Extra Consultant (WTE)
- 2 DSN (band 7)
- One extra WTE dietitian
- Admin support WTE Band 4/5
- Support from the network manager and network co-ordinator

January 2009 - Started with practice visits

15 May 2009 First Specialist Primary Care Clinic (SPCC)

SPECIALIST PRIMARY CARE CLINIC TEAM

NHS Wakefield District

(Left to right) Running the first Specialist Primary Care Clinic (SPCC) in the district, Chapelthorpe GP Dr Michael Bennett, Chapelthorpe Practice Nurse, Sharon Meadows, NHS Wakefield District's Diabetes Network Manager, Janet Wilson, Mid Yorkshire Hospitals Diabetes Lead Nurse, Tara Kadis Consultant Diabetologist and local Clinical Champion, Dr Dinesh Nagi

Local Experience of a General Practice

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- ✓Large GP practice
- ✓Provided patient centered diabetes care
- ✓A practice which gains maximum QOF points
- ✓Very Low exception reporting

Practice Data

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- Total number of people with diabetes 438
- 58 patients with Type 1 diabetes (13.24%)
  - 7 young people
- 380 with Type 2 diabetes (86.75%)
  - 8 on Byetta
  - 46 on insulin (12.1%)
    - (9 >70 yrs of Age)
- Prevalence of people with HbA1c >10 is low
  - (28/438 = 6.4%)

Comprehensive review of diabetes at the practice

NHS Wakefield District

- Total number of people with diabetes 438
- 28 patients with HbA1C > 10%
- 43 patients HbA1C 9.0-9.9%
- 74 patients HbA1C 8.0-8.9%
- Patient < 8% reviewed by practice team

Total Patients reviewed = 145/438 (33%)

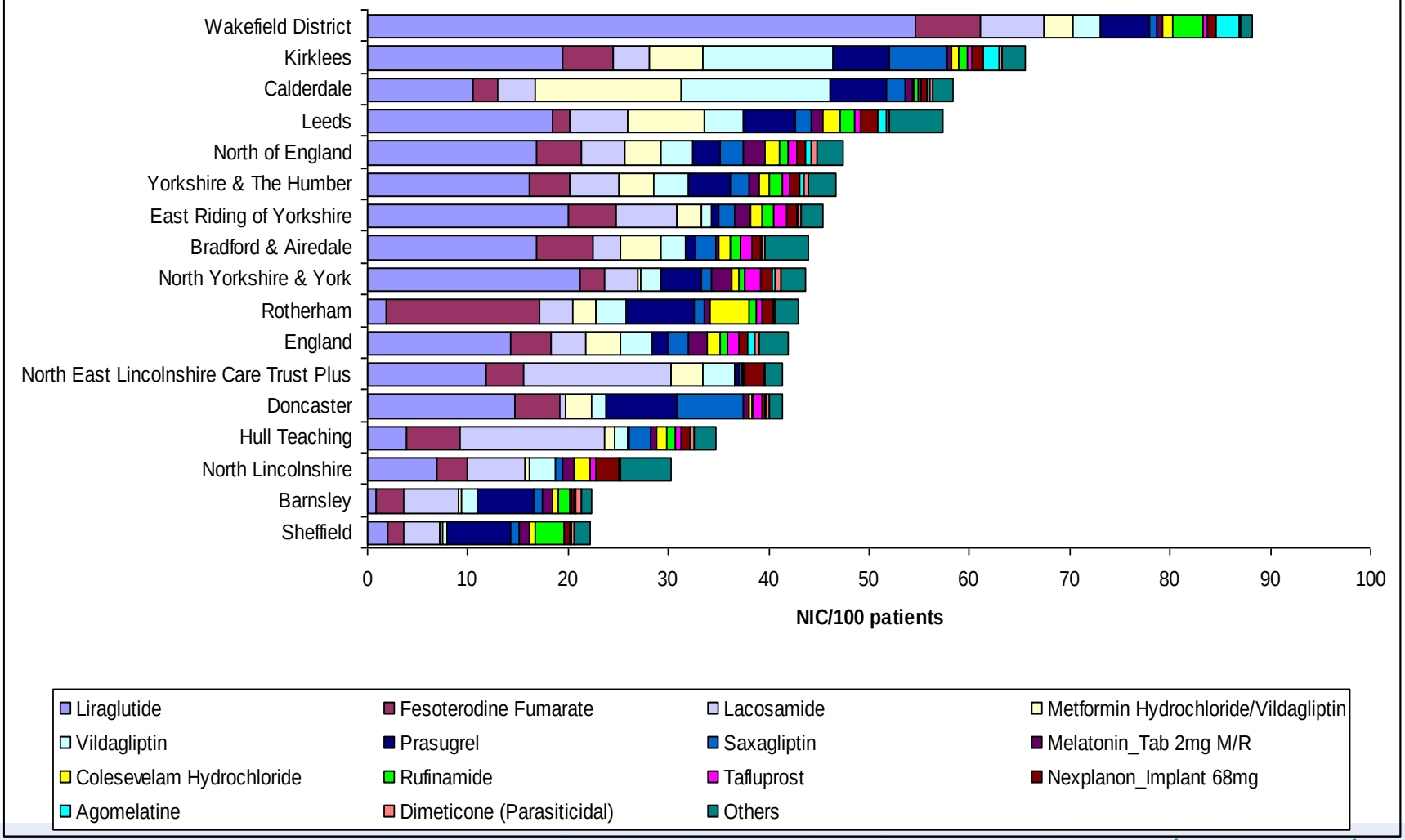
Outcome of the CNR

with HbA1C > 10% (n=28)

NHS Wakefield District

- 5 patients would remain in the routine primary care clinic
- 8 patients needed to stay under the specialist diabetes service
- 9 patients were scheduled to be seen in SPCC (joint clinic GP + Consultant)
- 3 referred to specialist services (obesity, hypo-awareness, secondary diabetes/Malabsorption?)
- 3 patients cared for in hospital: discussed at hospital Diabetes MDT

Fig 17b. Yorkshire & The Humber SHA - prescribing costs: new drugs introduced since July 2007; April - December 2010



Insulin Initiation Pathway

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Pre-Redesign

Patient Identified for insulin Rx ?

Patient referred to hospital

New patient appointment
Seen by consultant

Referred to DSN for insulin
initiation

Follow up + Titration
X 2/3

Post-Redesign

Patient Identified for insulin Rx ?

Decision made and Date agreed

Titration in Primary Care

Patient feedback (Joint Clinic)

NHS Wakefield District

"Less worrying than hospital atmosphere, less anxiety, a hospital appointment is a "big" appointment"

"Smashing appointment!!"

"Excellent experience seeing everyone together in own practice"

"Brilliant service!"

"Hope we're lucky enough for this new service to continue!"

"Wouldn't have wanted to go to a hospital even though I knew my control was worsening"

Health Professional Feedback…..

NHS Wakefield District

"In the 30 years that I have been the diabetes specialist at Pontefract General Infirmary there has been a gradual and continuous improvement in diabetes treatment and care, but this is the most important and exciting development I have been involved in. I am confident that this new co-operation between the specialist hospital diabetes centres and GP surgeries result in much better care for people with diabetes across the district."
Consultant Diabetologist

"Fantastic learning opportunity to be able to discuss individual cases with the specialist team at the surgery" ***GP***

"Seeing patients jointly with a hospital specialist was a novel experience which I found very educational. Combining the different strengths of primary and secondary care clinicians clearly benefited both of us, and more importantly, our patients." ***GP***

"I have learned more this morning on diabetes working with the Consultant than I ever did in the 5 years at Medical School! Very enjoyable!" ***GP***

‘Commissioning Specialist Diabetes Services for Adults with Diabetes’

“Diabetes Specialists are best placed to provide leadership and advise on strategic planning for…….

This role should be commissioned and supported with dedicated sessions”

Niru Goenka and Jiten Vora

Pract Diab Int March 2011

‘Commissioning Specialist Diabetes Services for Adults with Diabetes’

“It is incumbent on commissioners of diabetes services to ensure that the health needs of this population are met …

..and for specialists to ensure that their service meet the required standards”

Niru Goenka and Jiten Vora

Pract Diab Int March 2011

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The Future of Diabetes services in Wakefield ?

To be continued……