Agenda Item No: 5(d)

Report To: **Ashford Health & Wellbeing Board**

Date: 3 January 2018

Report Title: Diabetes Update

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Organisation: NHS Ashford CCG

Summary: This report represents an update for the Board on the current status of

- proposed CCG pathway changes for diabetic care, using the Tiers of Care approach
- Ashford's progress against the Kent & Medway Structured Education Transformation Programme
- Ashford's progress in line with National Diabetes Prevention Programme: Healthier You

Recommendations: **The Board be asked to:-**

Note the report
Agree 6 month timeline for next update

Purpose of the report

1. To update the HWBB on progress against this as a AHWBB priority

Background

2. The HWBB agreed in July 17 that Diabetes would be one of their priorities. Public health national indicators demonstrate Ashford has a higher rate of recording of diabetes than elsewhere in England.

3. Nationally there is a drive to support this group of patients to manage their disease better, maintain a healthy weight, promote the benefits of education and reduce the risk of developing Type 2 diabetes.

4. This updates highlights where the CCG and partners are working together.

Report specific section heading

5. Tiers of Care pathway approach to Diabetes

6. Structured Education Project across Kent & Medway

7. National Diabetes Prevention Programme: Healthier You

Conclusion

8. Progress has been in line with CCG expectations

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Tiers of Care pathway approach to Diabetes

Background

9. The Kent and Medway Sustainability and Transformation Plan (STP) stipulates the ambition of increasing opportunities to deliver local care across a range of conditions, with an expectation that a significant proportion of activity currently undertaken by secondary care will move into facilities closer to patients' homes and be delivered by alternative health care professionals, supported by advice, guidance and a multi-disciplinary review approach.

10. The East Kent Clinical Commissioning Groups' (CCGs) strategic vision for long term conditions access is to have integrated 'Tiers of Care' specialist pathways to ensure that patients have access to joined up services including education, diagnosis, management and treatment; with the aim of reducing unnecessary referrals into secondary care, enabling patients to access treatment in a timely manner, closer to home and within constitutional standards.

11. The East Kent Clinical Commissioning Groups' (CCGs) held workshops in 2016 to engage stakeholders across providers in defining the vision for care in east Kent, including planned and specialist care.

12. Both the community and acute trust employ consultants and specialist nurses, there are separate Consultant led community services and in some specialities GP's with Specialist Interests (GPwSI), all are working to separate service specifications and contracts. Although there is a connection and communication between some of the services this is not formalised.

13. This redesign provides an opportunity to bring together fragmented pathways and the associated workforce into a coherent pathway underpinned by a simple process, supported by a competency framework for clinical staff and conditions against the Tiers of care.

14. For ease of understanding a 'Tiers of Care' approach is:

- **Tier 1** Primary care
- **Tier 2** Intermediary specialist care in the community – i.e. Nurse and Therapy Consultants; Nurse Specialists; ESP's; General Practitioners with Special Interest (GPwSI)
- **Tier 3** Specialist - Consultant Care

Drivers for Change

15. The traditional model of care for diabetes has historically been delivered in a specialist setting due to the perceived requirements of a complex multi-system condition. However, diabetes management and insulin initiation and control have increasingly shifted to primary care (Tier 1).

16. Every year all people with diabetes should receive the nine care processes as originally defined in the National Service Framework for diabetes and NICE guidance for diabetes. Locally, there is considerable variation in the number of patients receiving these recommended care processes. Data from the National Diabetes Audit has shown, on average, 68% of people with diabetes in **East Kent** are not in receipt of this care. This equates to 52.8% of diabetic patients in Ashford.

17. A sustainable and robust Tier 1 service is needed to manage patients and ensure consistent care is available to prevent disease progression and to support patients to make the lifestyle changes proven to impact upon the prevention and reversal of Type 2 diabetes.

18. In late December 2017 the CCG Committees supported the East Kent Tiers of Care (ToC) model that proposed a phased implementation of the outcomes based pathway in one Ashford Cluster area.

19. The proposed model intends to improve the quality and consistency of the current scope of care delivered within Tier 1 rather than introduce a new service.

20. The CCG is working with Wendy Jeffreys (Public Health) to identify the Local Care pilot sites to test the model to ensure the areas selected are aligned to the needs of the population.

Kent and Medway Diabetes Structured Education Transformation project

21. In 2016 Kent and Medway CCGs successfully secured £1.5 million funding from NHS England to support the Diabetes Structured Education Transformation project. The project specifically targets patients diagnosed with Type 2 diabetes in the previous 12 months.

22. There are very low recorded rates of attendance at Diabetes Structured Education courses across all K&M CCGs (most below the national average of 6%), and the aim of the project is to increase attendance to 64% by 2021. The project aims to generate a 10% increase of newly diagnosed patients attending Structured Education year on year.

23. Due to poor data quality it will be difficult to demonstrate a 10% increase in attendance at Structured Education courses in the year 2017/18. Each general practice with Ashford CCG area has been asked to review their historic coding of these patients and to update their patients' records accordingly. They are also required to identify and contact patients to offer an education course. It is hoped that this process will increase the CCGs rates of referrals and therefore provide support to patients to manage their condition.

24. The current provider of structured education does not have the capacity to offer sessions to patients identified by practices. To increase capacity two external providers of Structured Education have been contracted to achieve a 10% increase in attendances for the CCG in the year 2017/18 while the other workstreams of the bid aim to improve current provision. The courses offered by the providers will be different to those currently provided to test alternative models of provision. The providers will target patients who have been diagnosed with Type 2 diabetes in the previous 12 months.

National Diabetes Prevention Programme: Healthier You (For Pre-Diabetic patients – Type 2)

25. There is strong international evidence which demonstrates how behavioral interventions, which support people to maintain a healthy weight and be more active, can significantly, reduce the risk of developing Type 2 diabetes.

26. In 2016 Ashford CCG agreed projections to increase referrals for National Diabetes Prevention Programme (NDPP) with NHS England.

27. Work is currently underway to improve communication between the local provider of NDPP and practices to increase referrals and promote the benefits of education for this group of patients. The provider will present to the GP consortium meeting in January 2018.