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Diabetes-CCG IAF and the Treatment & Care Programme

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Treatment & Care programme priorities

1. Improving achievement of the NICE recommended treatment targets (HbA1c, cholesterol and blood pressure) and reducing variation
2. Improving uptake of structured education
3. Reducing amputations by increasing availability of multidisciplinary footcare teams
4. Reducing lengths of stay for inpatients with diabetes by increasing availability of diabetes inpatient specialist nurses

Priorities reflect evidence as to which interventions best improve outcomes for people with diabetes and show a positive return on investment.

Treatment & Care programme forms core of CCG IAF diabetes support offer



Transformation funding

- Planning Guidance - c£40m transformation funding for diabetes treatment & care
- Best Possible Value approach to be used.
- CCGs to be invited to submit bids, jointly where appropriate. Likely to be single bidding process with other transformation funding priorities.

Issue	£ millions
Structured Education	10
Treatment Targets	15
Multi Disciplinary Footcare Teams	7
Diabetes Inpatient Specialist Teams	7
Enhancing pathways	5
Regional/clinical network infrastructure	2



CCG IAF (1)-Treatment targets and structured education

- Variety of CCG positions on treatment targets, including some geographical clustering-**5 North CCGs Red and 10 Amber (excluding CCGs in Greatest Need for Improvement due to low NDA participation)**
- Significant issues in structured education attendance levels, including need for accuracy of reporting. **Almost all North 'Need for Improvement' CCGs are Red or Amber on structured education**



CCG IAF (2)

- CCG IAF diabetes data based on National Diabetes Audit (NDA). Low levels of NDA participation in some CCGs, including some geographical clustering—**11 North CCGs in Greatest Need for Improvement due to <25% of GP practices participating in NDA**
- **3 other North CCGs in Greatest Need for Improvement due to being Red on both treatment targets and structured education.**



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MDFTs and DISNs

- Multi-disciplinary footcare teams (MDFTs)-**29 North CCGs with no MDFT.**
- Diabetes Inpatient Specialist Nurses (DISNs)-**33 North CCGs with no DISNs**



Optimal pathways

- Development of optimal pathways for diabetes, for use by Right Care, regional teams and clinical networks in working with CCGs and local providers to help identify where improvement should be focused
- Initially focusing on type 2 pathway. Type 1 pathway work also in development.



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Structured education (1)

Actions required to:

- Ensure accurate reporting of attendance
- Promote take-up of attendance
- Expand capacity
- Improve cost and quality



Structured education (2)

- Structured education attendance levels considered likely to be significantly higher than recorded.
- Need for action by commissioners to:
 - a) ensure appropriate reporting mechanisms in place, including standardised coding suitable for ready recording onto GP information systems
 - b) consider other levers (for example, linking payment to completion of attendance)
- Also consider how to support GPs and patients in stimulating attendance
- But also a significant need to increase capacity and to reduce variation in cost and quality



Structured education (3) – Type 1

Evidence/analysis suggests that:

- a) delivery of DAFNE structured education could deliver savings of an estimated c£93,000 per 100,000 population
- b) a 10 percentage point increase per year in structured education attendance for five years can become cost-saving after 10 years if focused on those newly diagnosed
- c) increasing structured education attendance to 20% of all patients with diabetes within five years can become cost-saving after 6 years



Structured education (4)-Type 2

Evidence/analysis suggests that:

- the cost of X-PERT (type 2 diabetes focused) per person attending is £55-£65.
- X-PERT could save between £66-£76 per person p.a. An organisation delivering the programme to c3,500 patients could save c£260k per year – *in reduced medication use alone.*
- With cost of complications included, X-PERT could also save significantly more long-term;
- Increasing attendance at structured education significantly – in the prevalent population – could start to deliver net savings in 6 years



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Structured education (5)-Improving capacity, cost and quality

Proposed that:

- a) CCGs/STPs are invited to bid for funding to commission additional structured education places with conditions that a) specified quality/content criteria are included within their structured education specification
- b) specified number of places (set out in bid) are commissioned within a fixed cost envelope, with funding based on evidence on cost
- c) The courses commissioned are externally accredited.



Inpatient and footcare teams

- Evidence suggests that, for every £5m invested in Multi-disciplinary Footcare Teams (MDFTs) or Diabetes Inpatient Specialist Nurses (DISNs), savings of around £9m annually can be achieved.
- Proposed to invite bids for funding for footcare and inpatient teams for sites without these in place, and expansion of capacity in existing services where these do not match current service demand.
- Likely to include requirement to set out how MDFTs/DISNs will support other professionals also treating the same patients to promote consistency of care, and promote improved outcomes across local diabetes pathway



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Treatment targets: Issues for consideration

CCGs to consider:

- What are the issues for differing population segments and GP practices that need addressing to support improved achievement of the treatment targets?
- What approaches would be appropriate for these differing populations to improve outcomes?
- Would application of the optimal pathways be beneficial in understanding improvement actions needed?



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Provisional timescales and actions

(Subject to confirmation of overall approaches and timescales to transformation funding by NHS England)

- Agreement to final bidding/BPV process by October 2016
- Invitation to CCGs to submit funding bids to be issued by end-October 2016
- Funding bids to be submitted by mid- December 2016
- Bids to be assessed, and successful bids confirmed, by February 2017.