

Diabetes service redesign at scale and pace in Berkshire West CCGs



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Diabetes Sans Frontières!

In 2012 we found our burning platform...

Berkshire West PCT identified as 3rd worst performing PCT for attainment of HbA1c in 2010/11 National Diabetes Audit



...we needed to do things differently!



What happened then

Redesign of services began in July 2012

- External consultancy
- Local leadership appointed and mandated
- Stakeholder network - *Diabetes Sans Frontières*
- Collaboration across organisational boundaries: acute trust, CCGs, community provider, public health, patients
- Terms of reference established
- House of Care became the overarching model
- Change at scale and pace
- Launched at a large event in May 2013

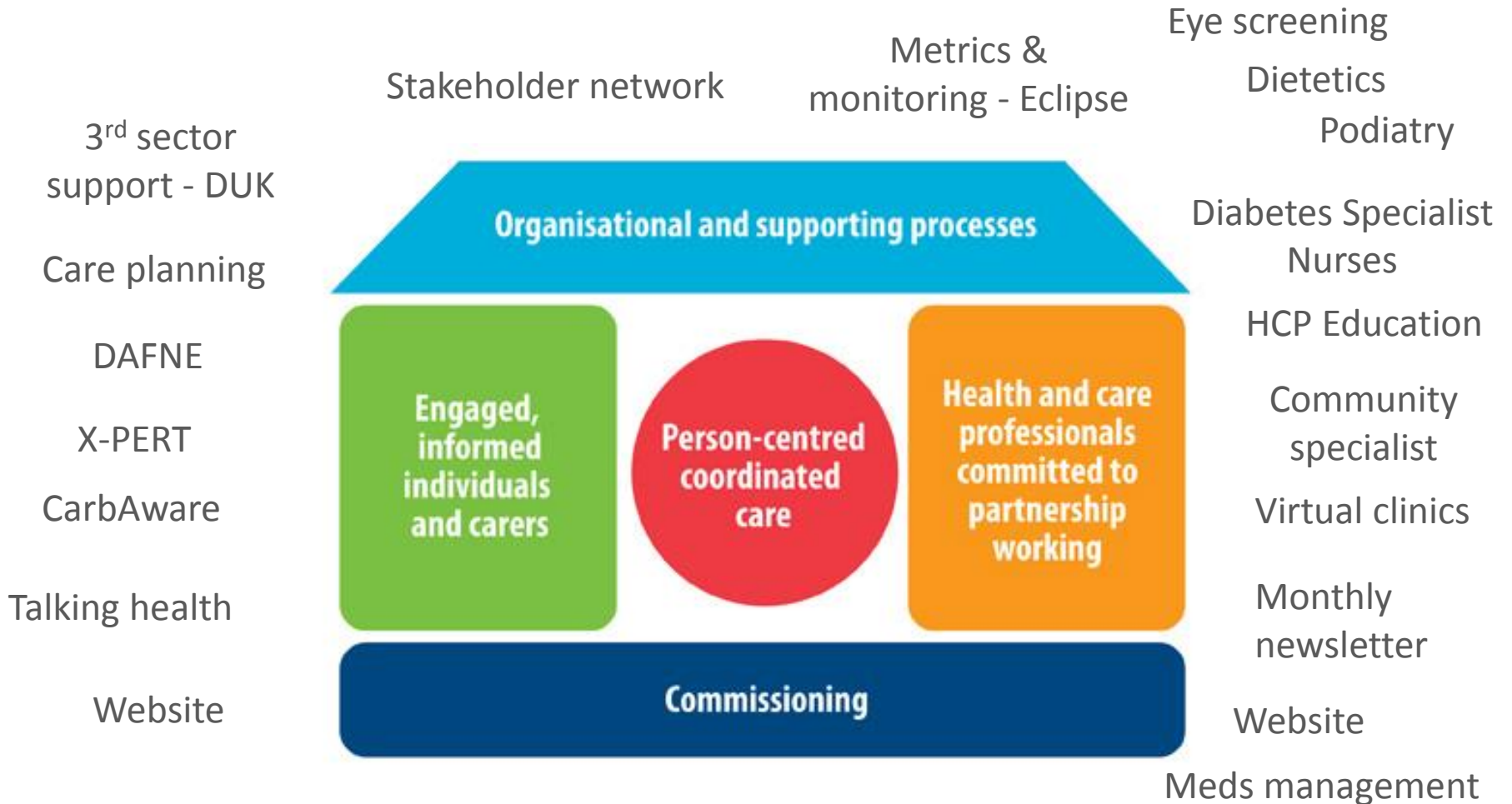




The stakeholder network meets monthly and is the engine of change



Building the House of Care for diabetes in Berkshire West



Coherent commissioning led by network supported by Commissioning Support Unit



Some results

- Between 06/12 and 06/14, HbA1c ↓ from 60.5 to 55.1
- % achieving HbA1c <59mmol/mol ↑ from 46.5% to 57.6%
- Among X-PERT attendees at 6m: HbA1c ↓ 67.5 to 55.5
- % achieving cholesterol <5mmol/l ↑ from 46.3% to 79.2%
- Proportion achieving BP≤140/85 ↑ from 66.2% to 78.0%;
- Prescribing savings of £800,000 resulting from medicines optimization: £313/pt (11/12), £283 (12/13), £269 (13/14)
- The process has created enthusiasm and greater professional satisfaction



Virtual Diabetes Clinic

- **MDT in practice to review diabetes cases**

Patients requiring review identified by Eclipse. Highest priority those with HbA1c > 85 mmol/mol

- **Outcome of the virtual clinic recorded for implementation in the care planning process**

Therapy review | Pt education | Review by the DSNs in practice | Review by specialist or Bariatric team

- **Results: first 500 patients at 6 months**

HbA1c reduced from 89 to 81 mmol/mol



Virtual Renal Diabetes clinic

- **Problem**

High rate of progression to renal failure

- **Action**

Eclipse search for high risk patients | Review in practice or remotely

- **Outcome**

Ensure a diagnosis is made | Review of therapy |
Management plan recorded in care planning |
Optimize glycaemic and CVS risk factors



CarbAware course for Type 1 DM

- **Problem:** 600 pts with T1DM needed education to improve control | DAFNE started but limited by cost and staff | Difficult to attend 5 day course
- **Solution:** Designed and delivered a structured 3 hour group teaching programme
- **So far:** 60 courses, 260 participants
- **Results:** From among 56 people having data at 6 months, **mean HbA1c fell from 80.5 to 69.4 mmol/mol**



Ripple effects



- Success of care planning approach to diabetes now being actively applied to other LTCs
- The model of change has been ‘cloned’ and applied to respiratory conditions in Berkshire West with plans to extend to other LTCs
- Success of the virtual clinic/community specialist initiative is being actively pursued in respiratory conditions and may be applied further afield

Diabetes Sans Frontières!

