Diabetes integrated service

The new model for commissioning diabetes care in Oxfordshire

Oxford AHSN Clinical Network Meeting


North


North East


Oxford City


South East

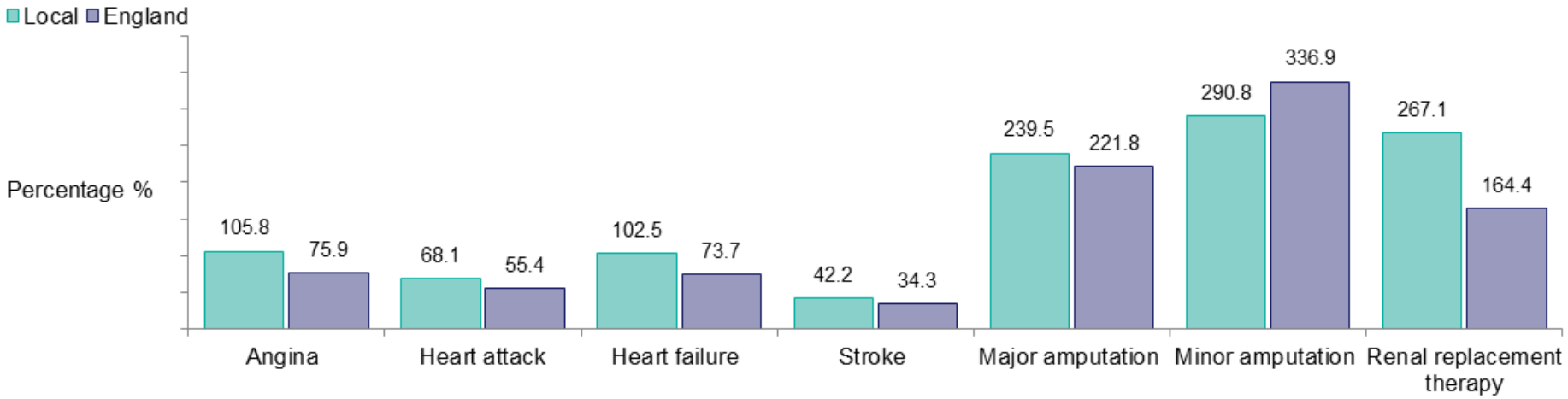

South West


West

What's this all about?

- Why do we need change?
  - How good is our diabetes care in Oxfordshire?
  - What do our clinicians say about it?
  - What do our patients want?
  - It's not that bad, is it?
- What change do we need?
  - How could it be better?
  - What would make it better?
  - How has it been done elsewhere?

Why: the current state of diabetes in Oxfordshire



Source: - NDA 2011/2012

- Total spend £35m/year (£25m acute, £10m planned)
- 6% increase in type 2 diabetes cases per year
- OK on QOF but bad on end outcomes (see above)
- Significantly worse mortality than nationally

What do our clinicians say?

(GP) I never refer anyone to OCDEM any more – they don't do any more than I would

(PN) We need more and better access to diabetes specialist nurses and patient education

(Consultant) Half the patients I see could be treated in general practice, and the other half should have been referred five years ago

(GP) The service is poor for hard-to-reach patients such as BME or those who won't engage

(GP) In the period that we didn't have a GP with diabetes interest or a good diabetes practice nurse, we could have used more support

(GP and PN) We need more structured diabetes training for GPs and nurses

What do our patients want?

Access to psychological services – not equitable across all parts of diabetes services

Access to care more flexible – might just want a bit of advice, a greater role for pharmacists

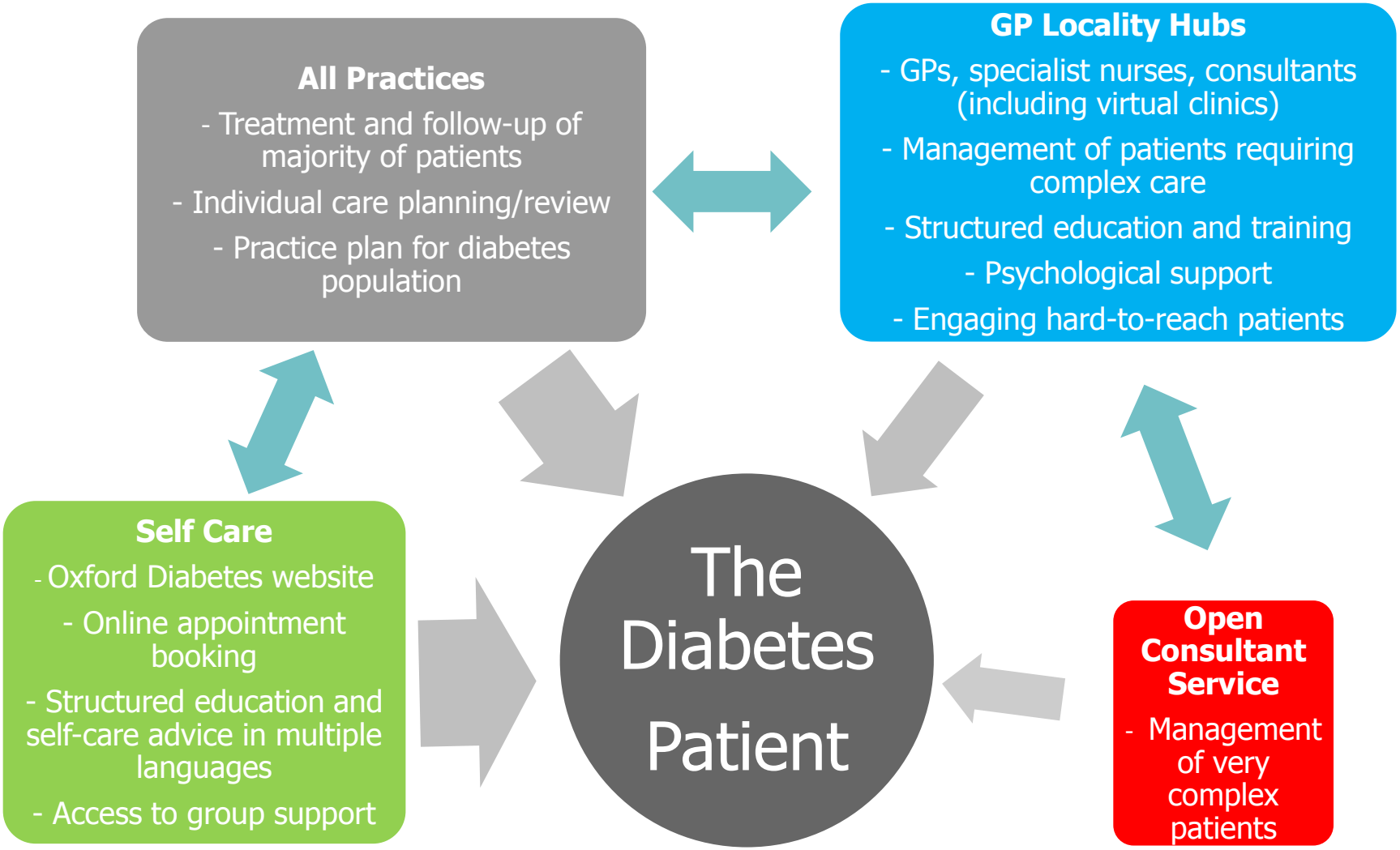
Faster access (currently 3 month wait to see a specialist for review)

Don't lose what's good – I don't want to lose my GP, my nurse, or my consultant

Knowledge of what services (e.g. retinal screening) are available, where and when

Develop education initiatives to aid the patient – accessible and personal – an app, for instance

Greater access to specialist advice in GP surgery – varied experience currently



What a single integrated service for Oxfordshire might look like

What a single integrated service would mean for GPs in Oxfordshire

- GP locality hubs:
  - GPs, consultants, specialist nurses, dietitians, psychological support
  - Working in practices and localities, both type 1 and type 2
- More specialist staff and better access to them
- Regular, accessible, standardised training and education
- Consultants spending 80% of their time in the community
- Integrated working for IT and communication
- No perverse incentives in primary and secondary care

How has it worked elsewhere?

- Outcomes from the Derby integrated service
  - 19% (£3m for Oxon) decrease in unplanned admissions
  - 84% of practices received professional education
  - 86% of patients offered appointment within 3 weeks
  - 100% of patients rated service as good or better

Why, again

- Because our care could be better and will have to get better
- Because our patients can see the gaps
- Because we could use the support, the funding and the training
- Because if it works for diabetes, it could work for other conditions
- Because this could be an example of joined up working

Where it's got to so far

- Working group since September 2014
  - OCCG, OCDEM, GPs, OHFT, practice nurses, community teams, Diabetes UK
- CCG executive (28 October 2014)
- Outline Business case (22 Jan 2015)
- Public consultation meetings (27 Jan and 11 Feb 2015)
- Localities April 2015