



# Diabetes Clinical Network Launch

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SRO Best Care Programme

# Diabetes Clinical Network Launch: History

- First approach: Summer 2012
- OCDEM: early model of AHSN triumvirate
- Relevance: Obesity; Complications and Co-morbidity
- Individuals
- Oxford AHSN Application and video
- Iterative process to sign off

# Best Care Programme

- Clinical Networks
- Themes: crosscutting
- Patient Safety Academy
- Evidence-based Healthcare Fellowships
- Collaborative for Innovation Adoption

# Best Care Programme Board: Attendees

- SRO: Chair
- COO
- Clinical Network/Theme Leads
- Leads for PSA and Fellowship programme
- Lead for Collaborative for Innovation Adoption
- Senior Project Manager – Clinical Networks (SRO deputy)
- Other members TBC

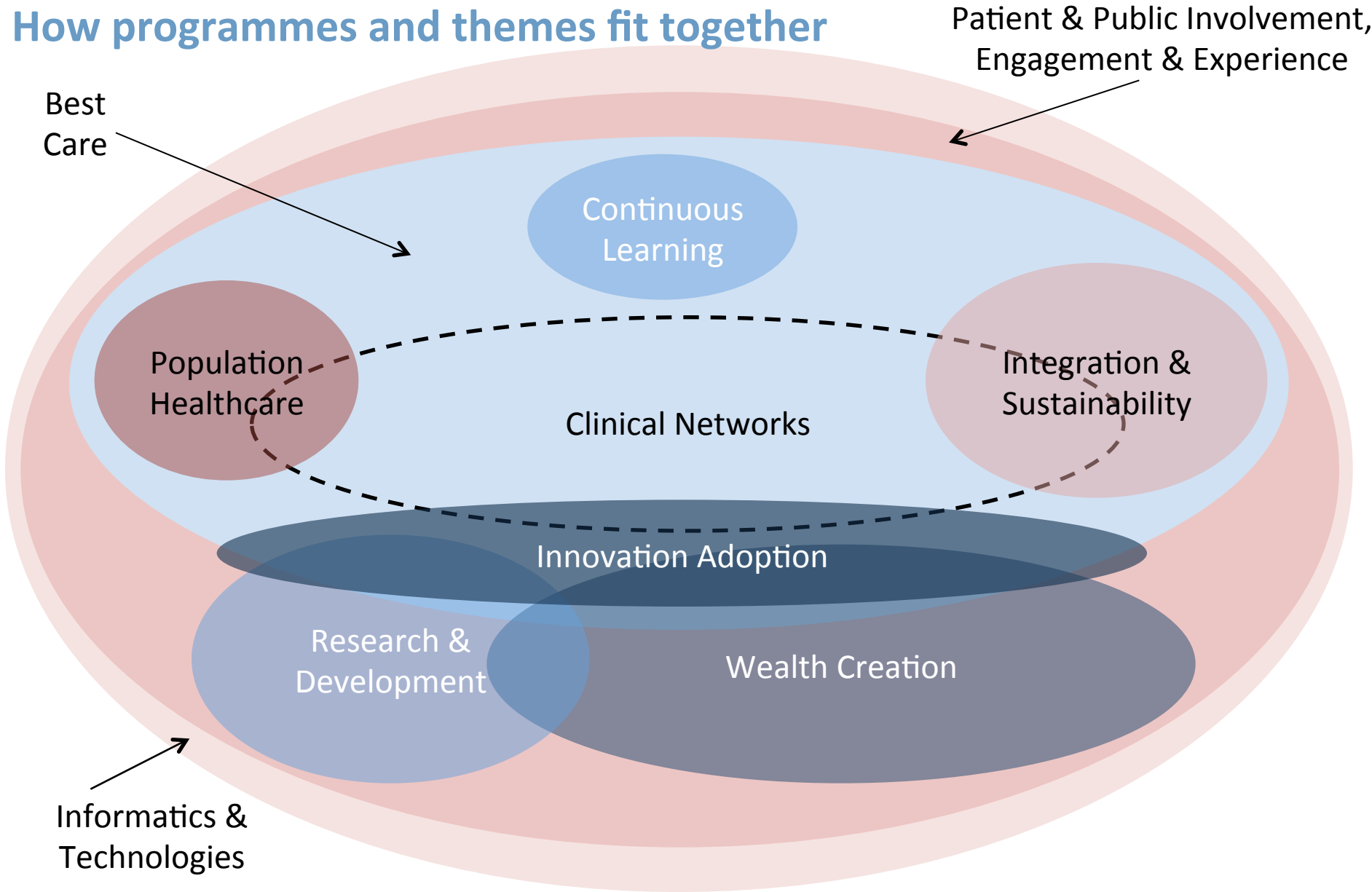
# Best Care Programme Board: Key role

- Ensure the Programme delivers within its agreed boundaries
- Manage the interfaces / inter-dependencies between Clinical Networks / Programmes
- Define and manage risks and issues
- Resolve strategic issues escalated by the Projects
- Shape future strategy for sign off by the Oxford AHSN Board
  - Recommend Clinical Network / Programme Annual Report
  - Recommend Best Care Business Plan
    - Includes making any recommendations with regards future funding
  - Recommend changes to Clinical Network / Programme PIDs, Project Plans, KPI etc
    - Includes starting new activities or deciding to stop existing ones

# Clinical Networks (*Objective 1*)

- Oxford AHSN's unique delivery mechanism
- *"Clinical networks are a NHS success story"*
- NHS challenges today: 'wicked' problem
- Mobilise clinician frontline knowledge and commitment
- Work in a new way with core values such as sharing of information, support and integration (***Objective 3***)
- Multi-professional
- Disease, service or population group specific
- Integrate vertically and horizontally across a geography

# How programmes and themes fit together



# Clinical Networks: Nine

- **Anxiety & Depression: Prof David Clark**
- Children: Prof Andrew Pollard
- **Dementia: Dr Rupert McShane**
- **Diabetes: Prof Stephen Gough/Dr Katharine Owen**
- **Early intervention in Serious Psychoses– Dr Belinda Lennox/ Dr Mark Allsopp**
- Imaging - Prof Fergus Gleeson
- Maternity – Prof Stephen Kennedy / Mr Lawrence Impey
- Medicines optimisation – Boo Vadher
- **Mental and physical co-morbidity – Prof Mike Sharpe**
- ?Out of Hospital: Dr Dan Lasserson

## **Strategic Clinical Networks (Commissioner)**

- Cancer (Thames Valley Strategic Clinical Networks)
- Cardiac, Stroke and Renal (Thames Valley Strategic Clinical Networks)



# Clinical Networks: Role

- Documentation of metrics of care (activity, outcomes, costs) across the geography (Atlas) (**Objective 1**)
- Identification of unwarranted variation and its reduction
- Raise the baseline of care and improve care by adopting healthcare innovations rapidly (**Objective 2**)
- In doing this, stimulate, support and grow a market for the life sciences industry (**Objective 4**)

## Themes: Two Crosscutting

### **Population Healthcare: Prof Muir Gray: (*Objective 1*)**

- Difficult choices that centre around the value derived from services; their allocative efficiency
- Programmes would consider and debate, how the programme budget should be best spent
- This involves addressing prevention, and with the principle of shared decision making, an increasing responsibility of the patient and the public for their own health

### **Sustainability: Dr Rachel Stancliffe (*Objective 4*)**

- New ways of providing healthcare so that the NHS is sustainable. Triple Bottom Line (nephrology: £7m, 470mL of water, 11,000tonnes CO<sub>2</sub>e)
- Reductions in wastage; reduction in carbon emission and release of funding resources to be spent elsewhere

## Patient Safety Academy (Mr Peter McCulloch)

- Supported by **Health Education England Thames Valley**
- Francis, Berwick, Keogh
- We are still nibbling at it through small uncoordinated efforts, rarely learning within or between organisations
- Culture change both at Board level and on the shop floor
- Use of Human Factors and Ergonomics
- Across all aspects (mental and physical) and across all sectors (acute and primary care sectors)
  
- Patient Safety Collaborative (footprint of the AHSN) to implement safety initiatives: April 2014

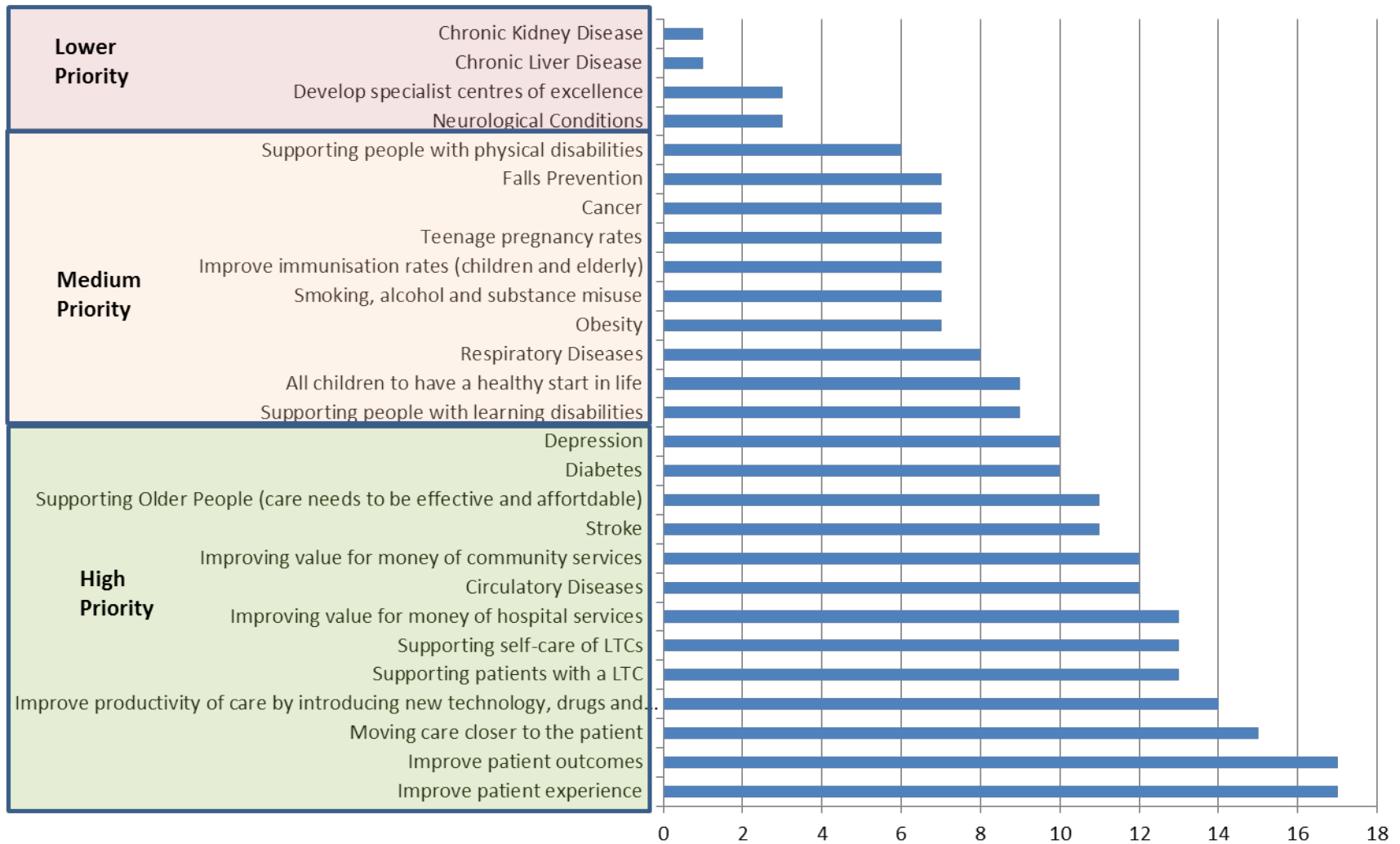
# Evidence-Based Health Care (EBHC) Fellowships (Prof Carl Heneghan)

- Absence of evidence permeates healthcare
- Clinical decisions: ***What is the target for blood pressure?***
- Policy decisions: ***Is cholesterol lowering effective for primary prevention of cardiovascular disease?***
- Financial decisions: ***How do we deliver and pay for care for chronic disease?***
  
- 8 Fellowships to produce champions (Centre for Evidence Based Medicine and Kellogg College) funded by **Health Education England Thames Valley**
- MSc and support to implement a project with a Clinical Network in third year

## Collaborative for Innovation Adoption (Tracy Marriot) (Objectives 3 and 4)

- *In this country the mean time for implementation of a healthcare innovation from its introduction is 17 years*
- Collaborative of clinicians, academics, industry, NHS finance and procurement and the public
- Implement 5 to 10 innovations in 2014/15
- Short list: *Needle-free blood glucose monitoring; CS11 insulin pump therapy; Mapmydiabetes app*
- Innovation pipeline

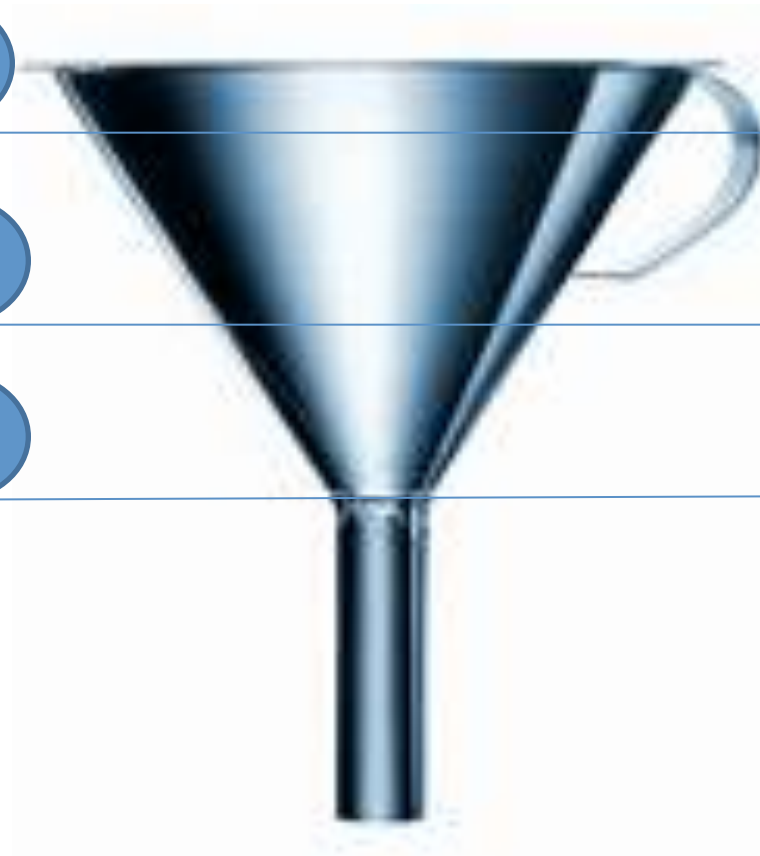
## AHSN Regional Strategic Priorities



NICE TA  
Recommendation?

Supports a regional  
priority

Supports achieving  
a national priority



**Top 30 Innovation  
Candidates**

# Priority Innovations for 2014/15

- Long list: Over 200 innovations
- Prioritised by Innovation Adoption Team
  
- Short list: 30 innovations
- Prioritised by the core team and the Clinical Networks (or local expert opinion)
- Prioritised by Interim CIA Board
- Ratified by AHSN Board
  
- Final List: 5-10 innovations
- Further market assessment and engagement of providers with sign up with provider Boards and sign off by CIA/AHSN Board