



Findings from DiabetesE

Sixth National Report
Executive Summary



Background

DiabetesE is an online self assessment tool which measures and benchmarks the quality of diabetes service provision and drives continuous quality improvement. It was launched in 2003 to support the implementation of the Diabetes National Service Framework (NSF) and is one of a suite of complementary information tools which operate under the auspices of the National Diabetes Information Service. Over the years, DiabetesE has been able to demonstrate that services have made improvements in line with the NSF standards and delivery strategy.

In response to requests from DiabetesE users, the planned publication of the NICE Quality Standards and the anticipated changes in the NHS, new functionality and two new questionnaires - one focusing on commissioning and the other on specialist diabetes service provision - were developed and piloted during summer 2010. The new questionnaires were launched in November 2010 and data for the Sixth National Report was captured at the end of January 2011.

Participation

Although users had only two to three months between November 2010 and January 2011 in which to undertake an assessment prior to their data being captured:

- 107 PCTs (including all of the PCTs in NHS East of England) assessed their services.
- 183 specialist providers (hospital and community based) registered to use DiabetesE, and 124 assessed.

Summary Findings

Every question in the new PCT and specialist provider questionnaires is based on current policy, guidance and best practice, e.g. National Service Frameworks, NICE guidance, NHS Operating Framework, Royal Colleges' guidance, NHS Diabetes Commissioning guides etc. Both questionnaires contain new questions, therefore, this year's results cannot be compared to those from previous years.

The data in the Sixth National Report provides a snapshot of the quality of diabetes care in England. However, DiabetesE is a continuous quality improvement tool, and organisations can, and are encouraged to, review and update their answers at any time throughout the year. As a result, data in this report may differ slightly from that displayed on the live, DiabetesE public access pages:

w: <https://www.diabetese.net/Public/HowDoICompareOptions.aspx>

“ I have found the DiabetesE assessment a very useful tool, as it supports a distanced and objective view of a service which one is otherwise very close to, and it can therefore, highlight areas not previously considered.

*Catrina Charlton
Project Manager Non Acute Commissioning
NHS Sutton and Merton*

Module Scores

DiabetesE results are displayed on local, regional and national dashboards. The National and Strategic Health Authority Dashboard (January 2011) is displayed below (Figure 1).

Please note: The number of PCTs and specialist diabetes providers that have completed each module varies. This applies in particular to the specialist diabetes providers' modules, where teams have the option to select and answer those modules which are relevant to their service. Consequently, for example, fewer organisations answered the two inpatient modules than the more general Adults with Diabetes module.

Figure 1: National and Strategic Health Authority (SHA) Dashboard: January 2011

SHA	PCT Mean Scores				Specialist Provider Mean Scores											
	No of PCTs that assessed	Leadership, Policy & Strategy	Productivity & Contracting	Prevention & Health Promotion	No of Specialist Providers Assessed	Clinical Leadership	Staff Development	Patient Experience	Children & Young People	Adults with Diabetes	Inpatients	Prevention & Management of Diabetic Foot Disease	Inpatient Management of Active Diabetic Foot Disease	Kidney Screening & Management	Pre-Pregnancy	Diabetes in Pregnancy
NHS East Midlands	6	83	73	73	7	73	83	67	74	68	53	58	24	40	67	81
NHS East of England	13	72	67	61	13	78	79	75	74	70	64	55	45	52	68	85
NHS London	22	81	70	75	15	72	78	78	39	72	60	70	46	67	66	77
NHS North East	3	79	61	82	8	63	75	72	78	74	52	60	22	71	86	89
NHS North West	23	68	58	63	26	68	74	67	66	72	59	59	40	49	71	79
NHS South Central	5	71	69	72	9	59	81	74	78	72	83	73	70	85	79	95
NHS South East Coast	3	80	58	58	11	68	77	71	84	59	50	46	40	46	85	88
NHS South West	11	61	58	57	16	65	79	70	74	70	63	64	46	73	63	84
NHS West Midlands	11	70	72	76	10	79	84	68	74	71	69	62	58	51	79	87
NHS Yorkshire & The Humber	10	70	62	70	9	58	74	63	82	66	54	76	58	67	67	72
National Summary	107	72	65	68	124	69	78	71	72	69	60	62	45	59	71	82

The mean percentage scores for all the modules in the PCT and specialist diabetes provider questionnaires are shown on the National Summary row at the bottom of Figure 1.

The Diabetes in Pregnancy module has the highest mean percentage score (82%).

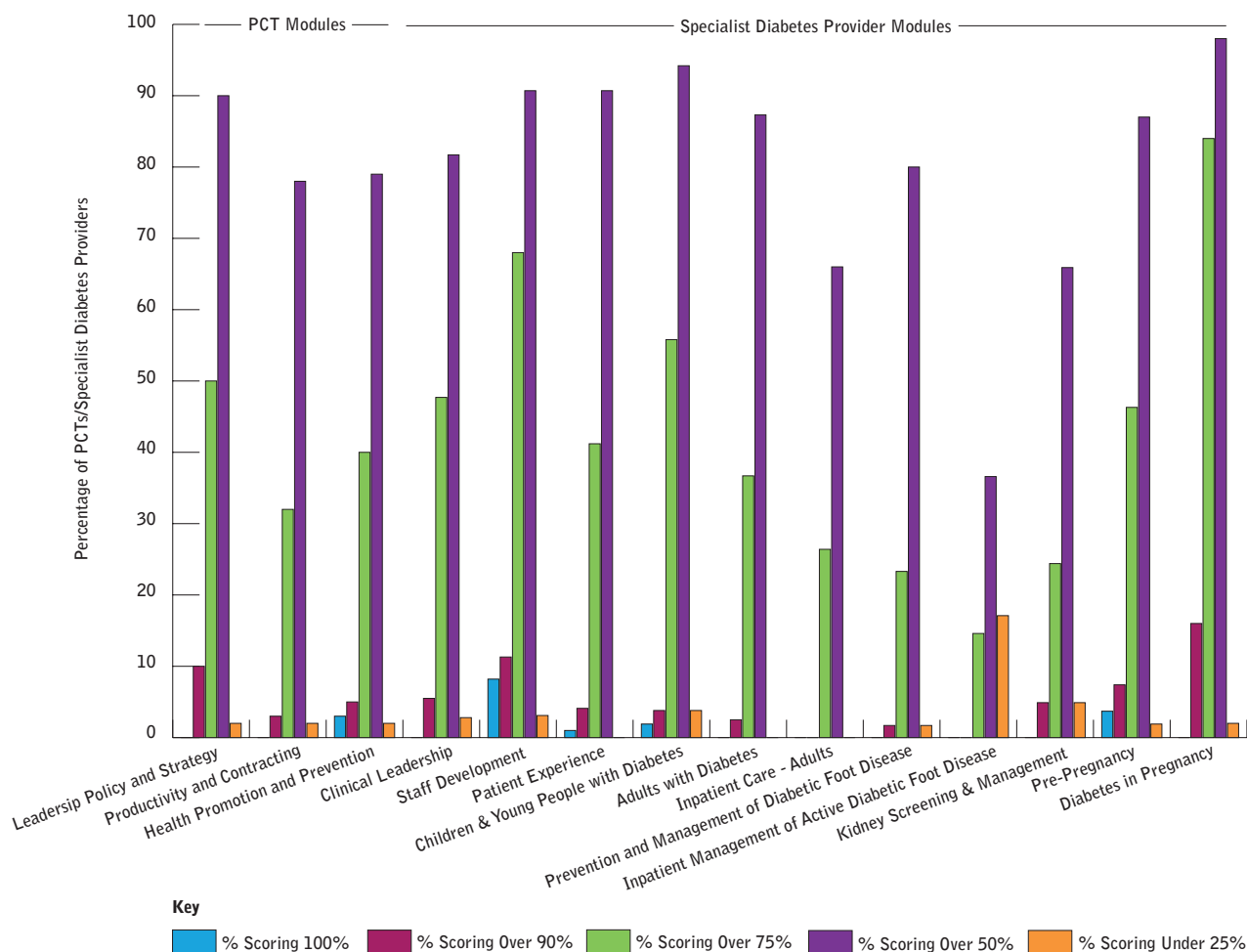
In all the modules, the majority of services achieved scores of above 50%, except for the Inpatient Management of Active Diabetic Foot Disease module. This module has the lowest mean percentage score (45%), and only 37% of specialist diabetes providers scored over 50%, with 17% scoring under 25% (Figure 2).

Kidney Screening and Management is the second lowest scoring module (59%). Over one third (34%) of specialist diabetes providers scored under 50%, and 5% scored below 25% (Figure 2, page 4).

Although the Children and Young People with Diabetes module is one of the highest scoring module (82%), 4% of services scored under 25% (Figure 2).

In one of the PCT and four of the specialist diabetes provider modules, a small number of services achieved scores of 100%, most notably in the Staff Development module, where 8% of specialist diabetes providers obtained this score (Figure 2).

Figure 2: PCT and Specialist Diabetes Provider Modules: Range of Scores



Findings relating to the NHS Operating Framework 2011/12 and the Quality, Innovation, Productivity and Prevention (QIPP) programme are presented below. Please note: The percentages quoted refer to the number of PCTs and specialist diabetes providers that answered “Yes” to the relevant question as a percentage of those that completed the module.

The NHS Operating Framework sets out the following areas for improvement in diabetes:

- To meet the criteria recommended by NICE, NHS commissioners and providers must do more to ensure insulin pumps are available to people with diabetes.**

80% of PCTs have a contracting mechanism to support providers to introduce new NICE approved technologies and drugs (e.g. insulin pump therapy).

78% of adult specialist diabetes services and 85% of paediatric specialist diabetes services offer insulin pump therapy as a treatment option for people with Type 1 diabetes.

76% of specialist diabetes services offer insulin pump therapy to pregnant women who cannot achieve adequate glycaemic control with multiple daily insulin injections.

2. PCTs should commission the relevant structured patient education to support people newly diagnosed with diabetes, and at appropriate points in their life, as their condition progresses.

67% of PCTs have a contract(s) to provide NICE compliant education for all people newly diagnosed with Type 1 diabetes and 81% have a contract(s) to provide NICE compliant education for all people newly diagnosed with Type 2 diabetes.

60% of specialist diabetes providers confirm that structured education programmes are assessed by independent assessors, to ensure sustained quality and consistency.

However, when considering the capacity of structured education programmes to meet demand, just 42% of specialist diabetes providers state that their programmes have the number of places to reflect the number of people newly diagnosed with diabetes.

3. NHS providers should consider the overall management of inpatients with diabetes, in order to:

a. Reduce their length of stay.

81% of adult specialist diabetes teams monitor the length of stay for patients with diabetes, and 60% can demonstrate that action is taken to reduce the number of excess bed days.

67% of PCTs also monitor length of stay, but only 26% compare the day case rates for people with diabetes to those without diabetes.

b. Improve their experience of care.

To optimise the care of people with diabetes admitted to hospital, 83% of adult specialist diabetes teams answering the Inpatient Care: Adults module have an inpatient diabetes specialist nurse.

Nevertheless, less than half (49%) of hospitals have a system for identifying patients who are able and willing to take responsibility for their diabetes whilst in hospital and only 55% actively encourage those who are admitted to monitor their own glucose levels.

72% of hospitals actively survey/consult adults who have been admitted to hospital about their experience of diabetes care whilst being an inpatient, but less than a third (30%) feed back the results to people with diabetes, and just over half (55%) can demonstrate that they act on survey findings.

c. Ensure that they do not develop diabetic foot complications whilst in hospital.

Merely 25% of hospitals have a documented requirement, that on admission, people with diabetes should have both feet visually examined.

Just 47% of hospitals have written guidance on how to minimise pressure sores and the onset of new diabetic foot disease, and only 42% monitor the number of people with diabetes who develop an avoidable foot problem during their hospital stay.

d. Ensure that their blood glucose is managed safely. This is particularly relevant to the safe administration of insulin by healthcare professionals.

74% of hospitals participate in the NHS Institute for Innovation and Improvement's Think Glucose Programme, but only:

- 40% have a documented requirement that blood glucose should be tested on all admitted patients within one hour of arrival.
- 51% have a system for flagging patients with known diabetes on admission.
- 49% have a system for flagging patients with abnormal glucose levels on admission.

On a more positive note, 83% of hospital providers adhere to the National Patient Safety Agency's recommendations for safe insulin prescribing and in 89% of hospitals there is systematic reporting of insulin related drug errors.

The QIPP long term conditions work stream is based on four key principles:

1. Commissioners understanding the needs of their population, and managing those at risk to prevent disease progression.

85% of PCTs have drawn on a comprehensive health needs assessment to inform the development of their longer term vision and goals for the diabetes service, and almost two-thirds (66%) have a programme for raising awareness of the risk factors for diabetes amongst the population.

To inform commissioning, 84% of PCTs monitor the uptake of the NHS Health Checks programme, however, just 55% have a system to review NHS Health Check data related to Type 2 diabetes and less than half (40%) have a system to review the data related to chronic kidney disease.

2. Empowering patients to maximise self-management including ensuring patients have a care plan and appropriate information and knowledge about how to manage their condition.

Having members of staff who have the necessary skills to enable patients to become self caring is an important component of any specialist diabetes team. In 85% of specialist diabetes teams, members of staff are trained in techniques to support self care, in 73% to support personalised care planning and in 91% to help patients to make changes to their lifestyles.

Over the years, health policy has consistently advocated personalised care and care planning, however, only 61% of adult diabetes specialist services and 65% of paediatric diabetes specialist services answered 'Yes' to the questions asking whether personal care plans are agreed with all people newly diagnosed with diabetes.

It is important that care planning also addresses psychological needs, yet only 37% of adult specialist diabetes services and 48% of paediatric specialist diabetes providers say that psychological services are available to people with diabetes at diagnosis and whenever necessary.

3. Providing joined up and personal services, particularly in community and primary care, and working closely and effectively with social care.

82% of PCTs have a published care pathway, agreed with all providers, for the management of adults with diabetes, covering early identification, initial management and continuing care, but just 41% have a pathway for the management of children and young people with diabetes.

In 79% of PCTs, working in partnership with other organisations, there is a director who takes the lead for the joint commissioning of programmes/services, such as health promotion initiatives, care of the elderly in nursing and residential care etc.

93% of PCTs state that they can demonstrate that providers are actively encouraged and empowered to work together to deliver the required diabetes service.

In answer to the questions about the care of people with diabetes who have end stage renal failure (i.e. stages 4 and 5), requiring multiple agencies and clinical teams working together to provide comprehensive, well coordinated care, only 41% of specialist diabetes providers state that people are given clear information about what care to expect, and just 27% report that there is a published care pathway, agreed with the PCT, which includes conservative and end of life care.

4. Strong professional and clinical leadership and workforce development.

97% of specialist diabetes teams have an identified clinical lead.

For 71% of clinical leads, the continuing professional development programmes include leadership skill enhancement.

96% of specialist diabetes providers play an active role in delivering and coordinating diabetes education programmes for non-specialist hospital staff and 87% work closely with primary care colleagues to enhance the capability of primary care to deliver diabetes services.

“ I am pleased that DiabetesE has already been enhanced to accommodate the introduction of the new GP Commissioning Groups, as the questions will help future commissioners to understand what needs to be in place to ensure high quality care is available to all people with diabetes.

Joan Facey, Project Development Manager, NHS Somerset

“ At Queen Alexandra Hospital, using DiabetesE to assess our services has helped us to identify and focus on the skills and competencies of the diabetes team which we need to strengthen. In addition, the benchmarking functionality has helped to reassure the team about aspects of our service which we consider high quality, but have previously lacked any national data with which to compare ourselves. DiabetesE is easy to use and I feel all specialist diabetes services should use it.

Dr Partha Kar, Clinical Director/Consultant Diabetes & Endocrinology, Queen Alexandra Hospital, Portsmouth Hospitals NHS Trust

“ This year, for the first time, the new DiabetesE specialist diabetes provider questionnaire has given us the ability to benchmark the specialist side of diabetes care in a structured way and, by combining the results with the PCT and the community specialist diabetes providers in our area, it has helped us to paint an accurate picture of the whole diabetes service in our locality.

*Dr Susannah Rowles, Consultant in Diabetes, Endocrinology and General Medicine
Fairfield General Hospital*

“ DiabetesE helps us to continually review progress toward achieving Diabetes National Service Framework standards. Recent updates have ensured the tool remains relevant, informing our revised strategic delivery plan.

Paul Crooks, Public Health Commissioning Manager, Westminster Primary Care Trust

“ As a network manager, DiabetesE is invaluable. The more commissioners and providers that use DiabetesE, the clearer the picture of diabetes service quality will become, which in turn, will help to drive further improvements in patient services and care.

Jackie Rooney, North Mersey Diabetes Network Manager

For further information on DiabetesE please contact the DiabetesE Help Desk:

t: +44 (0) 844 879 7132

e: diabetes@innove.info

How to Register:

To access DiabetesE and obtain a user name and password visit: <https://www.diabetese.net>

Further copies of this report and the full DiabetesE Sixth National Report can be downloaded from the Innove website: www.innove.co.uk