What is NHS England’s vision for the future of diabetes?

Over the last two years there has been much going on to help create the environment where we can all take action to achieve more and better for people living with diabetes and those at high risk of Type 2 diabetes. The Five Year Forward View set the stage by recognising the cost and impact of diabetes care and the need to tackle the prevention challenge, and has provided us with a moment to tackle the diabetes crisis together.

Briefly, there is a new focus on managing demand to prevent more people developing Type 2 diabetes. There is also a focus on diabetes care, support and new technology to become more able to deliver the quality services that all people with diabetes need to prevent life-shattering and costly complications. The National Diabetes Programme provides the framework needed to deliver the improvements.

The National Diabetes Programme is one of six priority clinical areas and it involves the Department of Health, Public Health England, Diabetes UK and NHS England working together to support local health services to deliver the following:

- Healthier You: The NHS Diabetes Prevention Programme (NHS DPP), which is focused on prevention of Type 2 diabetes for those at risk
- a Diabetes Treatment and Care workstream, which is focused on improving treatment and care for...
Improvement and Assessment Framework (CCG IAF) together provide the focus for improvement of the care, support and treatment available to those with Type 1 and Type 2 diabetes. The priorities for action are based on evidence showing where care and interventions can both improve quality of care and save money. These priorities are:

- achieving the treatment targets (for HbA1c, blood pressure and cholesterol in adults and just HbA1c in children) and tackling variation across CCGs to reduce the risk and delay the onset of complications
- increasing attendance at structured education to improve glycaemic control and psychosocial wellbeing
- reducing amputations by improving access to multidisciplinary diabetic footcare and, more specifically, the existence of - and sufficient capacity within - a multidisciplinary foot service
- reducing medicine errors and length of stay in hospitals by ensuring sufficient capacity within a diabetes inpatient specialist nurse service.

What’s the latest on the CCG IAF?
The CCG IAF was launched last year with two metrics – namely, to assess the achievement of the treatment targets and attendance at structured education. The first publication didn’t come out to much of a fanfare, but it does show how much improvement was needed locally to reduce variation in key care measures across England.

Since then, the National Diabetes Audit has been recommissioned and the upcoming publication of the metrics will be based on the 2017 audit data that was collected during the summer.

Over the last year as well, CCGs and local providers have been working with Regional Programme Boards, Diabetes UK and diabetes clinical networks through Sustainability and Transformation Partnerships (STPs), putting in a vast effort to bid for additional resources to drive local improvements in the four priority areas. While not all areas put in bids, not everyone was successful, and the scale of change needed will take time to bear fruit, we can still take some satisfaction in the fact that an incredible £42 million this year has been allocated to make the difference we all want and need to see in the four priority areas.

In addition, £4.5m has been invested in NHS England Clinical Networks and regional teams in order to support implementation of the diabetes workstreams. Local areas are accountable for delivering what they said they would deliver.

What’s the latest on the prevention programme?
The Healthier You: NHS DPP commenced in June 2016 with a first wave of 27 local health economies (LHEs), providing approximately 50 per cent geographical coverage of England. This financial year, with a further 13 LHEs now on board as the second wave, we are achieving 75 per cent geographical coverage. April 2018 will herald wave 3, which will take the programme to full national coverage.

So far there have been almost 100,000 referrals and over 40,000 have already started on the programme – a higher conversion rate than originally anticipated. Early analysis suggests that just under half of those taking up the programme are men – a much higher proportion than attend traditional weight loss programmes, while roughly a quarter of people are from black, Asian and minority ethnic communities, who run a greater risk of developing Type 2 diabetes.

What about those who already have diabetes?
The Diabetes Treatment and Care transformation funding and CCG...
they would deliver, and setting up the systems for supporting improvement across the local system – involving primary care, specialist teams and, of course, people with diabetes.

What about diabetes care pathways?

The national diabetes pathway* has been developed by RightCare working with us to show the following:

- core components of an optimal diabetes service
- evidence of the opportunity to reduce variation and improve outcomes
- the key evidence-based interventions which the system should focus on for greatest improvement, supported by practice examples from across the NHS.

The pathway allows commissioners to think about their existing diabetes service and compare it with an optimal diabetes service, using this as the driver to frame local redesign and improvement focus. It provides guidance for commissioners about the scale of improvements that could be delivered through optimisation of local pathways and services.

What is happening on the digital side?

The digital workstreams have been set in place to ensure that the programme can harness the opportunities that digital technologies present to support its overall objectives. The pace of innovation in digital technologies offers new opportunities to improve patient experience, and deliver services in a more efficient way to reduce the burden on clinicians and the public.

This is a challenging arena for many, as it is different to how care has been delivered in the past and evidence is still emerging. There is a need, though, to look to the future and recognise that people are, increasingly, using digital technology to enhance their learning and self-management of their health, including diabetes.

They use the digital approach because it is a more convenient and flexible way to access information, care, and support networks. The NHS has an important role to play here as well – not to replace care, but to enhance it and support more flexible and more personable ways of delivering self-management support. The three areas the programme is developing digital products for are:

- **Digital Diabetes Prevention** to pilot behaviour change interventions delivered via digital channels, given the lack of evidence at this point, to assess for clinical effectiveness. This will involve work with eight LHEs to deliver a minimum of 5,000 enrolments across five digital behaviour change interventions. Through this initiative, we have the potential to establish the effectiveness of digital interventions to do the same as the evidence-based face-to-face programme that prevents or delays the onset of Type 2 diabetes in those at high risk, so that the reach of the programme will be even greater. The evaluation will also identify which service delivery elements and characteristics of the digital interventions are effective, as well as aim to understand the implementation and delivery challenges of such approaches. These findings will, in turn, inform future commissioning decisions for the NHS DPP.

- **Flexible learning and self management support** is currently at a very early stage of development.

- **Improving the online Digital Service Proposition for people living with Type 1 diabetes** by working with individuals living with the condition to develop the online service offering, making sure that it meets their needs and expectations and supports and empowers them to improve their self-management.

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*www.england.nhs.uk/rightcare/*

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So where is NHS England going with diabetes?

Thank you to all who have been involved and who are working so hard on your own improvement efforts. The NHS is a complex system of products, services, processes, people and relationships – all working together toward a common purpose. It is a team process working together with and through the many different organisations, disciplines, and partners involved – STPs, clinical networks, CCGs in England, general practices, community services, hospitals, researchers and, of course, people with and at risk of diabetes. We all have a part to play improving health outcomes and the integration between the many different stakeholders involved. Improvement is about having the knowledge about what change is needed, as well as having the leadership and support to deliver the improvement in practice.

It takes leadership, passion, belief, coordination, a willingness to get involved, to take action and perseverance. At a time when the healthcare budget is stretched, we all have a role in making best use of the moment and the resources available now, to do the right thing.

The common purpose that we all share is playing our part in making the care and support of all people with diabetes, and all those at higher risk of Type 2 diabetes, as good as it absolutely can be.