NHS

Diabetes

Commissioning Diabetes Emergency and Inpatient Care

Supporting, Improving, Caring

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Commissioning Diabetes Emergency and Inpatient Care

NHS Diabetes would like to thank the following for their advice and contribution to the development of this commissioning guide:

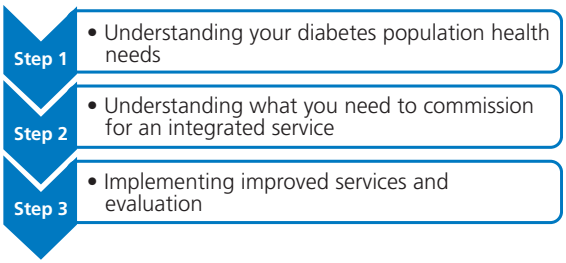
The members of the Joint British Diabetes Societies Inpatient Care Group and the Association of British Clinical Diabetologists.

And to Thoreya Swage who wrote this publication

Contents

Commissioning Diabetes Emergency and Inpatient Care

The NHS Diabetes commissioning approach helps to deliver high quality integrated care through a three-step process that ensures key elements needed to build an excellent diabetes service are in place. The approach is supported by a wide range of proven tools, resources and examples of shared learning.



Step 1 – involves understanding the local diabetes population health needs by developing a local Health Needs Assessment and setting up a steering group with key stakeholder involvement including a lead clinician, lead commissioner, lead diabetes nurse and lead service user

Step 2 – involves the development of a service specification to describe the model of care to be commissioned. This becomes the document on which tenders may be issued.

Step 3 – involves monitoring the delivery of the service specification by the provider and evaluating the performance of the service. Input from the steering group with service user representation will be an important mechanism for monitoring the service as well as patient surveys.

This commissioning guide has been developed by NHS Diabetes with key stakeholders including clinical and social services professionals and patient groups represented by Diabetes UK.

It is not designed to replace the Standard NHS Contracts as many of the legal and contractual requirements have already been identified in this set of documents. Rather, it is intended to form the basis of a discussion or development of emergency and in patient diabetes services between commissioners and providers from which a contract for services can then be agreed.

This commissioning care guide consists of:

- A description of the key features of high quality emergency and inpatient services for people with diabetes
- A high level intervention map. This intervention map describes the key high level actions or interventions (both clinical and administrative) diabetes emergency and inpatient services should undertake in order to provide the most efficient and effective care, from admission to discharge (or death) from the service. For continuity, the intervention map also shows action to be taken with respect to emergency care for children and young people with diabetes in the community setting. Commissioners are referred to the commissioning guide for children and young people with diabetes for further details following admission to hospital for this care group.

The map is not intended to be a care pathway or clinical protocol, rather it describes how a true 'diabetes without walls'[1] service should operate going across the current sectors of health care.

The intervention map may describe current service models or it may describe what should ideally be provided by diabetes emergency and in patient services.

- A contracting framework for diabetes emergency and in patient services that brings together all the key standards of quality and policy relating to diabetes emergency and inpatient care
- Template service specifications for

[1] Commissioning Diabetes Without Walls , 2011, http://www.diabetes.nhs.uk/commissioning_resource/

- o Emergency diabetes care to be provided by ambulance services
- o Inpatient diabetes services

The templates form part of schedule 2 of the Standard NHS Contract covering the key headings required of a specification. It is recommended that the commissioner checks which mandatory headings are required for each type of care as specified by the Standard NHS Contracts.

For further detail on how to approach the commissioning of diabetes services please see http://www.diabetes.nhs.uk/commissioning_resource

Features of Diabetes Emergency and Inpatient Services

High quality diabetes emergency and inpatient services should ensure that:

- there are systems to manage people of all ages who experience diabetic emergencies in the community
- there are systems to ensure follow up of patients who have had diabetic emergencies in the community through liaison with local diabetic teams
- people with diabetes in hospital to have access to appropriate specialist expertise both for emergency and planned care including access to the children and young people diabetes multidisciplinary team
- there are mechanisms in place to identify people who present with acute illness to screen for possible diabetes[i]
- there is timely assessment and treatment of people who present with diabetic emergencies, e.g. diabetic ketoacidosis, severe acute hypoglycaemia and diabetic foot ulceration
- all patients with diabetes who have emergency and planned in patient care have admission and discharge care plans
- there are monitored protocols in place to ensure that patients can continue to manage their diabetes themselves while in hospital (food and medication)
- there is zero tolerance of prescribing errors and on the use of abbreviations for UNIT

In addition the services should:

- be developed in a co-ordinated way, taking full account of the responsibilities of other agencies in providing comprehensive care and placing users at the centre of decisions about their care and support - "no decision about me without me" (Equity and Excellence: Liberating the NHS[ii]).
- be commissioned jointly by health and social care based on a joint health needs assessment which meets the specific needs of the local population, using a holistic approach as described by the generic model for the management of long term conditions[iii]
- provide effective and safe care to people with diabetes in a range of settings including the patient's home, in accordance with the NICE Quality Standards for Diabetes[iv]
- deliver the outcomes for diabetes as determined by the NHS Outcomes Framework[v]
- take into account the emotional, psychological and mental wellbeing of the patient[vi]
- take into account all diverse and personal needs with respect to access to care
- ensure that services are responsive and accessible to people with Learning Disabilities[vii]
- ensure that the family/carers of people with diabetes have access to psychological support
- take into account race and inequalities with respect to access to care

[i] NHS Institution for Innovation and Improvement, ThinkGlucose Toolkit, http://www.institute.nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose.html

[ii] Available on the DH website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

[iii] Available on the DH website at http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_120915

[iv] Quality Standards: Diabetes in adults, http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp

[v] Available on the DH website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

[vi] Emotional and Psychological Support and Care in Diabetes, Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support Working Group, February 2010 http://www.diabetes.nhs.uk/our_work_areas/emotional_and_psychological/

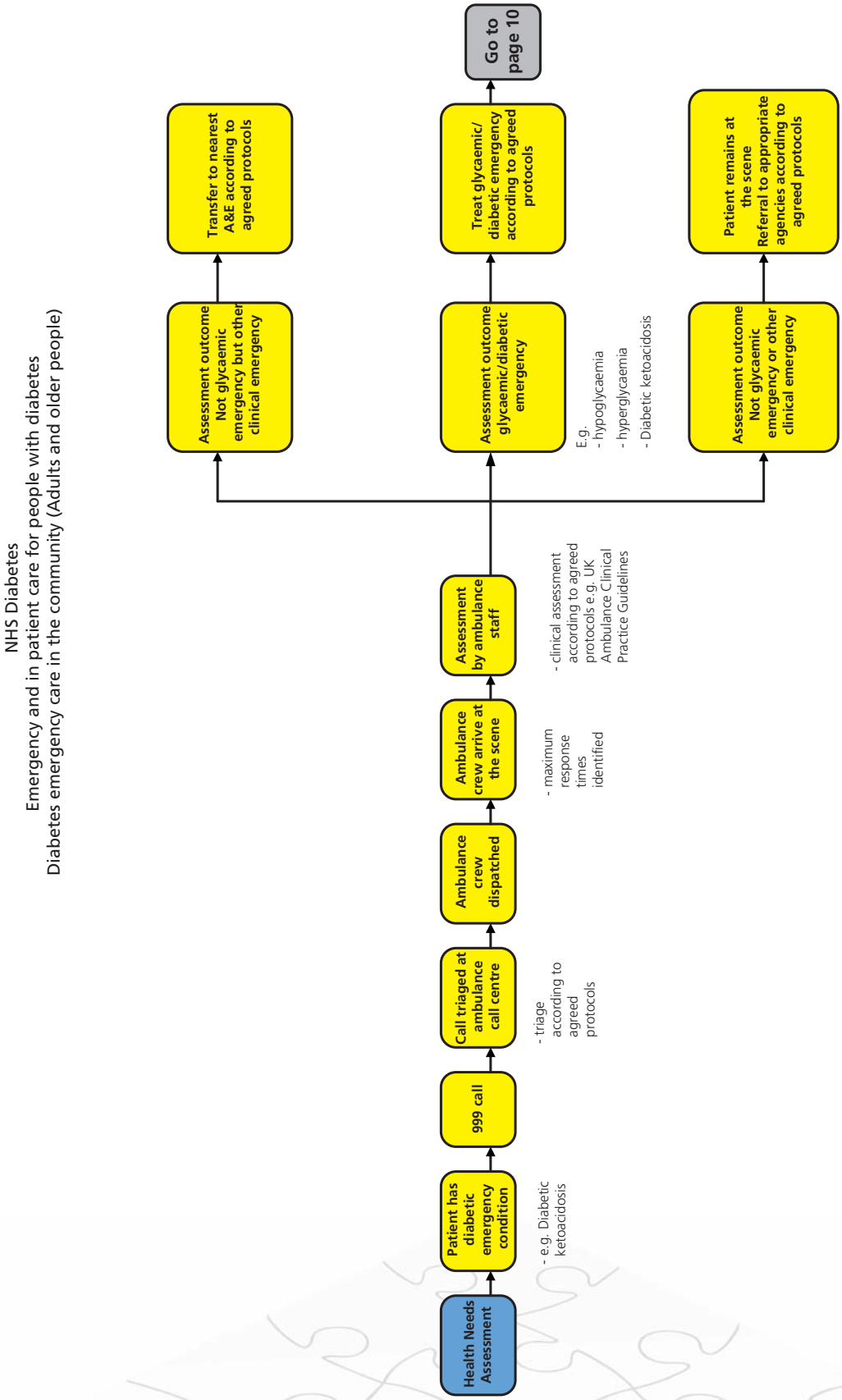
[vii] http://www.diabetes.nhs.uk/commissioning_resource

- have effective clinical networks with clear clinical leadership across the boundaries of care which clearly identify the role and responsibilities of each member of the diabetes healthcare team
- ensure that there are a wide range of options available to people with diabetes to support self management and individual preferences
- take into account services provided by social care and the voluntary sector
- provide patient/carer/family education on diabetes not only at diagnosis but also during continuing management at every stage of care
- provide education on diabetes management to other staff and organisations that support people with diabetes
- have a capable and effective workforce that has the appropriate training and updating and where the staff have the skills and competencies in the management of people with diabetes
- provide multidisciplinary care that manages the transition between children and adult services and adult and older peoples' services
- have integrated information systems that record individual needs including emotional, social, educational, economic and biomedical information which permit multidisciplinary care across service boundaries and support care planning[viii]
- produce information on the outcomes of diabetes care including contributing to national data collections and audits
- have adequate governance arrangements, e.g. local mortality and morbidity meetings on diabetes care to learn from errors and improve patient safety
- take account of patient experience, including Patient Reported Outcome Measures, in the development and monitoring of service delivery[ix]
- actively monitor the uptake of services, responding to non-attenders and monitoring complaints and untoward incidents

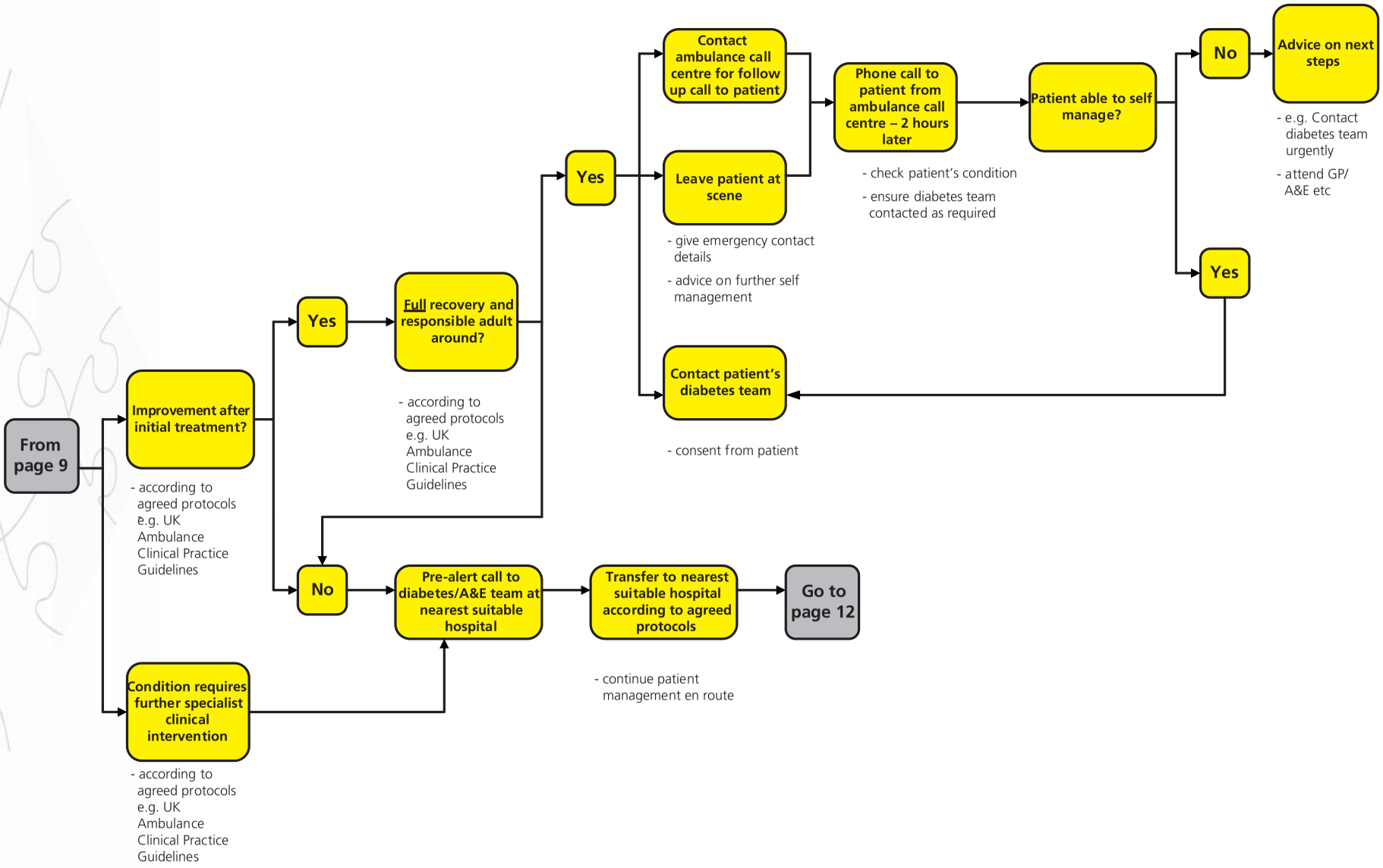
[viii] http://www.diabetes.nhs.uk/year_of_care/it/

[ix] http://www.ic.nhs.uk/proms

Emergency and Inpatient Diabetes Services Intervention Map

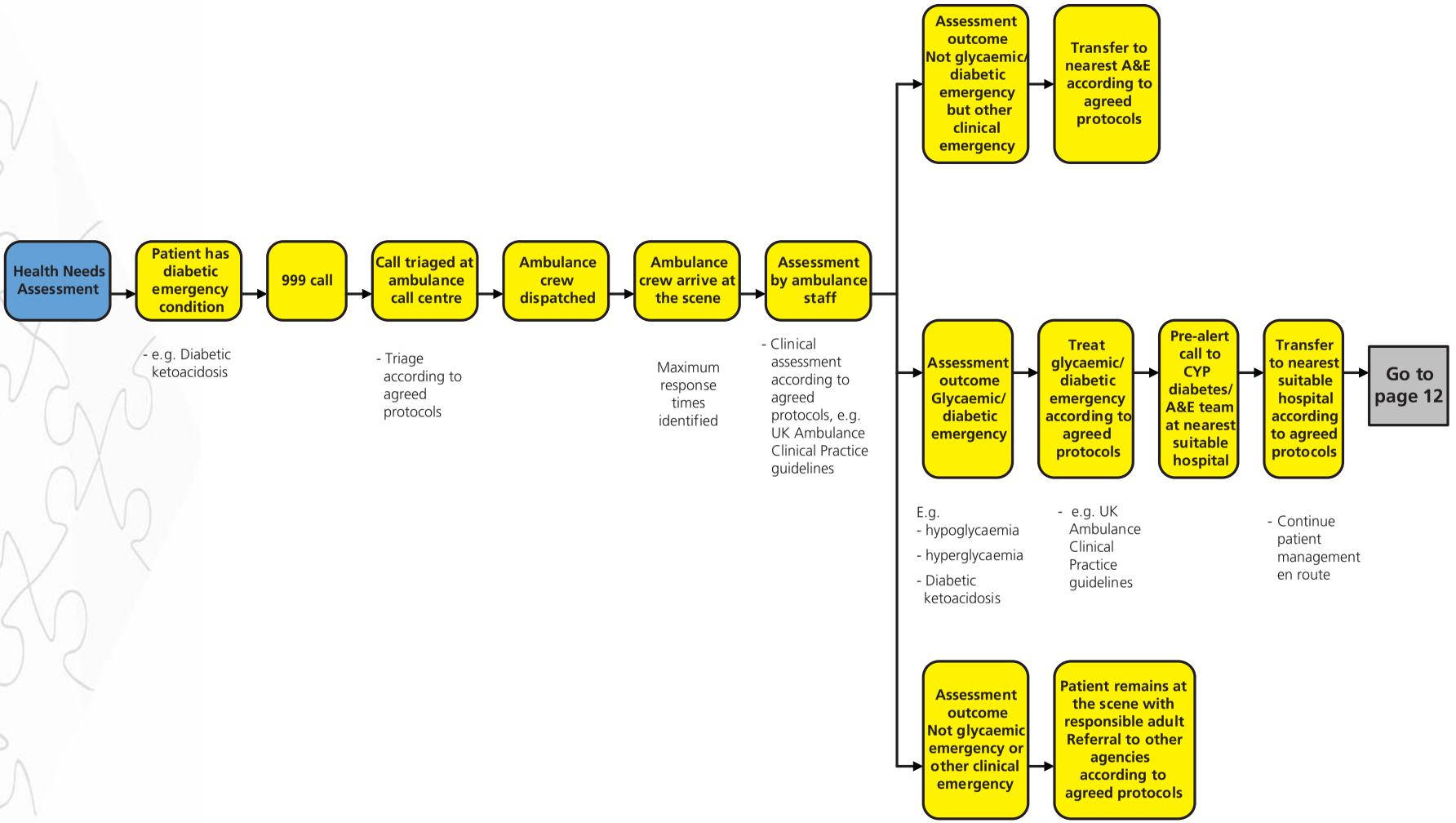


NHS Diabetes
Emergency and in patient care for people with diabetes
Diabetes emergency care in the community (Adults and older people)

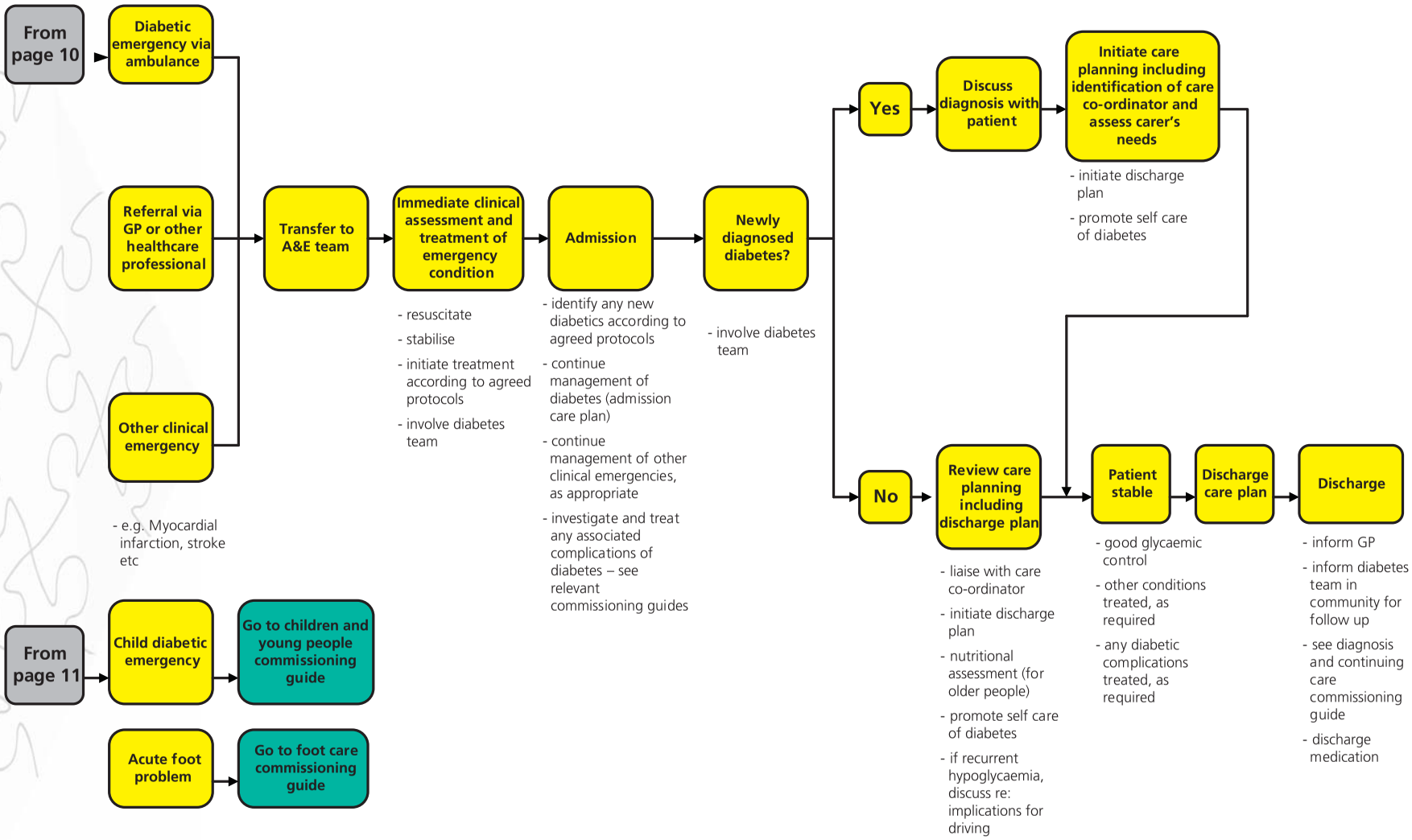


NHS Diabetes

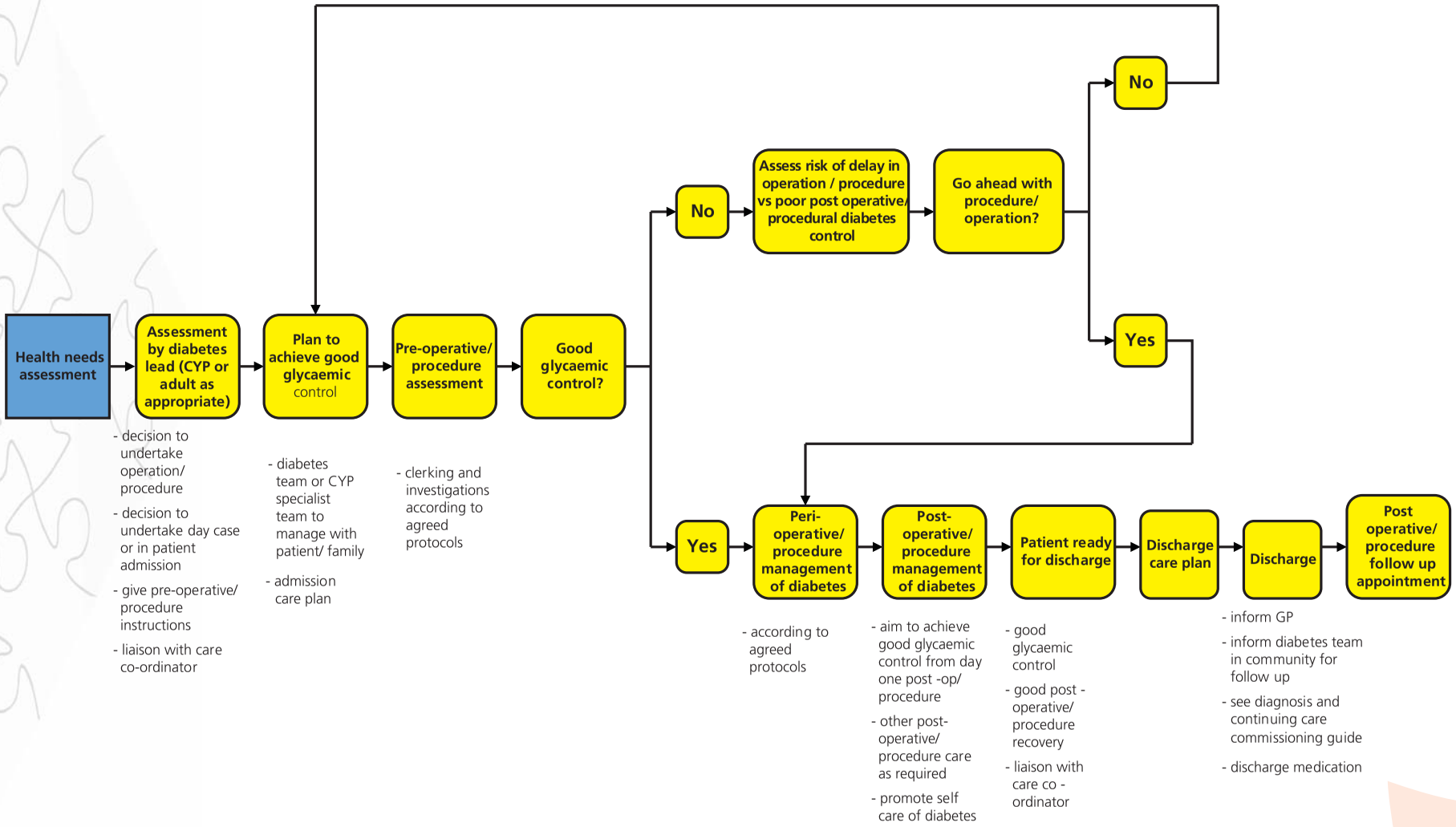
Diabetes emergency care in the community (Children and young people)



NHS Diabetes
Emergency and in patient care for people with diabetes
Diabetes emergency care in hospital



NHS Diabetes
Emergency and in patient care for people with diabetes
Planned in patient care



Contracting Framework for Diabetes Emergency and Inpatient Services

Introduction

This contracting framework sets out what is required of clinically safe and effective services that are providing emergency and inpatient care for people with diabetes. The framework is designed to be read in conjunction with the high level patient intervention map, which describes the interventions and actions required along the patient pathway as well as entry and exit points and the standard service specification templates for diabetes emergency and inpatient services.

The framework brings together the key quality areas and standards that have been identified by NHS Diabetes, Diabetes UK, the Royal Colleges and other related organisations.

The principles that establish a safe pathway for patient care

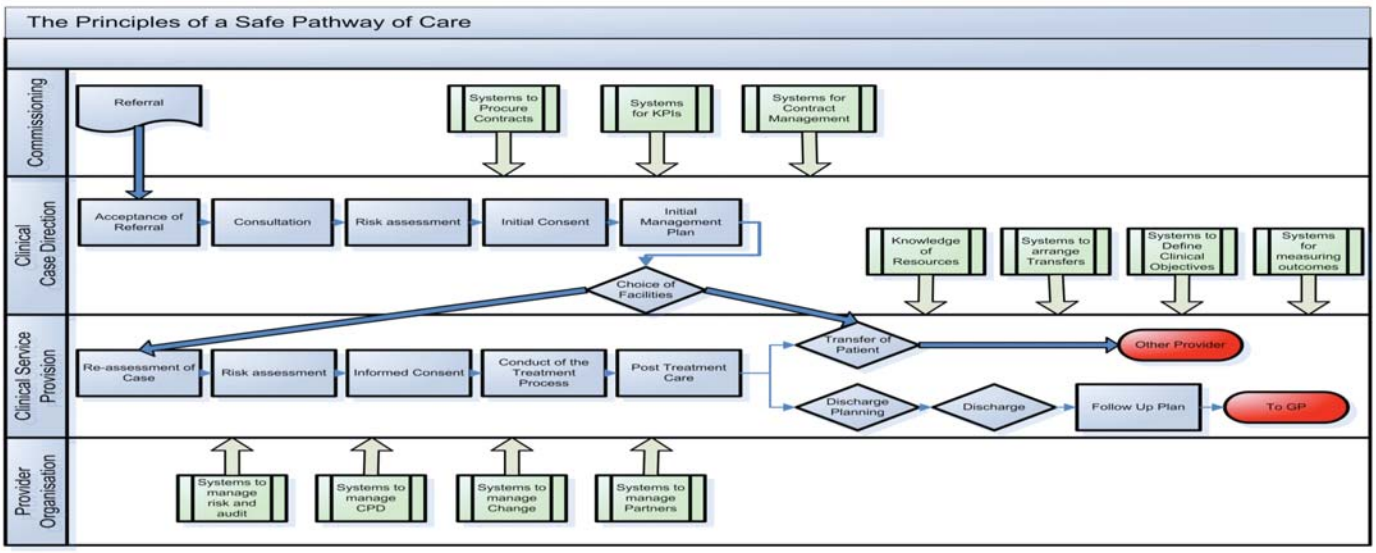
Establishing the principles that underpin the systems and processes of pathways for patient care leads to more efficient patient throughput and can reduce risk of fragmentation of care and serious untoward incidents. The principles operate at four layers within a patient pathway:

- Commissioning
- Clinical Case Direction or the overall Care Plan (i.e. the management of an individual patient)
- Provision of the clinical service or process
- Organisational platform on which the clinical service or process sits (the provider organisation)

A straightforward or simple pathway is one in which the overall management including both Clinical Case Direction and the delivery of the clinical processes conventionally sits within one organisation. However, with a more complex pathway, there is a danger that fracturing the overall management pathway into components carried out by different clinical teams and organisations will require duplication of effort leading to inefficiency and increased risk at handover points. This can be managed by establishing clear governance arrangements for all the layers in the pathway.

In addition, Commissioning Bodies must balance the benefits of fracturing the pathway against increased complexity and ensure that the increased risks are mitigated.

The governance arrangements required for all three layers and the commissioner responsibilities are shown below:



In essence, at each level, there are governance arrangements to ensure sound and safe systems of delivery of patient care with clear lines of accountability between each level.

Diabetes emergency and inpatient services

The key principle of good diabetes care is to provide a high quality service that is reliable in terms of delivery and timely access for patients requiring that care.

Diabetes care is provided by a number of different teams in the primary, community and acute setting. It is essential that there is co-ordination of care of the patients through the care planning process and a consultant diabetologist retains the clinical accountability and responsibility for the specialist diabetes service. Responsibility for overall patient care *across the whole pathway* rests with the patient's GP who also retains overall responsibility to ensure the management of side effects and complications.

The initial management and continuing care of individuals with diabetes should include an assessment of their emotional and psychological well-being, together with timely access to appropriate psychological and biological/psychiatric interventions. Mental health disorders can pose significant barriers to diabetes care and therefore mental health stability is vital for good self care[1].

The services themselves will also have clinical oversight and accountability for governance purposes.

This contracting framework focuses on adults, including older people, with diabetes who require emergency or unscheduled care as well as planned inpatient care. In addition, emergency care in the community setting for children and young people with diabetes is also considered in this document.

This contracting framework should also be read in conjunction with the commissioning guides for older people and for diabetes diagnosis and continuing care and for children and young people with diabetes and follow the principles for the effective commissioning of services for people with Learning Disabilities [2].

Specialist emergency and in patient care for children and young people is dealt with in the commissioning guide for children and young people with diabetes and acute foot problems are dealt with in the diabetes foot care commissioning guide[2].

Ensuring quality

Commissioning Bodies should ensure that the diabetes services commissioned are of the highest quality. There may, in addition, be some organisations that wish to offer their services, but do not have a history of providing such care.

i) For provider organisations already involved in the delivery of diabetes services, there should be retrospective evidence of systems being in place, implemented and working.

ii) For organisations new to the arena the commissioner should reassure itself that the provider has the organisational attributes, governance arrangements, systems and processes set up to provide the platform for safe and effective delivery of diabetes services to be provided.

This framework describes what the Commissioning Body needs to ensure is present or addressed in its discussions with the provider organisation.

Under the 'elements' column there are cross references to the Standard NHS Contract for Acute Services– bilateral (main clauses and schedules)[3]. This is to assist commissioners and providers in having an overview of how the elements link to the Standard NHS Contract. Some of the areas are open to interpretation and consequently the references are not exhaustive.

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Governance	Leadership *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 11,16,19,33, 48,49,51,53, 60* *Schedules: 10*	Clarity of the organisation's purpose with explicit commitment to providing high quality services A culture that demonstrates an open learning ethos An organisation that is legal and ethical in all its activities	Provider must have organisational structure that provides leadership for all professions and disciplines In particular, there must be a corporate clinical director with the responsibility and accountability for the clinical service There must be a learning framework in the organisation	There should be a designated clinical director with responsibility and accountability for the service providing emergency and inpatient care for people with diabetes.
Governance	Integrated Governance *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 11,19,27,48, 49,51,53,54, 56, 60* *Schedules: 10*	An organisation that is guided by the principles of good governance: - clarity of purpose - participation and engagement - rule of law - transparency - responsiveness - equity and inclusiveness - effectiveness and efficiency - accountability An organisation that accepts responsibility and accountability for all its actions	Clear organisational and integrated governance systems and structures in place with clear lines of accountability and responsibilities for all functions. This includes interfaces and transitions between services	Quality Governance in the NHS. A guide for provider boards[4]
Governance	Clinical Governance *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 4,4A,6,9,10,12,14, 15,16,17,19,21, 27,29,31,32,33, 48,49,51,53, 54* *Schedules: 3 (parts 1,2,4,4A,4B,4C,5,6), 7,10,12,18,20*	Explicit commitment to quality and patient safety Patient focused with respect for the personal wishes of patients in all aspects of their care A commitment to innovation and continuous improvement	Clinical Governance systems and policies should be in place and integrated into organisational governance with clear lines of accountability and responsibility for all clinical governance functions e.g. • Clinical Audit • Clinical Risk Management • Untoward Incident Reporting • Infection Control • Medicines Management • Informed Consent • Raising Concerns • Staff Development	All sub-contractors must meet governance and leadership arrangements of the main provider organisation Commissioner, provider and NHS Litigation Authority must review the Clinical Negligence Scheme for Trusts arrangements /or other organisational / professional indemnity arrangements The service should have in place written protocols and procedures defining clear lines of accountability and responsibility. The service is required to comply with guidelines, public health guidance and appraisals published by the National Institute for Health and Clinical Excellence that are relevant to the care provided by the service [5].

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Governance	Clinical Governance		• Complaints Management • Patient and Public Involvement • Patient dignity and respect • Equality and diversity • Introducing new technologies and treatments • An externally accredited Quality Assurance system and internal error reporting involving all staff groups. CG systems should have clear and demonstrable links to other NHS systems with collaborative CG activities and sharing of experience and learning Provider should produce annual Clinical Governance reports as part of NHS CG reporting system Providers are required to agree Commissioning for Quality and Innovation schemes (CQUIN) for diabetes care, e.g. model CQUIN scheme proposed by the NHS Institute for Innovation and Improvement[12]	In addition, the service is required to comply with the following: i. Guidance published by NICE • Depression with a chronic physical health problem[6] • Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence [7] ii. Clinical guidelines for Type 2 Diabetes Mellitus produced by the European Diabetes Working Party for Older People [8] Services may also find the following guidance published by NHS Diabetes helpful : i. The Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus [9] ii. Management of adults with diabetes undergoing surgery and elective procedures: improving standards [10] iii. The Management of Diabetic Ketoacidosis in Adults [11]
Clinical quality	Quality assurance *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 4,4A,12,16,17,18, 19,20,21, 31,32, 33, 54* *Schedules: 2,3 (parts 4, 4A,4B,4C,5, 6)7, 10,12, 18, 20*	Understanding the concept of clinical quality Has concern for quality while working efficiently An understanding of the use of audit, patient and staff feedback to improve quality An organisation that provides clarity of objectives and promotes reflective practice to improve quality of patient care	Quality assurance systems must be in place and approved by commissioning body with regular reporting of outcomes Providers are required to publish quality accounts for the public reporting of quality including safety, experience and outcomes Providers should participate in national audit programmes	Diabetes services must comply with the performance measures required of NHS services, i.e meeting: [13] • Referral to Treatment waits (95th percentile measures) • A&E Quality Indicators • Ambulance response times The service is required to participate in the following activities/programmes: • National Diabetes Audit [14] • National Diabetes Inpatient Audit of Acute Trusts [15] *(NB Providers may wish to conduct additional audits in the areas identified in this document)* • Patient Experience Surveys [16] • Diabetes E [17] • Patient Reported Outcomes Measures[18]

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Workforce/ staff Clinical staff attributes critical to safety and quality of interventions *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 11,16,26,33, 48 ,56*	The provider organisation has systems and procedures in place to assure the commissioner that their clinical team has the necessary qualifications, skills, knowledge and experience to deliver the service	Staff are competent and fit for purpose Provider to satisfy commissioner that all staff have current appraisal, clearances and registration checks and have demonstrated competence in all procedures relevant to pathway.	Provider to satisfy commissioner that they can recruit (or procure) and retain a competent clinical team to deliver the service Specific qualifications required of health professionals providing the service are: • For medical practitioners: registration with the GMC and evidence of further qualification in diabetes care or experience within diabetes clinic • Nurses: o registration with the NMC and further evidence of qualification in diabetes care or experience within diabetes clinic [19] o registration of non-medical prescribers • Dietitians: registration with the HPC and able to demonstrate competence in delivering specialist support/advice in enteral and parenteral feeding • Podiatrists: registration with the HPC and able to demonstrate competence in delivering specialist support/advice in the management of the diabetic foot – see also commissioning guide for diabetes foot care [2] • Pharmacists: registration with the General Pharmaceutical Council and be able to demonstrate competency in medicines management for patients with diabetes Healthcare professionals involved in delivering diabetes care are required to have the relevant competencies (see Skills for Health-Diabetes Competencies for diabetes) [20]
Clinical quality	Workforce/ staff Clinical staff competencies in use of equipment *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 11, 16, 17, 21, 26, 33*	The provider organisation has systems in place to assure the commissioner that their clinical team are competent to use all equipment needed to deliver the service	Provider to satisfy the commissioner that all staff have had documented competence assessment relative to all equipment used in contract.	Healthcare professionals involved in delivering diabetes care are required to have the relevant competencies in using appropriate equipment e.g. blood glucose and ketone monitors, insulin delivery devices including insulin pumps

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Workforce / staff Development *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 11,16,19,30 48*	The provider organisation has systems in place to assure the commissioner that their clinical team is formally inducted and receives ongoing assistance to develop their skills, knowledge and experience to ensure that they are always fully updated	Provider to satisfy commissioner of their commitment to induction and CPD relevant to roles Provider to satisfy the commissioner of their commitment to train staff to meet future service needs	• All Health Care staff who are not part of the diabetes multidisciplinary team and who deal with people who have or who have previously undiagnosed diabetes should have specific basic training in the recognition and management of diabetes • All Health Care professionals should have sufficient study leave allocation (time and finance) to enable them to develop skills appropriately
Clinical quality	Registration and licensing *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 4,4A,5,9,10, 11,12,14,15,16 17,18,19,21,26, 27,29,33,34,35, 3643,48,49,52 53,54,56,60* *Schedules: 2,3,4,5,6,8,10, 12,13,15,17, 19, 20*	The Provider is required to be registered with the Care Quality Commission to demonstrate that is meets the essential standards of quality and safety for the regulated activities delivered. The Provider is required to be licensed with the NHS Economic Regulator (Monitor) in order to provide NHS care.	Compliance with the Care Quality Commission and Monitor requirements	Compliance with the following National Service Frameworks, where applicable: • Older People's NSF [21] • Coronary Heart Disease NSF [22] • The Mental Health Strategy[23] • Long Term Conditions NSF [24] Compliance with: • End of Life care Strategy [25] Compliance with Care Quality Commission Reviews
Clinical quality	Outcomes *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 4,4A,10,14,15,16,21* *Schedules: 3 (part 5), 5 (parts 1,2,3), 12*	Comprehensive understanding and commitment to delivering and improving outcomes of care	Compliance with the NHS Outcomes Framework[26]	Compliance with the Quality Standards for Diabetes, specifically: [27] Quality Statement 11 People with diabetes admitted to hospital are cared for by appropriately trained staff, provided with access to a specialist diabetes team, and given the choice of self-monitoring and managing their own insulin Quality Statement 12 People admitted to hospital with diabetic ketoacidosis receive educational and psychological support prior to discharge and are followed up by a specialist diabetes team

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Outcomes			Quality Statement 13 People with diabetes who have experienced hypoglycaemia requiring medical attention are referred to a specialist diabetes team
Clinical quality	Patient pathway *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 4,4A,9,10,12, 14,15,16,17, 18,19,20,21, 27,29,32,33, 34,35,36, 54* *Schedules: 3 (parts 1 and 2)*	Responsiveness and participative approach to including patients' views about their care in the design of care pathways Collaboration with other organisations involved in the patient pathway to provide a seamless pathway of care	All possible entry and exit points must be defined with comprehensive patient pathways that facilitate smooth passage and effective, efficient care for patients All interfaces in the pathway must be defined so that continuity of clinical care is ensured with no fracturing of the pathway There must be specification of clear timelines and alert mechanisms for potential breaches There should be audit of pathway to ensure that standards are met There must be explicit specification of provider and commissioner responsibilities for the whole patient episode from registration to final discharge Accountabilities should be agreed and documented by all stakeholders There are a number of services supporting patients with diabetes and there must be clear sub contracts stating the referral criteria and access to these supporting services. If part or whole of the service is to be transferred to other providers, there must be clear and agreed sub contracts on referral criteria and access to these services. At entry to pathway: The Commissioner should assure themselves that the provider has systems and processes in place to i) register patients	The pathway should follow the principles set out by the Generic Long Term Conditions model [28]. This includes: • Stratifying the levels of need and risk • Case management • Personalised care planning • Supporting people to self care • Assistive technology 1. Emergency care in the community There should be protocols in place to manage people of all ages who experience diabetic emergencies in the community, e.g. UK Ambulance Services Clinical Practice Guidelines [29,30] Emergency services should ensure follow up of patients who have had diabetic emergencies through liaison with local diabetic teams [31] 2. Emergency treatment in A&E There should be clear protocols for the assessment of people (including older people) who are admitted to hospital with an acute illness, to screen for possible diabetes e.g.ThinkGlucose Toolkit [32] There should be clear protocols for the timely assessment and treatment of people who present with diabetic emergencies, e.g. diabetic ketoacidosis, severe acute hypoglycaemia and diabetic foot ulceration Expert advice and/or care from the multidisciplinary diabetes team or the children and young people specialist diabetes team (as appropriate) must be available for the management of people who present with diabetic emergencies 24 hours a day and also for inpatients 3. Inpatient care All patients with diabetes who have emergency and planned inpatient care should have admission and discharge care plans

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		ii) collect relevant clinical and administrative data iii) manage the appointment process, (reappointment and DNA process, if appropriate) iv) provide information to patients v) undertake initial assessment in the appropriate location At point of intervention: The Commissioner should assure themselves that the provider has systems and processes in place to ensure that: i) the intervention is conducted safely and in accordance with accepted quality standards and good clinical practice. ii) the patient receives appropriate care during the intervention(s), including on treatment review and support, in accordance with best clinical practice iii) where clinical emergencies or complications do occur they are managed in accordance with best clinical practice iv) the intervention is carried out in a facility which provides a safe environment of care and minimises risk to patients, staff and visitors v) the intervention is undertaken by staff with the necessary qualifications, skills, experience and competence vi) There are arrangements for the management of out of hours care according to best clinical practice At exit from pathway: The Commissioner should assure themselves that provider has systems and processes, which are agreed with all parties and	together with close liaison with their care co-ordinator [31] The admission care plan should include: a. Information exchange • review of the person's ongoing care plan, and discussion • of their preferences for self care of their diabetes while in hospital • explanation of the reasons for admission, and what to expect in hospital b. Systematic review of key areas from patient and professional view points • level of knowledge about diabetes and need for further information – e g. the implications for driving if the patient has recurrent hypoglycaemic episodes • assessment of need for input from diabetes specialist team • food choice, timings and access to food/snacks • nutritional assessment, especially in older people • risk status of feet in all people with diabetes, risk stratification, and management plan • medicines management and control. Establish if self management is desired/appropriate. Ensure that self management includes administration of medication/insulin injections/insulin pump and access to their own capillary blood glucose monitoring and quality control equipment. • need for emotional and psychological support (particularly older people, children, and those newly diagnosed). • mobility (particularly in older people with diabetes). • establish the cultural and religious needs of the individual including; subsequent dietary, treatment, and facilities requirements and matters surrounding physical contact • establish ethnic identity • establish preferred name • other patient concerns c. Developing and recording a plan • key elements of the plan, and who is responsible for each of these, need to be recorded. • a named contact and other relevant information should be provided to each individual in written or other appropriate

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		networks, in place to: i) undertake telephone triage ii) make urgent onward referrals where life-threatening conditions or serious unexpected pathologies are discovered during an intervention/assessment iii) ensure that patients receive discharge information relevant to their intervention including arrangements for contacting the provider and follow up if required iv) provide timely feedback to the referrer re intervention, complications and proposed follow up v) ensure that the patient receives required drugs/dressings/aids vi) ensure that support is in place with other care agencies as appropriate	format. Relevant information should cover how diabetes related emergencies will be managed, how individuals can access hospital protocols and policies for the management of diabetes, and how to access the specialist team if necessary. The discharge care plan should include: • review of the admission and patient experiences • check on understanding of new or changed diabetes management, including how to obtain devices or needles for the administration of insulin • identification of ongoing needs • patient education on the importance of bringing their medication and devices whenever they are admitted to hospital • a named contact in the community • written discharge summary to GP, diabetes team and relevant others e.g. social care. • information for the organisation on: • accurate coding of all diagnoses including diabetes • systematic recording of patient experience. The service is required to ensure that a comprehensive assessment of all older people who are admitted to hospital with diabetes takes place within 72 hours of admission There should be protocols in place to allow patients, who are able to do so, to self manage their diabetes medication. Patients may need to be referred to the following services as part of their diabetes care (see relevant commissioning guides)[2]: • diagnosis and continuing care • Pregnancy and diabetes care • services for complications of diabetes – foot care, eyes, vascular etc • mental health • learning disabilities • end of life care Providers should ensure access to transport facilities to enable attendance for specialist treatment, as required Providers are required to take note of the results of the National Survey of People with Diabetes [33]

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Clinical emergency situations *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 6,11,12,14,15, 16,18,32,33, 42, 54* *Schedules: 2,12,20*	Ability to negotiate and agree arrangements with appropriate personnel and organisations to provide effectively for emergency situations	The Commissioners should satisfy themselves that provider has systems, processes and competent personnel are in place and implemented to ensure that all clinical emergencies and complications are handled in accordance with best practice	There should be protocols in place to ensure the availability of advice and /or support of specialist diabetes clinical staff to manage diabetes clinical emergency situations, e.g. during a surgical procedure
Clinical quality	Estates and equipment *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 5,29, 33, 56* *Schedules: 3,10,19*	Understanding of building regulations Access to advice on "fit-for-purpose" equipment and facilities	Commissioners must assure themselves that patient care is delivered in appropriately built and equipped facilities which meet relevant HTMs and Building Notes, and, where appropriate, are registered and are safe and clean. Equipment must be fit for purpose Commitment to efficient use and satisfactory maintenance of equipment	
Clinical quality	Knowledge and understanding of health and safety *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 5,11, 19, 54, 56, 60*	Understanding of clinical accountabilities of health and safety policies	H&S strategy and policies in place and implemented with awareness throughout the organisation Accessibility to executive responsible for H&S for quicker, first contact services	Health and safety policies as per provider agreement with commissioners

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Data and information management	Strategy and policies *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 8,9,17,19,21,23, 24,27,29,32,33,54* *Schedules: 5,7,15,16,18*	Strategy and policy development skills The ability to analyse data and have access to information that can predict trends and that could identify problems The ability to capture evidence based practice from R&D National Service Frameworks, NICE guidance The ability to use data and information appropriately to improve patient care Transparency and objectivity	The Provider should have an explicit data and information strategy in place that covers • Types of data • Quality of data • Data protection and confidentiality • Accessibility • Transparency • Analysis of data and information • Use of data and information • Dissemination of data and information • Risks • Sharing of data and compatibility of IT across different providers with respect to care of patients across a pathway This information should be included in the Data Quality Improvement Plan There should be policies in place that include: • Confidentiality Code of Practice • Data Protection • Freedom of Information • Health Records • Information Governance Management • Information Quality Assurance • Information Security There must be a named individual who is the Caldicott Guardian	The Provider is required to have information systems that record individual needs including emotional, social, educational, economic and biomedical information which permit multidisciplinary care across service boundaries and support care planning [34] The Provider is required to use the following for the collection and production of data, where appropriate: • NHS Outcomes Framework[26] • National Diabetes Information Service [35] • National Diabetes Audit [14] • Diabetes E [17] • Quality and Outcomes Framework[36] • Myocardial Ischaemia Audit Project[37] • Hospital Episode Statistics[38] • Patient Experience [16,33] • Patient Satisfaction [33] • Patient Reported Outcomes Measures [18] • National Diabetes Continuing Care Dataset [39]

Source documents

Commissioners and providers should take responsibility for making references to the latest version of the various documents and guidance.

1. NHS Diabetes and Diabetes UK, Emotional and Psychological Support and Care in Diabetes, Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support, 2010 http://www.diabetes.nhs.uk

2. The NHS Diabetes Commissioning Guides are available on the NHS Diabetes website at http://www.diabetes.nhs.uk/commissioning_resource/

3. Department of Health, Standard NHS Contracts http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124324

4. National Quality Board, Quality Governance in the NHS, 2011 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125239.pdf

5. NICE Diabetes guidance, http://guidance.nice.org.uk/Topic/EndocrineNutritionalMetabolic/Diabetes

6. NICE, Depression in adults with a chronic physical health problem, treatment and management, http://guidance.nice.org.uk/CG91 , October 2009

7. NICE, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence, Jan 2009, http://guidance.nice.org.uk/CG76

8. European Diabetes Working Party for Older People. Clinical Guidelines for Type 2 Diabetes Mellitus, www.instituteofdiabetes.org

9. The Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus, March 2010, http://www.diabetes.nhs.uk/

10. Management of adults with diabetes undergoing surgery and elective procedures: improving standards, April 2011 http://www.diabetes.nhs.uk/

11. The Management of Diabetic Ketoacidosis in Adults, Joint British Diabetes Societies Inpatient Care Group, March 2010, http://www.diabetes.nhs.uk/

12. NHS Institute for Innovation and Improvement, model CQUIN scheme: inpatient care for people with diabetes, 2009

13. Department of Health, The Operating Framework for the NHS in England 2011/12, 2010, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738

14. National Diabetes Audit. www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/diabetes

15. National Diabetes Inpatient Audit, http://www.diabetes.nhs.uk/our_work_areas/inpatient_care/inpatient_audit_2010/

16. The King's Fund, The point of care. Measures of patients' experience in hospital: purpose, methods and uses. July 2009

17. DiabetesE - https://www.diabetese.net/

18. Patient Reported Outcomes Measures, http://www.ic.nhs.uk/proms

19. Training, Research and Education for Nurses in Diabetes – UK, An Integrated Career & Competency Framework for Diabetes Nursing (Second Edition), 2010

20. Skills for Health, Diabetes Competency Framework, https://tools.skillsforhealth.org.uk/

21. Department of Health, National Service Framework for Older People, May 2001, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066

22. Department of Health, National Service Framework for Coronary Heart Disease – modern standards and service models http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094275

23. Department of Health, No health without mental health: a cross-government mental health outcomes strategy for people of all ages, February 2011, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

24. Department of Health, The National Service Framework for Long Term Conditions, March 2005 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105361

25. Department of Health, End of Life Care Strategy – promoting high quality care for all adults at the end of life, July 2008, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

26. Department of Health, The NHS Outcomes Framework 2011/12, December 2010 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

27. NICE, Quality Standards: Diabetes in adults, March 2011, http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp

28. Generic Long-term conditions model http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_120915

29. Joint Royal Colleges Ambulance Liaison Committee, UK Ambulance Service Clinical Practice Guidelines 2006, Glycaemic emergencies in adults, www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/glycaemic_emergencies_in_adults_2006.pdf

30. Joint Royal Colleges Ambulance Liaison Committee, UK Ambulance Service Clinical Practice Guidelines 2006, Glycaemic emergencies in children, http://www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/glycaemic_emergencies_in_children_2006.pdf

31. National Diabetes Support Team, Improving emergency and inpatient care for people with diabetes, the report of a working party of representatives of the inpatient and emergency care community in partnership with the National Institute for Innovation and Improvement, March 2008

32. NHS Institution for Innovation and Improvement, ThinkGlucose Toolkit, http://www.institute.nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose.html

33. Healthcare Commission, National Survey of People with Diabetes, 2006, www.cqc.org.uk/usingcareservices/healthcare/patientsurveys/servicesforpeoplewithdiabetes.cfm

34. York and Humber integrated IT system http://www.diabetes.nhs.uk/

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36. Quality and Outcomes Framework, http://www.nice.org.uk/aboutnice/qof/qof.jsp

37. Myocardial Ischaemia Audit Project (MINAP) www.rcplondon.ac.uk/CLINICAL-STANDARDS/ORGANISATION/PARTNERSHIP/Pages/MINAP-.aspx

38. Hospital Episode Statistics, www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes

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Standard Service Specification Template for Emergency Diabetes Care to be provided by Ambulance Services

This specification forms Schedule 2, Parts 1-4, 'The Services - Service Specifications' of the Standard NHS Contract for Ambulance Services[a].

Service specifications are developed in partnership between commissioners and provider agencies and are based on agreed evidence-based care and treatment models. Specifications should be open to scrutiny and available to all service users/carers as a statement of standards that the user/carer can expect to receive.

The following documentation, developed by the Diabetes Commissioning Advisory Group provides further detail/guidance to support the development of this specification:

- The diabetes emergency and inpatient intervention map
- The contracting framework for diabetes emergency and inpatient services

This specification template assumes that the services are compliant with the contracting framework for diabetes emergency and inpatient services.

This template also provides examples of what commissioners may wish to consider when developing their own service specifications.

Part 1:
Section A: Base Services

Description of emergency diabetes care:

Emergency diabetes care includes the immediate assessment, stabilisation, initial treatment of people of all ages who have diabetic emergency conditions, e.g. diabetic ketoacidosis and hyperosmolar non-ketotic hyperglycaemic state (HONK) etc, in the community. The care may also include the requirement for transfer to emergency hospital services for continued management of children, young people, adults and older people who have diabetic emergency conditions.

The final specification should take into account:

- **national, network and local guidance and standards for emergency diabetes services.**
- **local needs.**

This specification is supported by other related work in diabetes commissioning such as:

- the web-based Diabetes Community Health Profiles (Yorkshire and Humber Public Health Observatory)
- the web-based Health Needs Assessment Tool (National Diabetes Information Service).

These provide comprehensive information for needs assessment, planning and monitoring of diabetes services

[a] Standard NHS Contracts
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124324

Introduction

- A general overview of the services identifying why the services are needed, including background to the services and why they are being developed or in place.
- A statement on how the services relate to each other within the whole system should be included describing the key stakeholders/relationships which influence the services, e.g. multi-disciplinary diabetes team, CYP multi-disciplinary diabetes team etc
- Any relevant diabetes clinical networks and screening programmes applicable to the services
- Details of all interdependencies or sub-contractors for any part of the service and an outline of the purpose of the contract should be stated, including arrangements for clinical accountability and responsibility, as appropriate

Purpose, Role and Clientele

1. A clear statement on the primary purpose of the services and details of what will be provided and for whom:
    - Who the services are for (e.g. CYP, adults and older people who have diabetic emergencies in the community)
    - What the services aim to achieve within a given timeframe
    - The objectives of the services
    - The desired outcomes and how these are monitored and measured

Scope of the Services

2. What does the service do? This section will focus on the types of high level therapeutic interventions that are required for the types of need the services will respond to.
    - How the services responds to age, culture, disability, and gender sensitive issues
    - Assessment – details of what it is and co-morbidity assessment and referrals to all relevant specialties
    - Service planning – High level view of what the services are and how they are used; how patients enter the pathway/journey; what are the stages undertaken, e.g. assessment, stabilisation, initial treatment and continuing management. The aims of service planning are to:
        - o Develop, manage and review interventions along the patient journey
        - o Ensure access to other specialities /care, as appropriate
        - o Ensure that the diabetes multi-disciplinary team (as defined locally) is informed (with the patient's or parent's consent) of the diabetic emergency and is involved in the subsequent care and follow up
    - Holistic review of patients in the management of their diabetes using the principles of an integrated care model for people with long term conditions that is patient-centred, including self care and self management, clinical treatment, facilitating independence, psychological support and other social care issues
    - Risk assessment procedures
    - Detail of evidence base of the service – i.e. the contracting framework for diabetes emergency and inpatient services, guidance produced by the Royal College of Physicians, Royal College of Paediatrics and Child Health, Diabetes UK, etc

Service Delivery

3. Patient Journey/intervention map
   Flow diagram of the patient pathway showing access and exit/transfer points – see the diabetes emergency and inpatient patient intervention map as a starting point

4. Treatment protocols/interventions
   Include all individual treatment protocols in place within the services or planned to be used, e.g. Joint Royal Colleges Ambulance Liaison Committee, UK Ambulance Service Clinical Practice Guidelines 2006, Glycaemic emergencies in adults[b], and Glycaemic emergencies in children[c]

5. This will include a breakdown of how the patient will receive the services and from whom. It should be a clear statement of staff qualifications/experience and/or training (if appropriate) and clinical or managerial supervision arrangements. It should specify, as appropriate:
   - Geographical coverage/boundaries – i.e. the services should be available for children, young people, adults and older people who in the clinical commissioning group area
   - Hours of operation
   - Minimum level of experience and qualifications of staff (i.e. nursing staff, allied health professionals and other support and administrative staff)
   - Staff induction and developmental training

6. Equipment – see Clause 5 of the Standard NHS Contract for Ambulance Services – 'Services environment, vehicles and equipment'.

Identification, Referral and Acceptance criteria

7. This should make clear how patients will be assessed and accepted to the services. Acceptance should be based on types of need and/or patient.

8. How are patients referred?
   - Who is acceptable for referral and from where
   - Details of evaluation process - Are there clear exclusion criteria or set alternatives to the service? How might a patient be transferred? *(insert call centre and triage processes and protocols)*
   - Response time detail and how are patients prioritised *(insert Ambulance response times)*

Discharge/Service Complete/Patient Transfer criteria – see Part 2: Transfer of and Discharge from Care Protocol (below)

Quality Standards

9. The service is required to deliver care according to the standards for clinical practice set by the National Institute for Health and Clinical Excellence[d]

10. As a minimum, the Provider is required to agree a local Commissioning for Quality and Innovation scheme for services for people with diabetes. *(Insert details of the CQUIN Scheme agreed)*

12. The service is required to deliver the outcomes for diabetes as determined by the NHS Outcomes Framework[e]

Activity and Performance Management

13. This must include performance indicators, thresholds, methods of measurement and consequences of breach of contract. These will be set and agreed prior to the signing of the overall agreement.

14. Activity plans – Where appropriate, identify the anticipated level of activity the service may deliver; provide details of any activity measures and their description /method of collection, targets, thresholds and consequences of variances above or below target.

[b] www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/glycaemic_emergencies_in_adults_2006.pdf

[c] http://www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/glycaemic_emergencies_in_children_2006.pdf

[d] http://www.nice.org.uk/media/FCF/87/DiabetesInAdultsQualityStandard.pdf

[e] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

Continual Service Improvement

15. As part of the monitoring and evaluation procedures, the service will identify a method of agreeing measurements for continuous improvement of the service being offered and work to ensure unmet need is both identified and brought to the attention of the commissioner.

16. Review

    This section should set out a review date and a mechanism for review.

    The review should include both the specifications for continuing fitness for purpose and the providers' delivery against the specification.

    This should set out the process by which this review will be conducted.

    This should also identify how compliance against the specification will be monitored in year.

17. Agreed by

    This should set out who agrees/accepts the specification on behalf of all parties.

    This should include the diabetes providers, commissioner and network

Section B: Additional Services

Complete according to local needs

Part 2: Transfer of and Discharge from Care Protocol

Insert locally agreed Transfer of and Discharge from Care Protocol

The intention of this section is to make clear when a patient should be transferred from the ambulance service to another service or discharged and when this would be reached.

- How does the service decide that a patient is ready for discharge?
- What procedure is followed on discharge, including arrangements for follow-up
- If the patient requires continued care, what is the process for transferring to other care, e.g. hospital emergency services?

Part 3: Emergency Preparedness

Complete as required in the guidance for the Standard NHS Contract for Ambulance Services

Part 4: Essential Services

Complete according to local needs

Standard Service Specification Template for Emergency and Inpatient Diabetes Services

This specification forms Schedule 2, Part 1, or section 1 (module B), 'The Services - Service Specifications' of the Standard NHS Contracts.[a]

Service specifications are developed in partnership between commissioners and provider agencies and are based on agreed evidence-based care and treatment models. Specifications should be open to scrutiny and available to all service users/carers as a statement of standards that the user/carer can expect to receive.

The following documentation, developed by the Diabetes Commissioning Advisory Group provides further detail/guidance to support the development of this specification:

- The diabetes emergency and inpatient intervention map
- The contracting framework for diabetes emergency and inpatient services

This specification template assumes that the services are compliant with the contracting framework for emergency and in patient diabetes services.

This template also provides examples of what commissioners may wish to consider when developing their own service specifications.

Description of diabetes emergency and inpatient care:

Diabetes emergency and inpatient care includes the immediate assessment, stabilisation and treatment of people who present to hospital emergency services with diabetic emergency conditions, e.g. hypoglycaemia, diabetic ketoacidosis (DKA) and hyperosmolar non-ketotic hyperglycaemic state (HONK) etc. The service should, in addition, identify people with newly diagnosed diabetes admitted for medical or surgical reasons which may or may not be related to diabetes.

Inpatient care also involves the management of people with diabetes who are admitted to hospital for routine procedures or operations.

Please note

- Diabetes emergency care for children and young people from presentation at A&E services plus admission is included in the commissioning guide for children and young people with diabetes.
- Management of the acute foot is included in the diabetes foot care commissioning guide
- Emergency care for people of all age groups who have diabetic emergency conditions in the community is included in the template service specification for ambulance services

The final specification should take into account:

- **national, network and local guidance and standards for emergency and inpatient diabetes services.**
- **local needs.**

[a] Standard NHS Contracts
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124324

This specification is supported by other related work in diabetes commissioning such as:

- the web-based Diabetes Community Health Profiles (Yorkshire and Humber Public Health Observatory)
- the web-based Health Needs Assessment Tool (National Diabetes Information Service).

These provide comprehensive information for needs assessment, planning and monitoring of diabetes services

Introduction

- A general overview of the services identifying why the services are needed, including background to the services and why they are being developed or in place.
- A statement on how the services relate to each other within the whole system should be included describing the key stakeholders/relationships which influence the services, e.g. multi-disciplinary team etc
- Any relevant diabetes clinical networks and screening programmes applicable to the services
- Details of all interdependencies or sub-contractors for any part of the service and an outline of the purpose of the contract should be stated, including arrangements for clinical accountability and responsibility, as appropriate

Purpose, Role and Clientele

1. A clear statement on the primary purpose of the services and details of what will be provided and for whom:
   - Who the services are for (e.g. adults and older people who present to hospital with diabetic emergencies and those who require diabetes care during their elective admission to hospital)
   - What the services aim to achieve within a given timeframe
   - The objectives of the services
   - The desired outcomes and how these are monitored and measured

Scope of the Services

2. What does the service do? This section will focus on the types of high level therapeutic interventions that are required for the types of need the services will respond to.
   - How the services responds to age, culture, disability, and gender sensitive issues
   - Assessment – details of what it is and co-morbidity assessment and referrals to all relevant specialties
   - Service planning – High level view of what the services are and how they are used; how patients enter the pathway/journey; what are the stages undertaken, e.g. diagnosis and continuing management. The aims of service planning are to:
   - Develop, manage and review interventions along the patient journey
     - o Ensure access to other specialities /care, as appropriate
     - o Ensure that care planning is undertaken by the diabetes multi-disciplinary team (as defined locally) with a clear care co-ordination function
   - Holistic review of patients in the management of their diabetes using the principles of an integrated care model for people with long term conditions that is patient-centred, including self care and self management, clinical treatment, facilitating independence, psychological support and other social care issues
   - Risk assessment procedures
   - Detail of evidence base of the service – i.e. the contracting framework for diabetes emergency and inpatient services, guidance produced by the Royal College of Physicians, Diabetes UK, etc

Service Delivery

3. Patient Journey/intervention map
   Flow diagram of the patient pathway showing access and exit/transfer points – see the diabetes emergency and inpatient intervention map as a starting point

4. Treatment protocols/interventions
   Include all individual treatment protocols in place within the services or planned to be used

5. This will include a breakdown of how the patient will receive the services and from whom. It should be a clear statement of staff qualifications/experience and/or training (if appropriate) and clinical or managerial supervision arrangements. It should specify, as appropriate:

   - Geographical coverage/boundaries – i.e. the services should be available for adults and older people who live in the clinical commissioning group area
   - Hours of operation including, week-end, bank holiday and on-call arrangements
   - Minimum level of experience and qualifications of staff (i.e. doctors – diabetologists and GPs, Nursing staff – diabetes nurse specialists, acute care nurses etc, other allied health professionals, e.g. podiatrists, dietitians, etc, health care scientists, e.g. pharmacists and other support and administrative staff)
   - Confirmation of the arrangements to identify the Care Co-ordinator for each patient with diabetes (i.e. who holds the responsibility and role).
   - Staff induction and developmental training

6. Equipment

   - Upgrade and maintenance of relevant equipment and facilities
   - *Technical specifications (if any)*

Identification, Referral and Acceptance criteria

7. This should make clear how patients will be identified (including newly diagnosed people with diabetes), assessed (if appropriate) and accepted to the services. Acceptance should be based on types of need and/or patient.

8. How should patients be referred?

   - Who is acceptable for referral and from where
   - Details of evaluation process - Are there clear exclusion criteria or set alternatives to the service? How might a patient be transferred?
   - Response time detail and how are patients prioritised

Discharge/Service Complete/Patient Transfer criteria

9. The intention of this section is to make clear when a patient should be transferred from the pregnancy and diabetes service to another and when this point would be reached

   - How is a treatment pathway reviewed?
   - How does the service decide that a patient is ready for discharge
   - How are goals and outcomes assessed and reviewed?
   - What procedure is followed on discharge, including arrangements for follow-up

Quality Standards

10. The service is required to deliver care according to the standards for clinical practice set by the National Institute for Health and Clinical Excellence[b]

11. As a minimum, the Provider is required to agree a local Commissioning for Quality and Innovation scheme for services for people with diabetes. *(Insert details of the CQUIN Scheme agreed)*

12. The service is required to deliver the outcomes for diabetes as determined by the NHS Outcomes Framework[c]

Activity and Performance Management

13. This must include performance indicators, thresholds, methods of measurement and consequences of breach of contract. These will be set and agreed prior to the signing of the overall agreement.

14. Activity plans – Where appropriate, identify the anticipated level of activity the service may deliver; provide details of any activity measures and their description /method of collection, targets, thresholds and consequences of variances above or below target.

Continual Service Improvement

15. As part of the monitoring and evaluation procedures, the service will identify a method of agreeing measurements for continuous improvement of the service being offered and work to ensure unmet need is both identified and brought to the attention of the commissioner.

16. Review

    This section should set out a review date and a mechanism for review.

    The review should include both the specifications for continuing fitness for purpose and the providers' delivery against the specification.

    This should set out the process by which this review will be conducted.

    This should also identify how compliance against the specification will be monitored in year.

17. Agreed by

    This should set out who agrees/accepts the specification on behalf of all parties.

    This should include the diabetes providers, commissioner and network

[b] http://www.nice.org.uk/media/FCF/87/DiabetesInAdultsQualityStandard.pdf

[c] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

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