NHS

Diabetes

Commissioning for Diabetes and Eye Services

Supporting, Improving, Caring

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Commissioning Diabetes and Eyes Services

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

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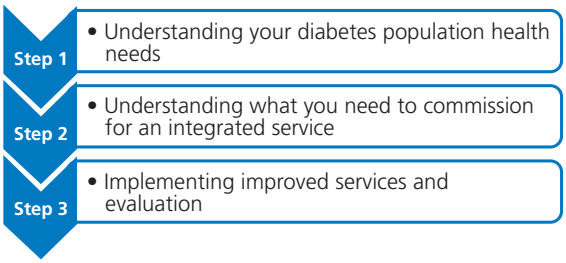
And to Thoreya Swage who wrote this publication

Contents

Commissioning for Diabetes and Eye Services

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, the English National Screening Programme

for Diabetic Retinopathy 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 diabetes and eye services between commissioners and providers from which a contract for services can then be agreed.

This commissioning guide consists of:

- A description of the key features of high quality diabetes and eye care
- A high level intervention map. This intervention map describes the key high level actions or interventions (both clinical and administrative) diabetes and eye *services* should undertake in order to provide the most efficient and effective care, from admission to discharge (or death) from the service.

It 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 and eye services.

- A diabetes and eye services contracting framework that brings together all the key standards of quality and policy relating to diabetes and eye care
- A template service specification for diabetes and eye services that forms part of schedule 2 part 1 ,or section 1 (module B) 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.

Commissioners are referred to the English National Screening Programme for Diabetic Retinopathy for details on how to commission diabetic retinopathy screening services – see www.retinalscreening.nhs.uk/commissioning

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

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

Features of Diabetes and Eye Services

High quality diabetes and eye services should have:

- systems to manage the call and recall of people with diabetes who require regular retinopathy screening
- a process to screen for diabetic eye disease, e.g. retinopathy, maculopathy and cataracts
- a process to screen for diabetic eye disease for pregnant women with diabetes, including those with gestational diabetes
- a specialist service to treat diabetic eye disease
- regular monitoring of people with diabetes who have had retinopathy identified.

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[i]).
- 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[ii]
- 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[iii]
- deliver the outcomes for diabetes as determined by the NHS Outcomes Framework[iv]
- take into account the emotional, psychological and mental wellbeing of the patient[v]
- take into account race and inequalities with respect to access to care
- ensure that services are responsive and accessible to people with Learning Disabilities[vi]
- 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 workforce that has the appropriate training, updating, skills and competencies in the management of people with diabetes

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

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

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

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

[v] 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/

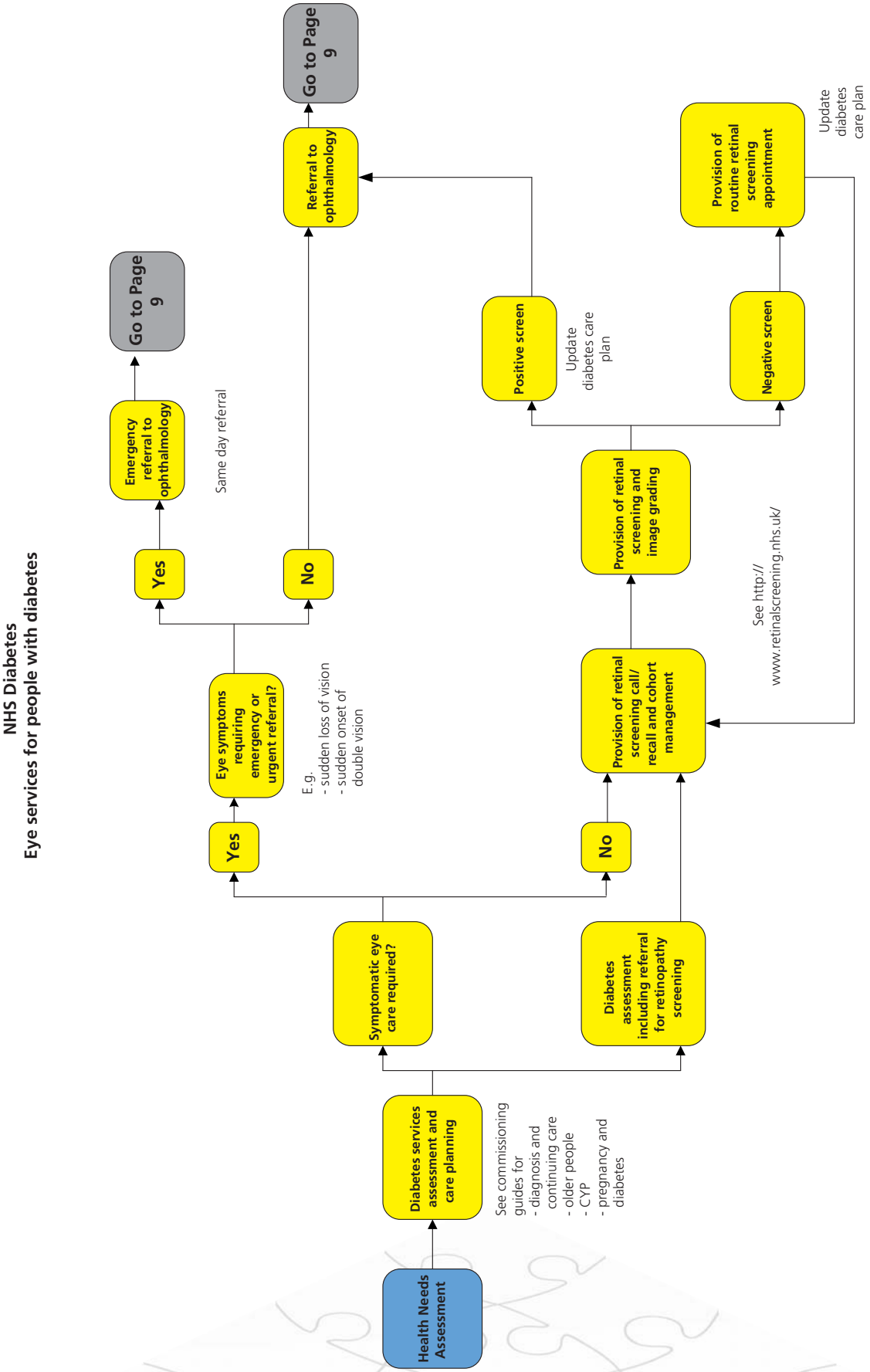
[vi] http://www.diabetes.nhs.uk/commissioning_resource/

- 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[vii]
- 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 Outcomes Measures, in the development and monitoring of service delivery[viii]
- actively monitor the uptake of services, responding to non

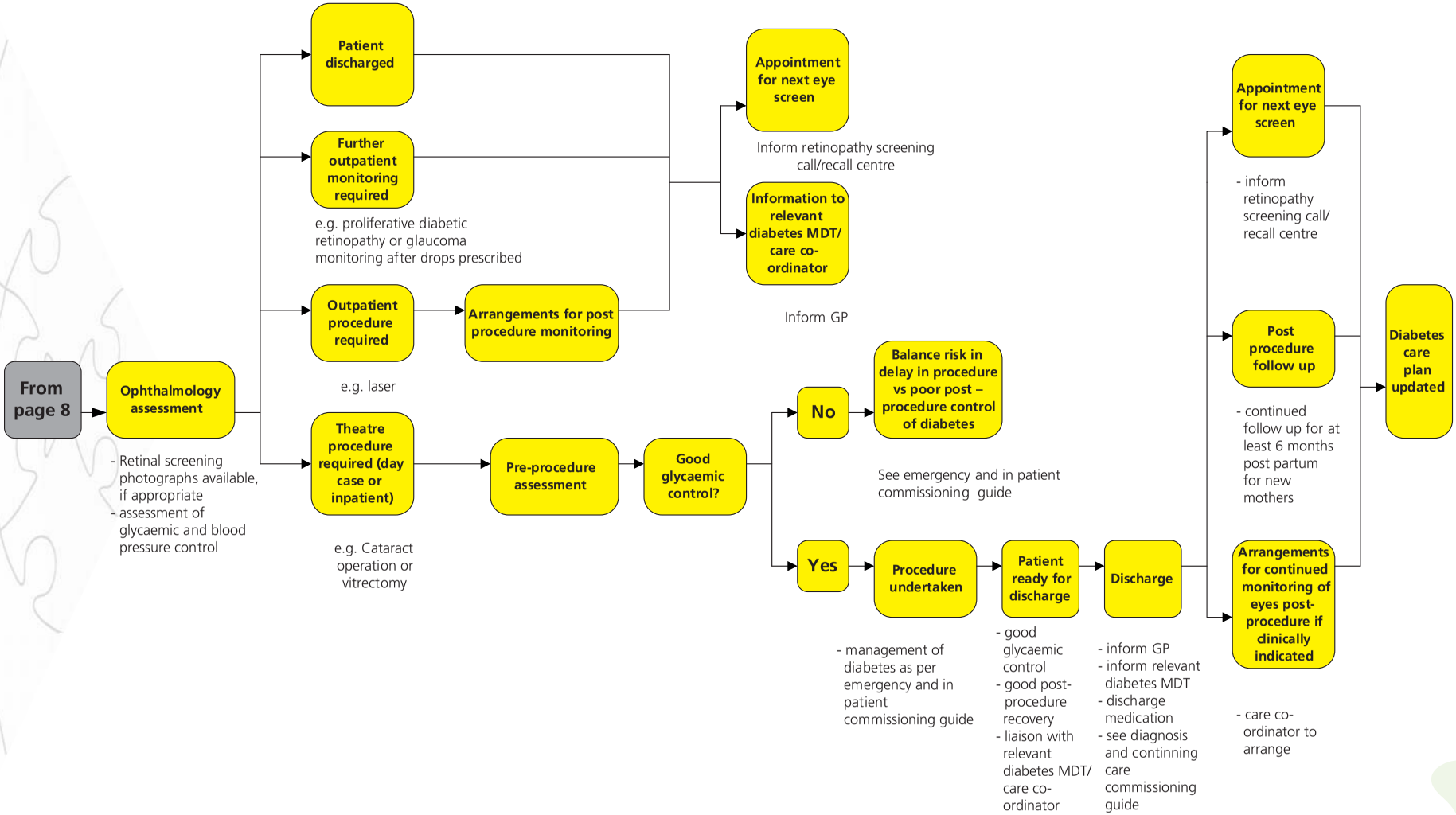
[vii] http://www.diabetes.nhs.uk/year_of_care/it/

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

Diabetes and eyes intervention map



NHS Diabetes
Eye services for people with diabetes - Ophthalmology care



Contracting Framework for Diabetes and Eye Services

Introduction

This contracting framework sets out what is required of clinically safe and effective services that are providing eye 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 template for diabetes and eyes services.

Commissioners are also referred to guidance on 'Commissioning Systematic Diabetic Retinopathy Screening' published by the English National Screening Programme for Diabetic Retinopathy for further details on commissioning retinopathy screening services[1].

The framework brings together the key quality areas and standards that have been identified by NHS Diabetes, Diabetes UK, the English National Screening Programme for Diabetic Retinopathy, the Royal Colleges and other related organisations.

The principles that establish a safe pathway for patient care

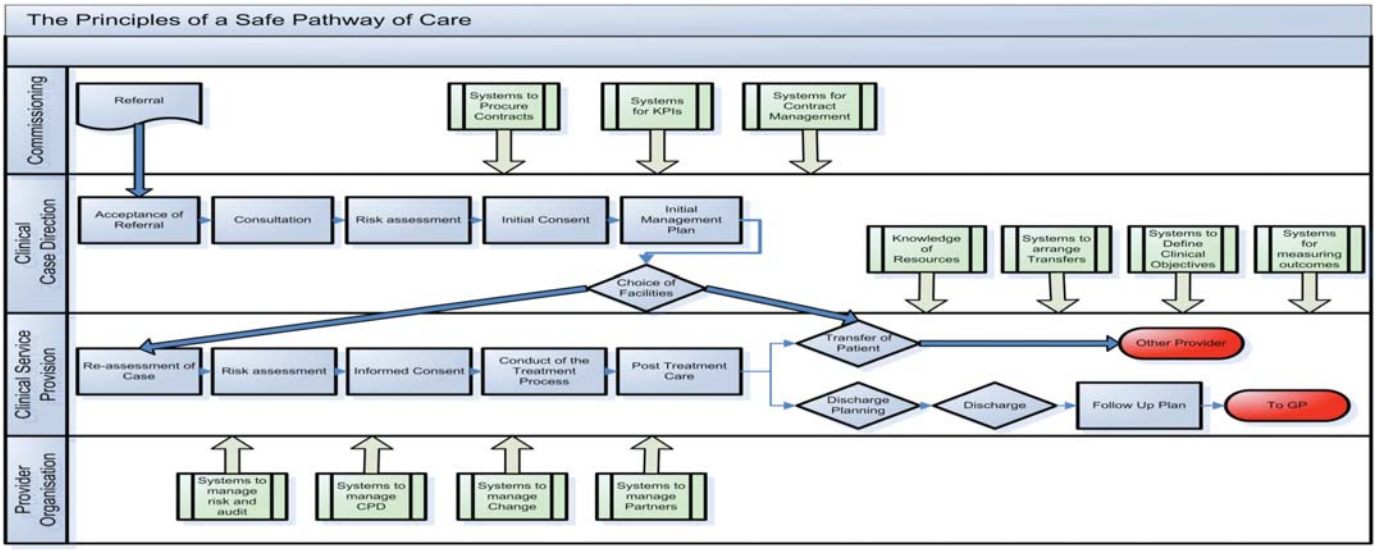
Establishing the principles that underpin the systems and processes of pathways for patient care leads to more efficient patient throughput and can reduce risk of fragmentation of care and serious untoward incidents. The principles operate at four layers within a patient pathway:

- 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.

The diabetes and eye services.

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

Diabetes eye care is provided by a number of different teams in the primary, community and acute settings. It is essential that there is co-ordination of care of the patients through the care planning process and a consultant ophthalmologist retains the clinical accountability and responsibility for the services. 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[2].

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

This contracting framework focuses on people with diabetes, including children, young people, adults and older people, who require screening and treatment for diabetic eye conditions. This contracting framework should also be read in conjunction with Commissioning Systematic Diabetic Retinopathy Screening[1] published by the English National Screening Programme for Diabetic Retinopathy and the diabetes commissioning guides for children and young people, diagnosis and continuing care, for older people and follow the principles for the effective commissioning of services for people with Learning Disabilities [3].

Ensuring quality

Commissioning Bodies should ensure that the diabetes eye 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 eye 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 eye services.

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)[4]. (The cross references also apply to the clauses and schedules in the Standard NHS Contract for Community Services). 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 an 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 diabetes and eye services.
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[5]
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 [6]

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 • Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence [7] • Glaucoma: diagnosis and management of chronic open angle glaucoma and ocular hypertension [8] The service is also required to comply with clinical guidelines for Type 2 Diabetes Mellitus produced by the European Diabetes Working Party for Older People [9] For retinopathy screening: the services must comply with: • the service objectives and quality assurance standards: National Screening Programme for Diabetic Retinopathy [10] • Guidance on failsafe in the diabetic retinopathy screening programme [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 and eyes services must comply with the performance measures required of NHS services, i.e meeting: [13] • Referral to Treatment waits (95th percentile measures) The service is required to participate in the following activities/programmes: • National Diabetes Audit [14] • National Diabetes Inpatient Audit of Acute Trusts [15] • Patient Experience Surveys [16] • Diabetes E [17] • Patient Reported Outcomes Measures [18] • Annual Report for the English National Screening Programme for Diabetic Retinopathy

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 ophthalmology medical practitioners: registration with the GMC and evidence of further qualification in ophthalmology and management of diabetic eye disease • Nurses: registration with the NMC and further evidence of qualification in diabetes eye care or experience within diabetes clinic [19] • Screener/Graders for diabetic retinopathy screening programme: comply with qualifications as required by the English National Screening Programme for Diabetic Retinopathy • Optometrists: specific training in the examination of the eye using slit lamps (approved by the Quality Assurance Committee of the English Screening Programme for Diabetic Retinopathy)[20] Teams, including consultant and other health care professionals, treating patients with diabetic retinopathy should demonstrate experience in the field by having worked in a dedicated medical retina or laser clinic for at least one year. They should also attend regular case discussions and clinical audit meetings. This should include an annual review of outcomes and adverse events in the annual report [21] Healthcare professionals involved in delivering diabetes care are required to have the relevant competencies (see Skills for Health- Diabetes Competencies for diabetic retinopathy) [22]

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
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.	All healthcare professionals involved in delivering the diabetes eye service care are required to have the relevant competencies in using appropriate equipment, e.g. use of slit lamps and laser safety assessment.
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 healthcare 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 [23] • NSF for Children, Young People and Maternity Services[24] Compliance with Care Quality Commission Reviews

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Outcomes *Cross references to the Standard NHS Contract for Acute Services* *Main clauses: 4,4A,10,14,15,16,21* *Schedule: 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[25]	Compliance with the Quality Standards for Diabetes, specifically [26]
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. At entry to pathway: The commissioner should assure themselves that the provider has systems and processes in place to	An essential component of the management of a person with diabetes is the care of the eyes, this involves: 1. Assessment 2. Screening 3. Treatment 4. Continuing care/follow up 1. Assessment: Everyone with diabetes should have, as part of the management of their condition, an assessment of possible eye disease, e.g. retinopathy, cataracts, glaucoma etc. This should be documented in the patient's care plan. 2. Screening: The screening pathway for diabetic retinopathy should follow the route as set out in 'Service implementation – Do once and share': Diabetic Eye Disease' [27]. All patients with diabetes, from age 12 upwards, should be referred to accredited retinopathy screening programmes that have been set up according to the commissioning guidance produced by the English National Screening Programme for Diabetic Retinopathy [1] and Essential Elements in Developing a Diabetic Retinopathy Screening Programme [28] 3. Treatment [21]: • patients requiring treatment for sight-threatening diabetic retinopathy should be treated by services that have specific medical retina / laser clinics with appropriately trained staff

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		i) register patients 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 networks, in place to:	• it is desirable to perform laser treatment, if indicated, on the same day of diagnosis of the problem requiring treatment. • exit digital photographs should be taken on discharge for future reference. These ophthalmology services must have access to [21] • fluorescein angiography • optical coherence tomography • low vision aid services • counselling (for sight loss) 4. Continuing care/follow up • there should be systems in place to ensure the follow up of patients who have had eye treatment and continued monitoring of changes in the eyes • discharge information should be sent to: o the relevant diabetes multidisciplinary team for updating of the patient's diabetes care plan o the call/recall centre of the retinopathy screening programme for updating of the retinopathy screening list The retinopathy screening service must ensure that arrangements are made for the following special groups to have access to the service [28]: • people in prisons • the housebound • people in care homes • people with learning disabilities In addition, pregnant women with diabetes (including gestational diabetes) should have:[29] 1. Screening for diabetic retinopathy in the preconception period 2. Women with type 1 and type 2 diabetes should be offered two-field mydriatic digital photography to National Standards at (or soon after) their first antenatal clinic visit and again at 28 weeks' gestation. 3. If background diabetic retinopathy is found to be present, an additional screen should be performed at 16-20 weeks. 4. If referable diabetic retinopathy is found to be present in early

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		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	pregnancy, careful ophthalmological supervision is required depending on the level of retinopathy both during pregnancy and for at least 6 months post-partum. 5. Because, like many drugs that are used in pregnancy, Tropicamide is only licensed for use in pregnancy under the direction of a registered medical practitioner, care pathways should be set up in such a way as to enable this to be undertaken. Written policies and protocols signed off by the clinical lead specifically dealing with the administration of eye drops to pregnant women should always be in place. The management of a person with diabetes who is admitted for eye care should follow the principles set out in the emergency and inpatient commissioning guide, i.e.[3]. 1. have access to the multidisciplinary diabetes team 2. have admission and discharge care plans 3. have close liaison with their care co-ordinator 4. There should be protocols in place to allow patients, who are able to do so, to self manage their diabetes medication. Information should be provided to people with diabetes about retinopathy screening, not driving as well as education and advice about diabetes management. People with diabetes should receive copies of results of screening. 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 [30].
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.

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
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.	Services providing retinopathy screening should procure digital fundus cameras as set out in ' Essential Elements in Developing a Diabetic Retinopathy Screening Programme' [28]. The equipment to perform eye surgery should be procured according to the recommendations set by the Royal College of Ophthalmologists [21].
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.	Health & Safety strategy and policies in place and implemented with awareness throughout the organisation.. Accessibility to executive responsible for Health & Safety for quicker, first contact services.	Health and safety policies as per provider agreement with commissioners.
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 Renial & Diabetes 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.	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 [31]. The provider is required to collect specific data as set out in 'commissioning systematic diabetic retinopathy screening [1]. The Provider is required to use the following for the collection and production of data, where appropriate: • NHS Outcomes Framework[25] • National Diabetes Information Service [32] • National Diabetes Audit [14] • Diabetes E [17] • Hospital Episode Statistics[33] • Patient Experience [16,30] • Patient Satisfaction [30]

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Data and information management	Strategy and policies		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.	• Patient Reported Outcomes Measures[18] • National Diabetes Continuing Care Dataset [34] • Diabetic Retinopathy Screening Dataset [35]

Source documents

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

1. English National Screening Programme for Diabetic Retinopathy, Commissioning Systematic Diabetic Retinopathy Screening, October 2007, http://www.retinalscreening.nhs.uk/commissioning
2. 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
3. The NHS Diabetes Commissioning Guides are available on the NHS Diabetes website at http://www.diabetes.nhs.uk/commissioning_resource/
4. Department of Health, Standard NHS Contracts http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124324
5. 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
6. NICE Diabetes guidance, http://guidance.nice.org.uk/Topic/EndocrineNutritionalMetabolic/Diabetes
7. NICE, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence, Jan 2009, http://guidance.nice.org.uk/CG76
8. NICE, Glaucoma: diagnosis and management of chronic open angle glaucoma and ocular hypertension , http://guidance.nice.org.uk/CG85, 2009
9. European Diabetes Working Party for Older People. Clinical Guidelines for Type 2 Diabetes Mellitus, www.instituteofdiabetes.org
10. Service Objectives and Quality Assurance Standards: National Screening Programme for Diabetic Retinopathy, June 2009 http://www.retinalscreening.nhs.uk/standards
11. Guidance on failsafe in the diabetic retinopathy screening programme, 2008, http://www.retinalscreening.nhs.uk/failsafe
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. National Screening Programme for Diabetic Retinopathy, Training and Accreditation Standards for Slit Lamp Examiners Version 5 - Agreed by the Quality Assurance Committee of the English Screening Programme, February 2008, http://www.retinalscreening.nhs.uk/userFiles/File/EnglishslitlampbioversV5%20-%20Version%205%202008-10-08%20_2_.pdf
21. The Royal College of Ophthalmologists, Ophthalmic Services Guidance The Delivery of Diabetic Eye Care Jan 2009 http://www.retinalscreening.nhs.uk userFiles/File/Royal%20College%202009%20-TheDeliveryOfDiabeticEyeCareFeb2009.pdf
22. Skills for Health, Diabetes Competency Framework, https://tools.skillsforhealth.org.uk/
23. Department of Health, National Service Framework for Older People, May 2001, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066

24. National Service Framework for Children, Young People and Maternity Services, 2004 http://www.dh.gov.uk/en/Healthcare/Children/DH_4089111

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

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

27. English National Screening Programme for Diabetic Retinopathy, 'Service implementation – Do once and share': Diabetic Eye Disease', June 2006, http://www.doas-ded.org/documents/doas-ded-appendixv1.0.pdf

28. UK National Screening Committee , Essential Elements in Developing a Diabetic Retinopathy Screening Programme, National Screening Programme for Diabetic Retinopathy Workbook 4.3, June 2009, http://www.retinalscreening.nhs.uk/workbook

29. Position statement on screening for Diabetic Retinopathy in pregnancy, National Screening Programme for Diabetic Retinopathy, October 2008, http://www.retinalscreening.nhs.uk/userFiles/File/FinalrevisedPosition%20statement%20on%20screening%20in%20pregnancy.pdf

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

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

32. National Diabetes Information Service, www.diabetes-ndis.org

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

34. National Diabetes Continuing Care Dataset, www.ic.nhs.uk/webfiles/Services/Datasets/Diabetes/dccrdataset.pdf

35. English National Screening Programme for Diabetic Retinopathy, Diabetic Retinopathy Screening Dataset, 2009, www.retinalscreening.nhs.uk/dataset

Standard Service Specification Template for Diabetes Eye Services

This specification forms Schedule 2, Part 1, or section 1 (module B), 'The Services - Service Specifications' of the Standard NHS Contract for Acute 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 and the English National Screening Programme for Diabetic Retinopathy provides further detail/guidance to support the development of this specification:

- the diabetes and eye services intervention map
- the contracting framework for diabetes and eye services

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

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

Description of diabetes and eye care:

Diabetes eye care includes the assessment, screening, treatment and follow up of people with diabetes to manage diabetic eye disease. This includes screening for diabetic retionopathy.

The final specification should take into account:

- **national, network and local guidance and standards for diabetes and eye services including retinopathy screening.**
- **local needs.**
- **cross references to the standard service specification for retinopathy screening published by the English National Screening Programme for Diabetic Retinopathy at www.retinalscreening.nhs.uk**

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, e.g. retinopathy screening
- 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

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

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. people with diabetes from age 12 upwards)
   - 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. retinopathy screening, diagnosis 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 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 and eye services, guidance produced by the Royal College of Ophthalmologists, English National Screening Programme for Diabetic Retinopathy, 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 and eye services intervention map as a starting point. See also the guidance published by the English National Screening Programme for Diabetic Retinopathy (www.retinalscreening.nhs.uk)

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 people from age of 12 upwards 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 – ophthalmologists and GPs, Nursing staff – diabetes nurse specialists, ophthalmology nurses etc, other allied health professionals, e.g. optometrists 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 (e.g. digital cameras, eye laser equipment etc)
   - technical specifications, e.g. digital fundus cameras as set out in 'Essential Elements in Developing a Diabetic Retinopathy Screening Programme'[b]

Identification, Referral and Acceptance criteria

7. This should make clear how patients will be identified, assessed 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/Transition criteria

9. The intention of this section is to make clear when a patient should be transferred from one aspect of the 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[c]

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[d]

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.

    For KPIs relating to retinopathy screening please see http://www.retinalscreening.nhs.uk/KPIs

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.

[b] UK National Screening Committee , Essential Elements in Developing a Diabetic Retinopathy Screening Programme, National Screening Programme for Diabetic Retinopathy Workbook 4.3, June 2009, http://www.retinalscreening.nhs.uk/workbook

[c] http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp

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

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 eye service providers, commissioner and network.

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