

**Diabetes** 

Commissioning
Diabetes Foot Care
Services



NHS Diabetes information Re	eader Box
Review Date	2013

#### **Commissioning Diabetes Foot Care Services**

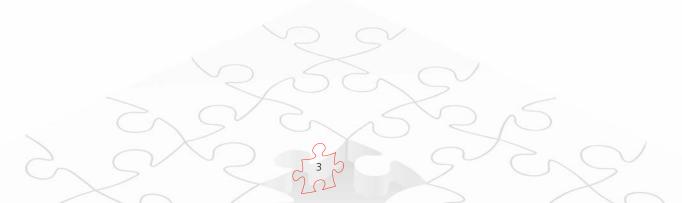
NHS Diabetes would like to thank the following for their advice and contribution to the development of this commissioning guide:

William Jeffcoate Consultant Diabetologist, Nottingham University Hospitals NHS Trust
Stella Vig Consultant Vascular Surgeon, Croydon Health Services NHS Trust

And to Thoreya Swage who wrote this publication.

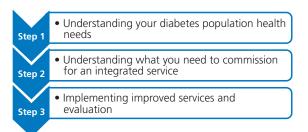
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# Commissioning for Diabetes Foot Care Services

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 and patient groups represented by Diabetes UK.

It is <u>not</u> 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 foot care 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 good diabetes foot care
- A high level intervention map. This intervention map describes the key high level actions or interventions (both clinical and administrative) diabetes foot care 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' 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 foot care services.

- A diabetes foot care contracting framework that brings together all the key standards of quality and policy relating to diabetes and foot care
- A template service specification for diabetes foot care services that forms 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/

<sup>&</sup>lt;sup>1</sup> Commissioning Diabetes Without Walls, 2011, http://www.diabetes.nhs.uk/commissioning\_resource/

# Features of a Good Service for Foot Care in Diabetes

A high quality foot care service for people with diabetes should:

- be designed to prevent or delay the foot complications of diabetes, including peripheral neuropathy, peripheral arterial disease, gangrene, and limb loss from amputation
- provide opportunities for all healthcare professionals who are involved in the management of diabetes to acquire the skills and knowledge necessary to recognise and manage people at increased risk of developing new foot disease
- provide facilities for the expert assessment and treatment of any newly occurring, or deteriorating case of foot disease within one working day
- be designed to reduce recurrence in those who have had an episode of active foot disease

In addition, the service should:

- be developed in a co-ordinated way, taking full account of the responsibilities of other agencies in providing comprehensive care ensuring people are at the centre of decisions about their care and support - 'no decision about me without me'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<sup>ii</sup>
- 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<sup>iii</sup>

- deliver the outcomes for diabetes as determined by the NHS Outcomes Framework<sup>iv</sup>
- take into account the emotional, psychological and mental wellbeing of the patient
- take into account all diverse and personal needs with respect to access to care
- ensure that the family/carers of people with diabetes have access to psychological support
- ensure that services are responsive and accessible to people with Learning Disabilities<sup>v</sup>
- have effective clinical networks with clear clinical leadership across the boundaries of care
- ensure that when it is appropriate, different options are available which accommodate the individual preferences of people with diabetes
- take into account services provided by social care and the voluntary sector
- provide patient/carer/family education on diabetes and foot care not only at diagnosis but also during continuing management at every stage of care
- have a workforce that has the mandatory competencies in the assessment and management of the foot in diabetes
- 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

vhttp://www.diabetes.nhs.uk/ commissioning\_resource/



<sup>&</sup>lt;sup>1</sup>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_117353

Available on the DH website at http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH\_120915

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

Available on the DH website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_122944

- take account of patient experience, including Patient Reported Outcomes Measures in the development and monitoring of service delivery<sup>vi</sup>
- actively monitor the uptake of services, responding to non-attenders and monitoring complaints and untoward incidents
- 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<sup>vii</sup>

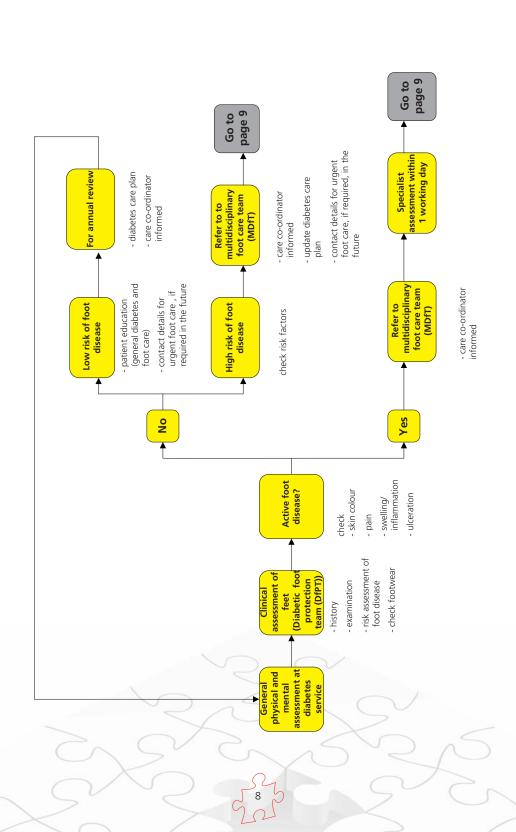
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vi http://www.ic.nhs.uk/proms

vii See York and Humber integrated IT system at http://www.diabetes.nhs.uk/year\_of\_care/it/

# Diabetes Foot Care Services Intervention Map

NHS Diabetes Diabetes Foot Care Services



Go to page 8 - information to care co-ordinator/diabetes multidisciplinary team - patient education - foot care plan Book appointment for next review by to multidisciplinary information to care co-ordinator/ diabetes multidisciplinary - diabetes care plan patient education
foot care plan
diabetes care plan foot care team Book appointment for next review by Diabetic foot protection team (DfPT) (MDfT) team Yes **N** Refer back to
Diabetic foot
protection
team (DfPT)? **Diabetes Foot Care Services** according to agreed protocols according to agreed protocols according to agreed protocols **Treatment** Treatment **Treatment NHS Diabetes** services (e.g. Diabetes, pain or neurology service) Refer to vascular Refer to specialist Refer to vascular Treat according **Emergency referral** Seen within 1 month - Seen within 1 month to agreed protocols services service Painful neuropathy? Acute ischaemia or gangrene? Acute Charcot Foot? Ischaemia? Ulceration? Infection? by multidisciplinary foot care team (MDFT) Foot care specialist assessment page 8 From 9

# Contracting Framework for Foot Care Services for People with Diabetes

#### Introduction

This contracting framework sets out what is required of <u>clinically safe and effective services</u> providing diabetes foot care services.

The framework is designed to be read in conjunction with the foot care diabetes services 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 foot care diabetes services.

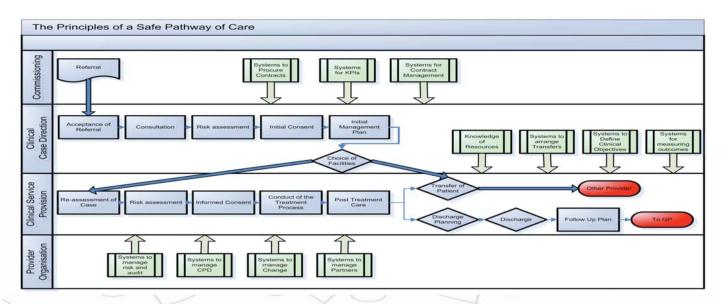
The framework brings together the key quality areas and standards that have been identified by NHS Diabetes, Diabetes UK, the Royal Colleges and other related organisations.

## 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 or Care Plan and the delivery of the clinical processes conventionally sits within one organisation. However with a more complex pathway there is a danger that care can be fragmented when it is subdivided into components which are carried out by different clinical teams and organisations, and care is required to avoid duplication of effort and to ensure efficient communication at handover points. Clear lines of communication are required and defined criteria for referral between different organisations are essential, with robust arrangements for governance in place for each body.



### Foot care services for people with diabetes

The key principle of good foot care for people with diabetes is to provide a high quality service which encompasses both prevention and treatment, and which is both efficient and accessible.

Foot care services for people with diabetes should be provided by healthcare professionals who have the necessary knowledge and skills in the prevention and management of foot disease in patients with diabetes, as well as the resources and close contacts with other health care providers which may be necessary for optimal care. It is essential that there is risk assessment of all people with diabetes in the community, as well as in those admitted to hospital for whatever reason. Prevention schemes must be available for high risk patients and fast tracking of patients with acute disease to early expert assessment.

Foot care for people with diabetes should be in place at two levels:

- (Diabetic Foot Protection Team (DfPT))

   – This involves the assessment and risk categorisation of the feet as part of the general multidisciplinary diabetes physical and mental assessment. It also includes education of the patient and carers on how to look after their feet and urgent referral for specialist assessment (Multidisciplinary foot care team) if active foot disease is found.
- (Multidisciplinary foot care team MDfT
   (Specialist services) ) This involves the
   management and treatment of patients at high
   risk or with active foot disease. This team should
   based at secondary care level because of the
   need for close liaison with other specialists and
   access to expert resources, but should work with
   professionals based in the community in order to
   serve the best interests of the patient.

The diabetes foot care services should identify designated clinical leads with responsibility and accountability for the service with leadership and partnership of the Diabetic Foot Protection Team and the Multidisciplinary foot care team.

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<sup>1</sup>.

This Contracting Framework should also be read in conjunction with the diabetes commissioning guides for children and young people, diagnosis and continuing care, older people, emergency and inpatient care, complications of diabetes especially cardiovascular and kidney care and follow the principles for effective commissioning of services for people with Learning Disabilities<sup>2</sup>.

#### **Ensuring quality**

Commissioning Bodies should ensure that the foot care services for people with diabetes aim for the highest quality, and that there are systems of governance in place to ensure achievement of set standards. There may, in addition, be some organisations that wish to offer their services, but do not have a history of providing such care.

- For provider organisations already involved in the delivery of foot care services for people with diabetes, there should be retrospective evidence of the necessary systems being in place that are 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 foot care services for people with diabetes, and the clinicians involved must have the necessary skills, contacts and resources.

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 Community Services – bilateral (main clauses and schedules)<sup>3</sup>. 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 Community Services Module C: 11, 16, 19,33, 48,49,51,53, 60 Module D: Schedules: 6,15	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/lead 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 foot care service
Governance	Integrated Governance Cross references to the Standard NHS Contract for Community Services Module C: 11, 19,27,48,49, 51,53,54,56,60 Module D: Schedules: 6,12,15	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 between services	Quality Governance in the NHS. A guide for provider boards <sup>4</sup>
Governance	Clinical Governance Cross references to the Standard NHS Contract for Community Services Module B: Sections: 1 (part 2), 3, 4 Module C: 4,4A, 6, 9, 10, 12, 14, 15, 16, 17, 19, 21, 26 27, 29, 31, 32, 33, 48, 49, 51, 53, 54	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 Complaints Management	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 for 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 produced by the National Institute for Health and Clinical Excellence that are relevant to the care provided by the service including 5:

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UTS/COMMENTS	diabetes in children, type 2 diabetes revention and ectiveness of patient adherence <sup>6</sup>	Type 2 diabetes patients he feet and receive basic in one month <sup>8</sup> view should be carried sible (within one week) tif there is increased risk veillance program <sup>8</sup> og day for expert is foot disease, e.g. foot is following
DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS	<ul> <li>Diagnosis and management of Type 1 diabetes in children, young people and adults</li> <li>Type 2 diabetes: the management of type 2 diabetes (update)</li> <li>Management of Type 2 diabetes – prevention and management of foot problems</li> <li>The clinical effectiveness and cost effectiveness of patient education models for diabetes</li> <li>Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence <sup>6</sup></li> </ul>	Access targets: On confirmation of diagnosis of Type 1 or Type 2 diabetes patients should have a routine risk assessment of the feet and receive basic foot care advice as soon as possible – within one month <sup>8</sup> . Thereafter annual foot care advice and review should be carried out.  Patients should be referred as soon as possible (within one week) for expert assessment and care of the foot if there is increased risk of disease and inclusion in a long term surveillance program <sup>8</sup> . Patients should be seen within one working day for expert assessment and treatment if there is active foot disease, e.g. foot ulceration or acute Charcot foot <sup>8</sup> .  The service is required to participate in the following activities/programmes:  National Diabetes Audit <sup>9</sup> Patient Experience Surveys <sup>10</sup> Patient Reported Outcomes Measures <sup>12</sup> Patient Reported Outcomes Measures <sup>12</sup>
OUTPUTS	<ul> <li>Patient and Public Involvement</li> <li>Patient dignity and respect</li> <li>Equality and diversity</li> <li>Introducing new technologies and treatments</li> <li>an externally accredited Quality Assurance system and internal error reporting involving all staff groups.</li> <li>CG systems should have clear and demonstrable links to other NHS systems with collaborative CG activities and sharing of experience and learning</li> <li>Provider should produce annual Clinical Governance reports as part of NHS CG reporting system</li> <li>Providers are required to agree Commissioning for Quality and Innovation schemes for foot care services for people with diabetes, e.g. model CQUIN scheme proposed by the NHS Institute for Innovation and Improvement 7</li> </ul>	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
CHARACTERISTICS, SKILLS AND BEHAVIOURS		Understanding the concept of 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
ELEMENTS	Module D: Schedules: 3,6,10,11,15,17	Quality assurance Cross references to the Standard NHS Contract for Community Services Module C: 4,12,16,17,18, 19,20,21,31, 32,33,54 Module D: Schedules: 2,3,6,10,11 Module E: 3,4
	Governance	Clinical quality

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
		AND BEHAVIOURS		
Clinical quality	Workforce/ staff Clinical staff attributes critical to safety and quality of interventions Cross references to the Standard NHS Contract for Community Services Module C: 11,16,19,26,33,48,56 Module D: Schedules: 10	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 diabetes physicians: registration with the GMC and evidence of further qualification in diabetes care including. Certificate of the Completion of Training, and to have the necessary competencies in assessment and management of the foot at risk and of foot disease.  • Nurses: registration with the NMC and further evidence of qualification in diabetes care with a special interest and training in the assessment and management of the foot in diabetes qualification in diabetes care with a special interest and training in the assessment and management of the foot in diabetes.  • Vascular Surgeons: registration with the necessary competencies in assessment of the foot
550				The members of Multi Disciplinary foot care Team (MDfT) involved in delivering foot care to people with diabetes are required to collectively have the necessary skills and competencies (see Skills for Health- Diabetes Competencies) <sup>15</sup> In addition, foot care team is required to have the skills necessary
Clinical quality	Workforce/ staff Clinical staff competencies in use of equipment Cross references to the Standard NHS Contract for Community Services Module C: 5, 11, 16, 17, 19, 26, 33,48	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.	Commissioning of Foot Care Services for People with Diabetes 8  All 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

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rputs/comments	we sufficient study leave them to develop skills	sion Reviews	for Diabetes, foot ulceration receive m in accordance with problem requiring urgent eated by a 24 hours
DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS	All Health Care professionals should have sufficient study leave allocation (time and finance) to enable them to develop skills appropriately	Compliance with Care Quality Commission Reviews	Compliance with the Quality Standards for Diabetes, specifically: <sup>17</sup> Quality Statement 10 People with diabetes with or at risk of foot ulceration receive regular review by a foot protection team in accordance with NICE guidance, and those with a foot problem requiring urgent medical attention are referred to and treated by a multidisciplinary foot care team within 24 hours
OUTPUTS	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	Compliance with the Care Quality Commission and Monitor requirements	Compliance with the NHS Outcomes Framework <sup>16</sup>
CHARACTERISTICS, SKILLS AND BEHAVIOURS	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	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.	Comprehensive understanding and and commitment to delivering and improving outcomes of care
ELEMENTS	Workforce / staff Development Cross references to the Standard NHS Contract for Community Services Module C: 11, 16, 19,48	Registration and licensing Cross references to the Standard NHS Contract for Community Services Module B: Sections: 3,5 Module C: 4,44,5,9,10, 11,12,14,15,16 17,18,19,21,26,27, 29,33,34,35,36,38,40, 43,48,49,52,53,54,56,60 Module D: Schedules:	Outcomes Cross references to the Standard NHS Contract for Community Services Module B: Section: 1 (part 3),3 Module C: 4A,14, Module D: Schedule 11
TOPIC	Clinical quality	Clinical quality	Clinical quality

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TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway Cross references to the	Responsiveness and participative approach to including patients' views about their care in the design of care pathways	All possible entry and exit points must be defined with comprehensive patient pathways that facilitate smooth passage and effective. efficient care for patients	The key priorities for good quality diabetes foot care services are:  The examination and risk assessment of the feet of people
V.	for Community Services Module B: Sections:	Collaboration with other organisations involved in the patient pathway to provide a	All interfaces in the pathway must be defined so that continuity of clinical care is ensured with no fracturing of the pathway	
3	Module C: 4,44,9,10,12,14,15,	seamless pathway of care	There must be specification of clear timelines and alert mechanisms for potential breaches	<ul> <li>To provide specialist foot treatment for a patient with diabetes who has active foot disease, and to ensure that steps are taken to minimise recurrence.</li> </ul>
	20,21,27,29,31, 33,34,35,36,38,40, 52,54		There should be audit of pathway to ensure that standards are met	People with diabetes should have information on how to access the expertise of the multidisciplinary foot care team, e.g. information card from 'Putting Feet First' <sup>18</sup>
36	22,34 Module D: Schedules: 2,3, 4, 9,11,17		There must be explicit specification of provider and commissioner responsibilities for the whole patient episode from registration to final discharge	Providers are required to take note of the results of the National Survey of People with Diabetes <sup>19</sup>
3	Module E: 5		Accountabilities should be agreed and documented by all stakeholders	
Ş			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	
5			i) register patients ii) collect relevant clinical and administrative data iii) manage the appointment process, (reappointment and DNA process, if	
			iv) provide information to patients v) undertake initial assessment in the appropriate location	

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TOPIC	ELEMENTS	aCHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS	MMENTS
Clinical quality	Patient pathway		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: i) undertake telephone triage iii) 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 inclina grandard		
			mervenuon including arrangements		

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TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		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	
Clinical quality	Clinical emergency situations Cross references to the Standard NHS Contract for Community Services Module C: 6,11,12,14,15,18, 20,32, 32, 42, 54 Module D: Schedules: 2, 3, 4, 6, 9,11	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	Arrangements should be in place to manage all acute presentations of the diabetic foot
Clinical quality	Estates and equipment Cross references to the Standard NHS Contract for Community Services Module C: 5, 33,56 Module D: Schedules: 2, 3,4,6,11,17	Understanding of building regulations Access to advice on "fit-forpurpose" 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	

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#### **Source documents**

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

- Emotional and Psychological Support and Care in Diabetes, Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support Working Group, to be published early 2010
- The NHS Diabetes Commissioning Guides are available on the NHS Diabetes website at http://www.diabetes.nhs.uk/commissioning\_ resource/
- Standard NHS Contracts
   http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_124

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- 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/EndocrineNutritio nalMetabolic/Diabetes
- NICE, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence, Jan 2009, http://guidance.nice.org.uk/CG76
- 7. NHS Institute for Innovation and Improvement, model CQUIN scheme: inpatient care for people with diabetes, 2009
- Foot in Diabetes UK, Diabetes UK, The Association of British Clinical Diabetologists, The Primary Care Diabetes Society and the Society of Chiropodists and Podiatrists, The National Minimum Skills Framework for Commissioning Foot Care Services for People with Diabetes, November 2006 (to be reviewed in 2008)
- National Diabetes Audit. www.ic.nhs.uk/services/national-clinical-auditsupport-programme-ncasp/diabetes
- 10. The King's Fund, The point of care. Measures of patients' experience in hospital: purpose, methods and uses. July 2009
- 11. DiabetesE https://www.diabetese.net/

- 12. Patient Reported Outcomes Measures, http://www.ic.nhs.uk/proms
- 13. Department of Health, Royal College of General Practitioners, Royal Pharmaceutical Society of Great Britain, NHS Primary Care Contracting, Guidance and competences for the provision of services using practitioners with special interests (PwSIs) - Diabetes, http://www.rcgp.org.uk/
- Training, Research and Education for Nurses in Diabetes – UK, An Integrated Career & Competency Framework for Diabetes Nursing (Second Edition), 2010
- 15. Skills for Health, Diabetes Competency Framework, https://tools.skillsforhealth.org.uk/
- 16. Department of Health, The NHS Outcomes Framework 2011/12, December 2010 http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH\_1 22944
- 17. NICE, Quality Standards: Diabetes in adults, March 2011, http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp
- 18. NHS Diabetes and Diabetes UK, Putting Feet First, Commissioning specialist services for the management and prevention of diabetic foot disease in hospitals, June 2009
- Healthcare Commission, National Survey of People with Diabetes, 2006, www.cqc.org.uk/usingcareservices/healthcare/pati entsurveys/servicesforpeoplewithdiabetes.cfm
- 20. York and Humber integrated IT system, http://www.diabetes.nhs.uk/
- 21. National Diabetes Information Service, www.diabetes-ndis.org
- 22. Quality and Outcomes Framework http://www.nice.org.uk/aboutnice/qof/qof.jsp
- 23. Hospital Episode Statistics, www.ic.nhs.uk/statistics-and-datacollections/hospital-care/hospital-activity-hospitalepisode-statistics--hes
- 24. National Diabetes Continuing Care Dataset, www.ic.nhs.uk/webfiles/Services/Datasets/Diabete s/dccrdataset.pdf



## Standard Service Specification Template for Foot Care Services for People with Diabetes

This specification forms Schedule 2, Part 1, or section 1 (module B), 'The Services - Service Specifications' of the Standard NHS Contracts<sup>a</sup>

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.

#### Introduction

The following documents provide further detail/guidance and can be used to support the development of this specification:

- The intervention map for diabetes foot care services
- The contracting framework for diabetes foot care services

This specification template assumes that the services are compliant with the contracting framework for diabetes foot care services.

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

### Description of foot care services for people with diabetes:

Foot care services for people with diabetes include

- routine assessment and care of the foot without any ulceration or lesion, in order to detect those at increased risk
- action to minimise the onset of new foot disease in those at increased risk
- prompt expert assessment and care of the foot at increased risk with new foot disease

 development of a strategy to minimise the onset of recurrence in those who have had a new episode of foot disease successfully treated.

#### The final specification should take into account

- national, network and local guidance and standards for diabetes foot care services.
- Individual needs and priorities of the patient.

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

#### **Purpose, Role and Clientele**

- 1. A clear statement on the primary purpose of the aim of the specialist foot care services and for whom they should be available:
  - Who the services are for (e.g. people of all ages with diabetes)
  - What the services aim to achieve
  - The objectives of the services
  - The desired outcomes and how these are monitored and measured

#### Scope of the Services

What does the service do? This section will focus on the organisation of care and the interrelationships between different health care providers who are involved. This will include basic

<sup>&</sup>lt;sup>a</sup> Standard NHS Contracts http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_124324

clinical procedures undertaken as part of routine screening in primary care, as well as the integration of specialist investigations and treatment in specialist centres.

- How the services responds to age, culture, disability, and gender sensitive issues
- Assessment details of the methods employed, and action taken as a result of the findings
- Service planning Strategic view of the aim and scope of the services, including:
  - o Their deployment and implementation
  - Access of users to them (define, develop, manage and review interventions along the patient journey)
  - o Their interrelationships with other health care professionals at all stages of the patient pathway (ensure that foot care is included in care planning and undertaken by the diabetes multi-disciplinary team (as defined locally) and the specialist foot healthcare professional)
- Holistic review of patients in the management of their diabetes, and other medical and social problems in a way that is patient-centred, and including self care and professional management, psychological support and other social care issues, with the aim of facilitating optimal recovery and retention of function and independence.
- Development of patient-centred educational programme for self care of foot disease risk
- Detail of evidence base of the service, and guidance outlined in The Contracting Framework for Diabetes Foot Care Services, The National Minimum Skills Framework for Commissioning Foot Care Services for People with Diabetes<sup>b</sup>, and the Putting Feet First report of Diabetes UK and NHS Diabetes<sup>c</sup>.
- **Service Delivery**
- Patient Journey/intervention map
   Flow diagram of the patient journey showing
   access and exit/transfer points – see the diabetes

- foot care services 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
- 5. This will include a breakdown of how the patient will receive the services and from whom. It should be a clear statement of the necessary skills of staff and the resources to which they have access, as well as links with other relevant health care providers, with appropriate arrangements for clinical or managerial supervision. It should specify, as appropriate:
  - Geographical coverage/boundaries i.e. the foot care services both for screening and prevention, and for treatment, that should be available for people with diabetes who live in the clinical commissioning group area
  - Hours of operation including, week-end, bank holiday and on-call arrangements
  - The skills and competencies required of healthcare professionals or teams involved in the delivery of care at all stages, together with support and administrative staff
  - Staff induction and developmental training
- 6. Equipment
  - Upgrade and maintenance of relevant equipment and facilities
  - Prompt access to imaging and biochemical investigations
  - Prompt access to microbiological services and advice
  - Prompt access to input from vascular, orthopaedic and plastic surgical advice
  - Close liaison with facilities for casting and offloading
  - Close liaison with orthotic services for the provision of both temporary off-loading devices and fitted footwear

<sup>&</sup>lt;sup>c</sup>NHS Diabetes and Diabetes UK, Putting Feet First, Commissioning specialist services for the management and prevention of diabetic foot disease in hospitals, June 2009



<sup>&</sup>lt;sup>b</sup> Foot in Diabetes UK, Diabetes UK, The Association of British Clinical Diabetologists, The Primary Care Diabetes Society and the Society of Chiropodists and Podiatrists, The National Minimum Skills Framework for Commissioning Foot Care Services for People with Diabetes, November 2006 (to be reviewed in 2008)

### Identification, Referral and Acceptance criteria

- 7. This should make clear how people with diabetes who require foot care will be identified, assessed (if appropriate) and accepted to the services. Acceptance should be based on types of need and/or patient.
  - 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 patients are prioritised

## Discharge/Service Complete/Patient Transfer criteria

- 8. The intention of this section is to make clear when a patient should be transferred from the foot care services for people with diabetes to another and when this would be reached or, when appropriate, when the patient will continue in long-term shared care
  - How is a treatment pathway reviewed?
  - How does the service decide that a patient is ready for discharge/transfer?
  - How are goals and outcomes assessed and reviewed?
  - What procedure is followed on discharge, including arrangements for follow-up?

#### **Quality Standards**

- The service is required to deliver care according to the standards for clinical practice set by the National Institute for Health and Clinical Excellence<sup>d</sup>
- 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)

11. The service is required to deliver the outcomes for diabetes as determined by the NHS Outcomes Framework<sup>e</sup>

#### **Activity and Performance Management**

12. 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.

It should be accepted, however, that some measures (such as incidence of amputation) are not governed entirely by specialist services which, by their nature, tend to be referred patients who already have established disease.

13. Specific KPIs for foot care services for people with diabetes might include one or more of following, and selected according to national and local priorities:

#### a. Incidence

- Number of new episodes of foot disease (expressed in terms of total population with diabetes)
- Number of new cases of foot disease arising in in-patients with diabetes being cared for in hospitals, nursing and care homes
- Number of hospital admissions for diabetic foot problems

#### b. Outcome

- Amputation (expressed in terms of total population with diabetes)
- Incidence of ulcer healing by a fixed time, or time to healing
- Survival
- Being ulcer (or lesion) free at 12 months with feet intact
- Functional outcome
- Patient feedback on satisfaction, experience and health status

dhttp://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp

ehttp://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_122944

#### c. Process

- Hospital length of stay for diabetic foot problems
- Use of antibiotics
- MRSA and multidrug resistant organisms (MDROs) prevalence at referral of new disease and during management
- Use of specialist investigations (such as imaging, revascularisation, orthopaedic surgery, orthotics
- 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.

#### Agreed by

17. This should set out who agrees/accepts the specification on behalf of all parties.This should include the diabetes foot care providers and commissioner.

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