

Commissioning Mental Health and Diabetes Services



Supporting, Improving, Caring

NHS Diabetes Information Reader Box	
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Commissioning Mental Health and Diabetes 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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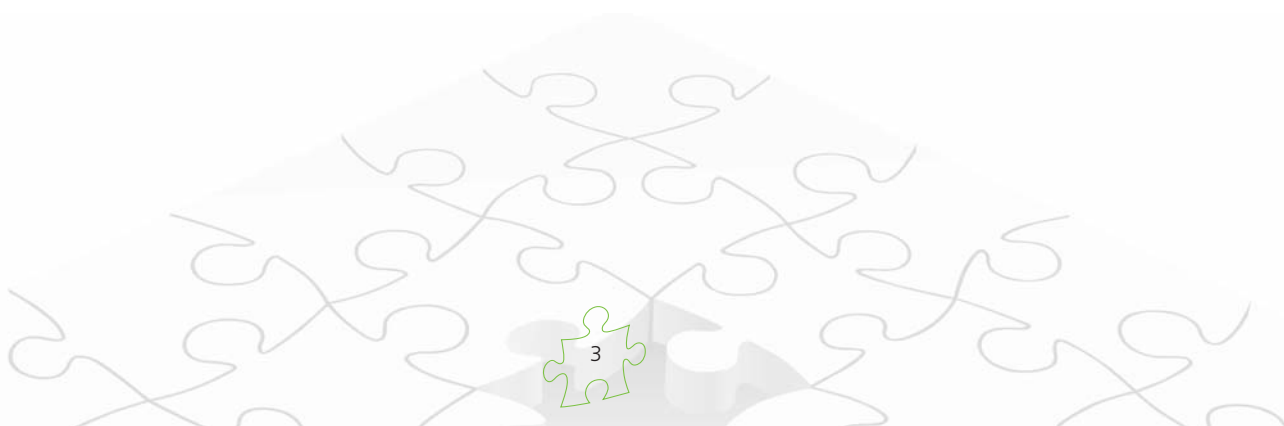
The members of the Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support Working Group.

And to Thoreya Swage who wrote this publication.

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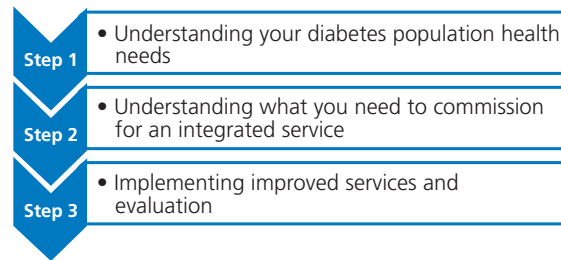


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Commissioning for Mental Health and Diabetes Services

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 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 mental health and diabetes 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 mental health and diabetes care

- A high level intervention map. This intervention map describes the key high level actions or interventions (both clinical and administrative) mental health and diabetes 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 mental health and diabetes services.

- A mental health and diabetes services contracting framework that brings together all the key standards of quality and policy relating to diabetes and mental health care
- A template service specification for mental health and diabetes 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 Contract for Mental Health and Learning Disabilities.

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 Mental Health and Diabetes Services

High quality mental health and diabetes services should:

- have mechanisms for the early detection and timely access to treatment for people with diabetes who have emotional and psychological problems which can have a very real impact upon self-care
- have mechanisms for the early detection and timely access to treatment for people with diabetes who develop eating disorders
- have mechanisms for the early detection and timely access to treatment for people with diabetes who develop severe mental illness requiring biological and specialist psychological intervention
- ensure that people with serious mental illness who develop diabetes have access to appropriate diabetes care
- have specific services for children and young people

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 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 long term conditions modelⁱⁱ

- 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 Diabetesⁱⁱⁱ
- deliver the outcomes for diabetes as determined by the NHS Outcomes Framework^{iv}
- take into account the emotional, psychological, mental wellbeing and mental health needs of the patient^v
- ensure that the family/carers of people with diabetes have access to psychological support
- take into account all diverse and personal needs with respect to access to care
- ensure that services are responsive and accessible to people with Learning Disabilities^{vi}
- have effective clinical networks with clear clinical leadership across the boundaries of care
- ensure that there are a wide range of options available to support self management and individual preferences to manage the mental health needs of people with diabetes
- take into account services provided by social care and the voluntary sector
- provide patient/carer/family education on diabetes not only at diagnosis but also during continuing management at every stage of care
- provide education on diabetes management to other staff and organisations that support people with diabetes
- have a capable and effective workforce that has 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, 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's and adults' services and adults' 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 Outcome Measures, in the development and monitoring of service delivery^{viii}
- actively monitor the uptake of services, responding to non-attenders and monitoring complaints and untoward incidents

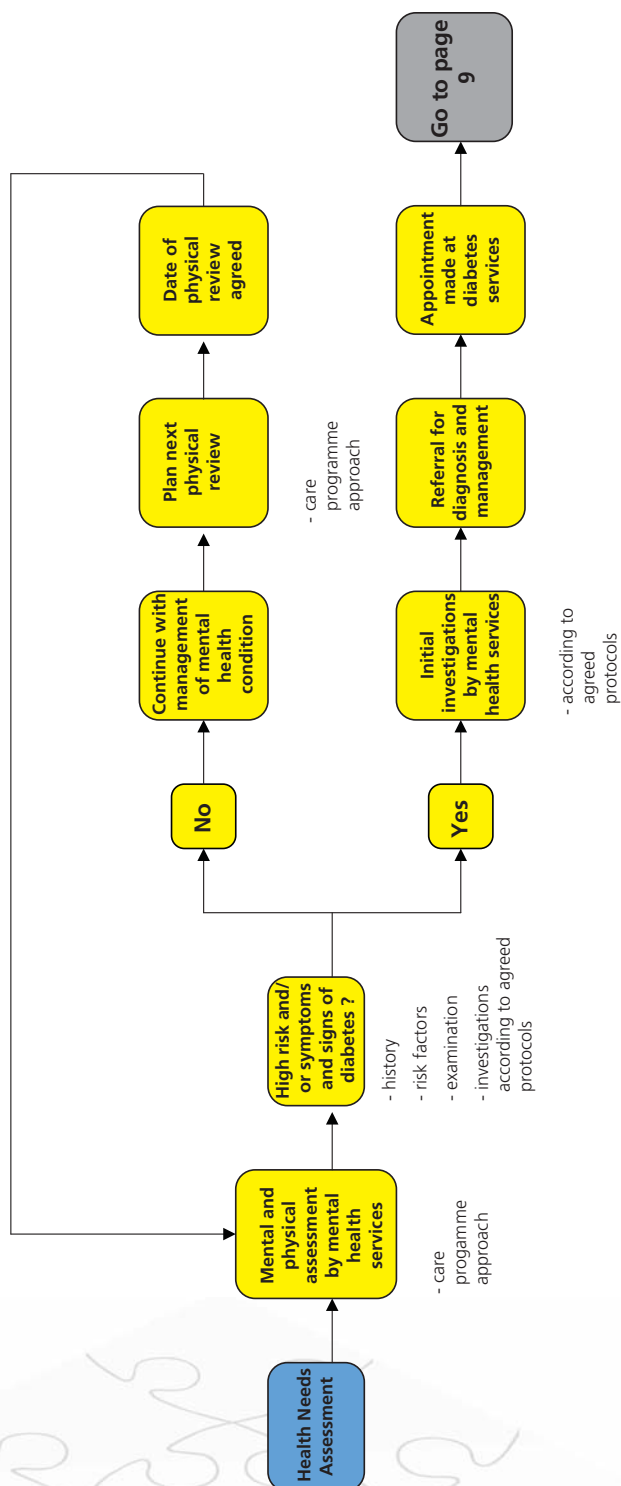
^{vii} See York and Humber integrated IT system at http://www.diabetes.nhs.uk/year_of_care/it/

^{viii} <http://www.ic.nhs.uk/proms>

Mental Health and Diabetes Services Intervention Map

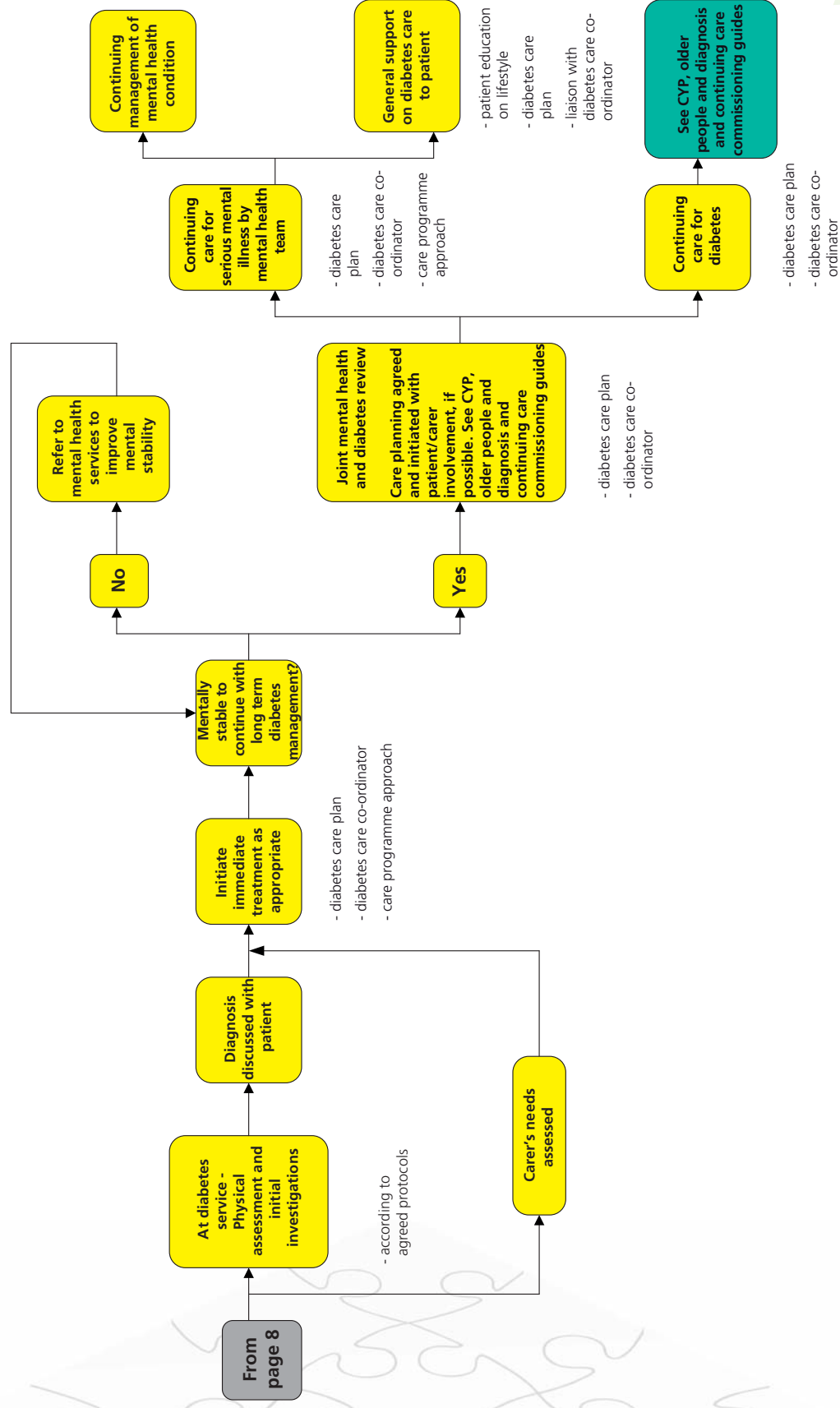
NHS Diabetes

Mental Health and Diabetes Services
People with Serious Mental Illness



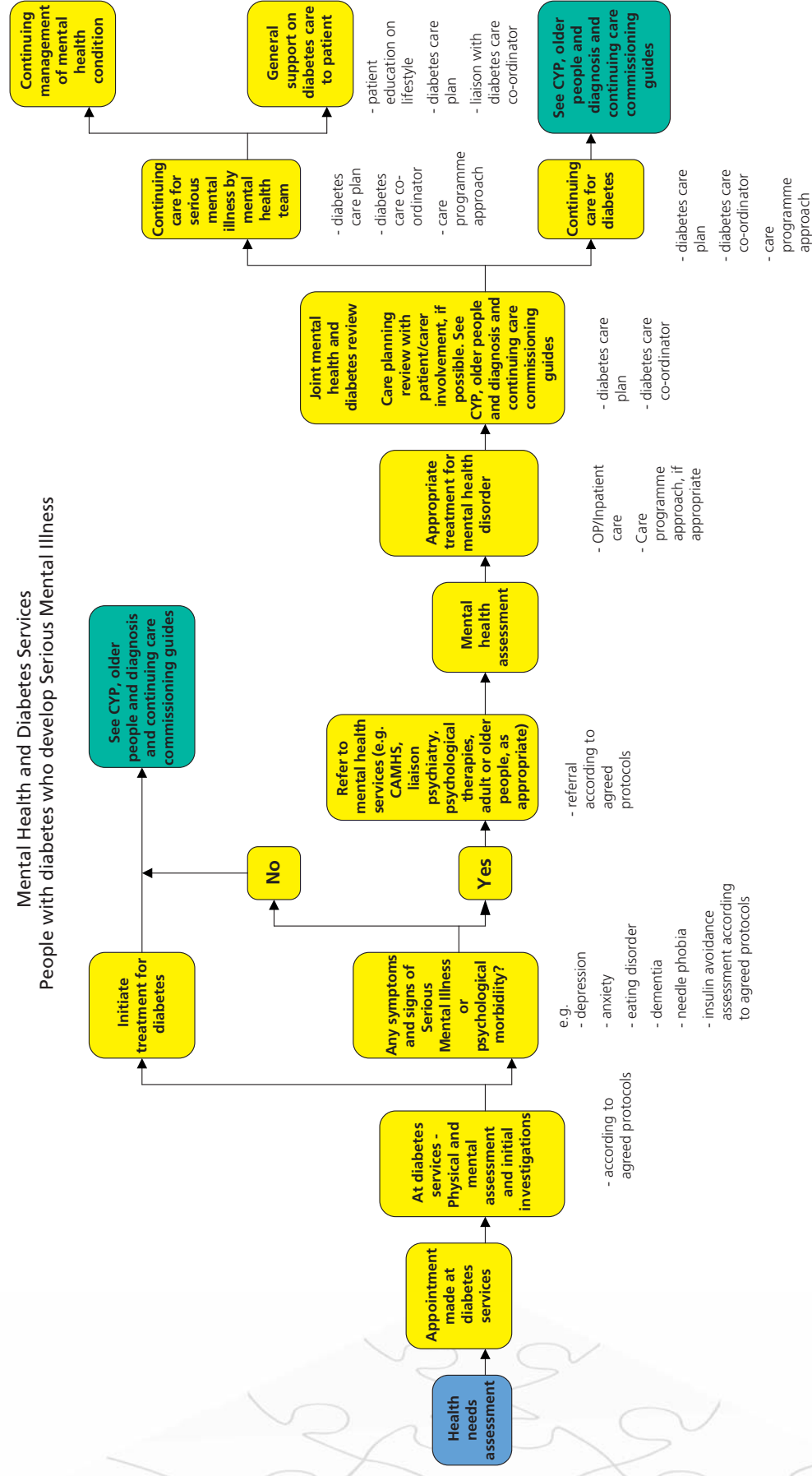
NHS Diabetes

Mental Health and Diabetes Services People with Serious Mental Illness



NHS Diabetes

Mental Health and Diabetes Services People with diabetes who develop Serious Mental Illness



Contracting Framework for Mental Health and Diabetes Services

Introduction

This contracting framework sets out what is required of clinically safe and effective services that are providing care for people with diabetes who have mental health conditions and for people with mental health conditions who develop diabetes.

The framework is designed to be read in conjunction with the mental health and 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 mental health and diabetes services.

The framework brings together the key quality areas and standards that have been identified by NHS Diabetes, expert mental health input and other related organisations.

The principles that establish a safe pathway for patient care

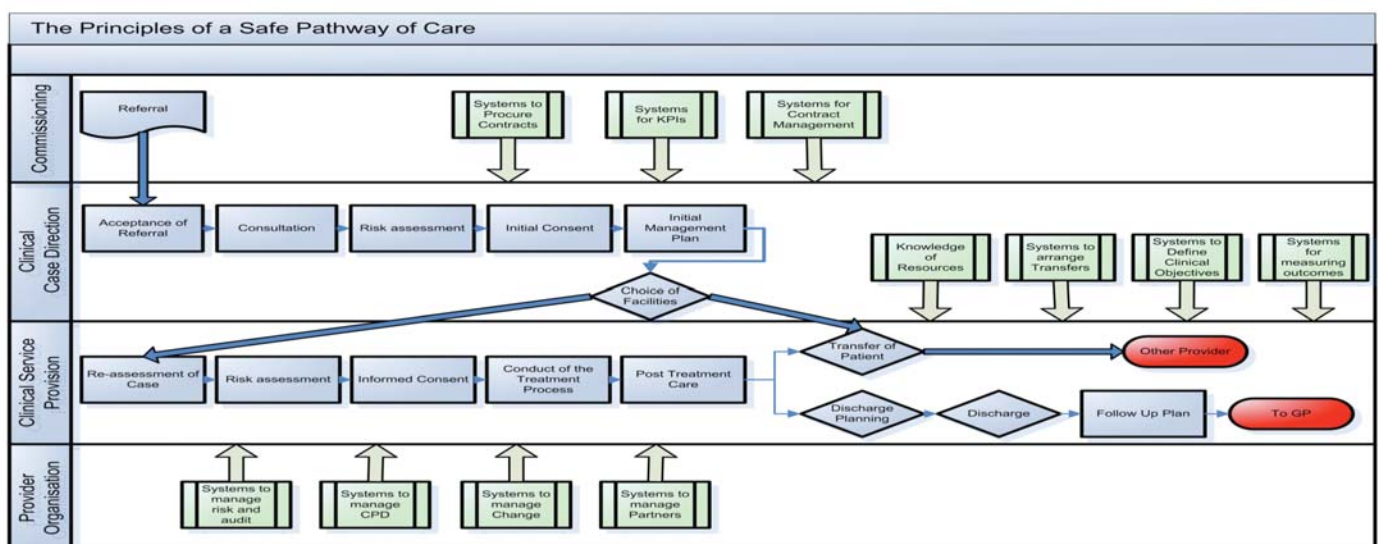
Establishing the principles that underpin the systems and processes of pathways for patient care leads to more efficient patient throughput and can reduce risk of fragmentation of care and serious untoward incidents. The principles operate at four layers within a patient pathway:


- 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.

Mental Health and Diabetes services

The key principles of good mental health and diabetes services is to provide high quality services that are reliable in terms of delivery and timely access for patients requiring that care.

The report, published by NHS Diabetes and Diabetes UK, on emotional and psychological support and care in diabetes identifies a pyramid model which describes an increasing complexity and severity of emotional and psychological difficulties that can present in population or, over time, in any individual¹. Five levels are identified, showing that the emotional and psychological care at the lower levels could be provided by diabetes services and at the higher levels more specialist psychiatric interventions are required. It is expected that diabetes multidisciplinary teams, with the appropriate training, should be able to deliver the lower levels of care and this is reflected in the other diabetes commissioning guides.

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.

People with severe mental health conditions should, at regular intervals, have physical assessments and investigations to monitor their blood glucose levels with timely access to and management by the diabetes multidisciplinary team to manage their diabetes, as required¹.

Diabetes and mental health care is provided by a number of different teams in the primary, community, mental health and acute settings. The services will need to involve a mix of routine and urgent care, the latter being responsive

psychological and psychiatric care². It is essential that there is co-ordination of care of the patients through diabetes care planning /care programme approach processes and a consultant diabetologist, together with a consultant psychiatrist, retain joint clinical responsibility for overall patient care and ensure the management of side effects and complications.

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

This contracting framework focuses on mental health and diabetes services that provide care for people with diabetes who develop serious mental illness and diabetes care for people with serious mental illness.


The population covered in this contracting framework includes people who have serious mental illnesses such as depression, psychoses, anxiety states, other neuroses, people with personality disorders, eating disorders, substance misuse, as well as those who have needle phobia, school avoidance and unstable diabetes due to self-neglect, psychosocial or family issues.

This contracting framework should also be read in conjunction with the diabetes commissioning guides for children and young people, diagnosis and continuing care and older people and follow the principles for the effective commissioning of services for people with Learning Disabilities³.

Ensuring quality

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

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

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- 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 mental health and diabetes services to be provided.

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

Under the 'elements' column there are cross references to the Standard NHS Contract for Mental Health and Learning Disability (main clauses and schedules)⁴. This is to assist commissioners and providers in having an overview of how the elements link to the Standard NHS Contracts. 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	<p>Leadership</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p>Main clauses: 11, 16, 19, 33, 48, 49, 51, 53, 60</p> <p>Schedules: 10</p>	<p>Clarity of the organisation's purpose with explicit commitment to providing high quality services</p> <p>A culture that demonstrates an open learning ethos</p> <p>An organisation that is legal and ethical in all its activities</p>	<p>Provider must have organisational structure that provides leadership for all professions and disciplines</p> <p>In particular, there must be a corporate clinical director with the responsibility and accountability for the clinical service</p> <p>There must be a learning framework in the organisation</p>	<p>There should be a designated clinical director with responsibility and accountability for the mental health and diabetes services</p>
Governance	<p>Integrated Governance</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p>Main clauses: 11, 19, 27, 48, 49, 51, 53, 54, 56, 60</p> <p>Schedules: 10</p>	<p>An organisation that is guided by the principles of good governance:</p> <ul style="list-style-type: none"> - clarity of purpose - participation and engagement - rule of law - transparency - responsiveness - equity and inclusiveness - effectiveness and efficiency - accountability <p>An organisation that accepts responsibility and accountability for all its actions</p>	<p>Clear organisational and integrated governance systems and structures in place with clear lines of accountability and responsibilities for all functions</p> <p>This includes interfaces and transitions between services</p>	<p>Quality Governance in the NHS. A guide for provider boards⁵</p>
Governance	<p>Clinical Governance</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p>Main clauses: 4, 4A, 6, 9, 10, 12, 14, 15, 16, 17, 19, 21, 25, 26, 27, 29, 30, 32, 33, 48, 49, 51, 53, 54</p> <p>Schedules: 3 (parts 3, 4A and 4B), 10, 12, 18</p>	<p>Explicit commitment to quality and patient safety</p> <p>Patient focused with respect for the personal wishes of patients in all aspects of their care</p> <p>A commitment to innovation and continuous improvement</p>	<p>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</p> <p>e.g.</p> <ul style="list-style-type: none"> • Clinical Audit • Clinical Risk Management • Untoward Incident Reporting • Infection Control • Medicines Management • Informed Consent • Raising Concerns • Staff Development • Complaints Management 	<p>All sub-contractors must meet governance and leadership arrangements of the main provider organisation</p> <p>Commissioner, provider and NHS Litigation Authority must review the Clinical Negligence Scheme for Trusts arrangements /or other organisational / professional indemnity arrangements</p> <p>The service should have in place written protocols and procedures defining clear lines of accountability and responsibility.</p> <p>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</p>

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Governance	Clinical Governance		<ul style="list-style-type: none"> • 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. <p>CG systems should have clear and demonstrable links to other NHS systems with collaborative CG activities and sharing of experience and learning</p> <p>Provider should produce annual Clinical Governance reports as part of NHS CG reporting system</p> <p>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 ⁹</p>	<p>In addition, the service is required to comply with the following:</p> <p>i. Guidance published by NICE</p> <ul style="list-style-type: none"> • Depression with a chronic physical health problem ⁷ • Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence ⁸ <p>Clinical supervision of the multidisciplinary diabetes team by the mental health and diabetes services should be provided ²</p>
Clinical quality	<p>Quality assurance</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses:</i> 4, 12, 16, 17, 18, 19, 20, 21, 30, 31, 32, 33, 54</p> <p><i>Schedules:</i> 2, 3 (part 4A and 4B), 10, 12, 18</p>	<p>Understanding the concept of quality</p> <p>Has concern for quality while working efficiently</p> <p>An understanding of the use of audit, patient and staff feedback to improve quality</p> <p>An organisation that provides clarity of objectives and promotes reflective practice to improve quality of patient care</p>	<p>Quality assurance systems must be in place and approved by commissioning body with regular reporting of outcomes</p> <p>Providers are required to publish quality accounts for the public reporting of quality including safety, experience and outcomes</p> <p>Providers should participate in national audit programmes</p>	<p>Mental health and diabetes services must comply with the performance measures required of NHS services, i.e meeting: ¹⁰</p> <ul style="list-style-type: none"> • Referral to Treatment waits (95th percentile measures) • A&E Quality Indicators <p>The services are required to participate in the following activities/programmes:</p> <ul style="list-style-type: none"> • National Diabetes Audit ¹¹ • Patient Experience Surveys ¹² • Diabetes E ¹³ • Patient Reported Outcomes Measures ¹⁴

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	<p>Workforce/ staff</p> <p>Clinical staff attributes critical to safety and quality of interventions</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses: 11, 16, 19, 25, 26, 33, 48, 56</i></p>	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	<p>Staff are competent and fit for purpose</p> <p>Provider to satisfy commissioner that all staff have current appraisal, clearances and registration checks and have demonstrated competence in all procedures relevant to pathway.</p>	<p>Provider to satisfy commissioner that they can recruit (or procure) and retain a competent clinical team to deliver the service</p> <p>Specific qualifications required of health professionals providing the mental health and diabetes service are:</p> <ul style="list-style-type: none"> i. for the children and young people, adult and older people diabetes multidisciplinary teams² <ul style="list-style-type: none"> • To have appropriate training to deliver emotional and psychological support to people with diabetes as part of the diabetes care provided ii. for the mental health professionals² <ul style="list-style-type: none"> • To have training, knowledge and experience in the area of diabetes in order to provide appropriate treatment in the context of this condition • To have training, knowledge and experience to deliver specialist psychological services for people with diabetes across the full age range including transition stages from children's to adult services and adult to older people's services • To have skills and knowledge of delivery of psychological support to vulnerable and at risk groups such as those with dual diagnosis, ethnic minority groups <p>Healthcare professionals involved in delivering mental health and diabetes care to children and young people are required to have the relevant competencies (see Skills for Health- Diabetes Competencies for diabetes and diabetic retinopathy)¹⁵</p>

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	<p>Workforce/ staff</p> <p>Clinical staff competencies in use of equipment</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses:</i> 11, 16, 17, 19, 25, 26, 30, 33</p>	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 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
Clinical quality	<p>Workforce / staff Development</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses:</i> 11, 16, 19, 25, 30, 48</p>	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	<p>Provider to satisfy commissioner of their commitment to induction and CPD relevant to roles</p> <p>Provider to satisfy the commissioner of their commitment to train staff to meet future service needs</p>	<p>All Health Care professionals should have sufficient study leave allocation (time and finance) to enable them to develop skills appropriately</p> <p>There should be a member of the diabetes multidisciplinary team who has specific skills in providing psychological care and to train other members of the team in psychological and other mental health issues ^{1, 2}</p>
Clinical quality	<p>Registration and licensing</p> <p><i>Cross references to the Standard NHS Contract for Community Services</i></p> <p><i>Module B:</i></p> <p><i>Sections:</i> 3, 5</p> <p><i>Module C:</i> 4, 4A, 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</p> <p><i>Module D:</i></p> <p><i>Schedules:</i> 6, 10, 11, 12, 15</p>	<p>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.</p> <p>The Provider is required to be licensed with the NHS Economic Regulator (Monitor) in order to provide NHS care.</p>	Compliance with the Care Quality Commission and Monitor requirements	<p>Compliance with the following National Service Frameworks, where applicable:</p> <ul style="list-style-type: none"> • Older People's NSF ¹⁶ • Children, Young People and Maternity Services NSF ¹⁷ • Coronary Heart Disease NSF ¹⁸ • The Mental Health Strategy¹⁹ • Long Term Conditions NSF ²⁰ <p>Compliance with:</p> <ul style="list-style-type: none"> • End of Life care Strategy ²¹ <p>Compliance with Care Quality Commission Reviews</p>

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Clinical quality	<p>Outcomes</p> <p>Cross references to the Standard NHS Contract for Community Services</p> <p>Module B: Section: 1 (part 3), 3</p> <p>Module C: 4A, 14,</p> <p>Module D: Schedule 11</p>	<p>Comprehensive understanding and commitment to delivering and improving outcomes of care</p>	<p>Compliance with the NHS Outcomes Framework²²</p>	<p>Compliance with the Quality Standards for Diabetes²³</p> <p>Quality Statement⁹</p> <p>'People with diabetes are assessed for psychological problems, which are then managed appropriately'</p>
Clinical quality	<p>Patient pathway</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses:</i> 4, 4A, 9, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 25, 27, 29, 30, 32, 33, 34, 35, 36, 54</p> <p><i>Schedules:</i> 3 (parts 1 and 2)</p>	<p>Responsiveness and participative approach to including patients' views about their care in the design of care pathways</p> <p>Collaboration with other organisations involved in the patient pathway to provide a seamless pathway of care</p>	<p>All possible entry and exit points must be defined with comprehensive patient pathways that facilitate smooth passage and effective, efficient care for patients</p> <p>All interfaces in the pathway must be defined so that continuity of clinical care is ensured with no fracturing of the pathway</p> <p>There must be specification of clear timelines and alert mechanisms for potential breaches</p> <p>There should be audit of pathway to ensure that standards are met</p> <p>There must be explicit specification of provider and commissioner responsibilities for the whole patient episode from registration to final discharge</p> <p>Accountabilities should be agreed and documented by all stakeholders</p> <p>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.</p>	<p>The pathway should follow the principles set out by the Generic Long Term Conditions model²⁴. This includes:</p> <ul style="list-style-type: none"> • Stratifying the levels of need and risk • Case management • Personalised care planning • Supporting people to self care • Assistive technology <p>There must be clear criteria for referral into the mental health and diabetes service for the following:</p> <ul style="list-style-type: none"> • People with severe mental illness who have diabetes • People with diabetes who have severe mental illness • Other psychological problems including needle phobia, school avoidance and unstable diabetes due to self-neglect, psychosocial or family issues <p>The service is required to use the diabetes care planning process.</p> <p>There should also be compliance with the Care Programme Approach where appropriate²⁵</p> <p>There should be the following protocols in place:</p> <ul style="list-style-type: none"> • To identify people with mental health problems at risk of diabetes and provision of lifestyle interventions that meet personal needs

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		<p>At entry to pathway: The Commissioner should assure themselves that the provider has systems and processes in place to</p> <ul style="list-style-type: none"> 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 <p>At point of intervention: The Commissioner should assure themselves that the provider has systems and processes in place to ensure that:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • The management of common psychological problems in diabetes ² • The identification and management of people with diabetes under the care of mental health services and using diabetogenic drugs • The management of people with acute psychotic illness and diabetes <p>Joint physical and mental health reviews should be conducted for people with serious mental illness and diabetes. These could involve face-to-face or electronically enabled consultations</p> <p>Providers are required to take note of the results of the National Survey of People with Diabetes ²⁶</p> <p>There should be access to specialist telephone advice 24 hours, 7 days a week for users requiring specific information or advice out of hours on their diabetes</p>

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		<p>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:</p> <ul style="list-style-type: none"> 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 	
Clinical quality	<p>Clinical emergency situations</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses:</i> 6, 11, 12, 13, 14, 15, 18, 32, 33, 42, 54</p> <p><i>Schedules:</i> 2, 3 (part 1 and 3), 12</p>	Ability to negotiate and agree arrangements with appropriate personnel and organisations to provide effectively for emergency situations	<p>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</p>	<p>There should be mechanisms for the assessment and immediate care of an individual with diabetes who presents with a high suicidal risk or other severe mental disorder</p> <p>There should be mechanisms in place for an individual with severe mental illness who presents with a diabetic emergency (e.g. ketoacidosis) to be assessed and managed for their mental health condition</p>

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	<p>Estates and equipment</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses: 5, 29, 30, 33, 56</i></p> <p><i>Schedules: 3, 10</i></p>	<p>Understanding of building regulations</p> <p>Access to advice on “fit-for-purpose” equipment and facilities</p>	<p>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.</p> <p>Equipment must be fit for purpose</p> <p>Commitment to efficient use and satisfactory maintenance of equipment</p>	
Clinical quality	<p>Knowledge and understanding of health and safety</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses: 5, 11, 19, 54, 56, 60</i></p>	<p>Understanding of clinical accountabilities of health and safety policies</p>	<p>H&S strategy and policies in place and implemented with awareness throughout the organisation</p> <p>Accessibility to executive responsible for H&S for quicker, first contact services</p>	<p>Health and safety policies as per provider agreement with commissioners</p>
Data and information management	<p>Strategy and policies</p> <p><i>Cross references to the Standard NHS Contract for Mental Health and Learning Disability Services</i></p> <p><i>Main clauses: 8, 9, 17, 19, 21, 23, 24, 27, 29, 30, 32, 33, 54</i></p> <p><i>Schedules: 5, 6, 15, 16, 18</i></p>	<p>Strategy and policy development skills</p> <p>The ability to analyse data and have access to information that can predict trends and that could identify problems</p> <p>The ability to capture evidence based practice from R&D National Service Frameworks, NICE guidance</p> <p>The ability to use data and information appropriately to improve patient care</p> <p>Transparency and objectivity</p>	<p>The Provider should have an explicit data and information strategy in place that covers</p> <ul style="list-style-type: none"> • 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 <p>This information should be included in the Data Quality Improvement Plan</p>	<p>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 ²⁷</p> <p>The Provider is required to use the following for the collection and production of data, where appropriate:</p> <ul style="list-style-type: none"> • NHS Outcomes Framework²² • National Diabetes Information Service ²⁸ • National Diabetes Audit ¹¹ • Diabetes E ¹³ • Quality and Outcomes Framework²⁹ • Hospital Episode Statistics³⁰ • Patient Experience ^{12, 26} • Patient Satisfaction ²⁶ • Patient Reported Outcomes Measures ¹⁴ • National Diabetes Continuing Care Dataset ³¹

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Knowledge and understanding of health and safety		<p>There should be policies in place that include:</p> <ul style="list-style-type: none"> • Confidentiality Code of Practice • Data Protection • Freedom of Information • Health Records • Information Governance Management • Information Quality Assurance • Information Security <p>There must be a named individual who is the Caldicott Guardian</p>	

Source documents

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

1. NHS Diabetes and Diabetes UK, Emotional and Psychological Support and Care in Diabetes, Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support, 2010
<http://www.diabetes.nhs.uk>
2. Diabetes UK, Minding the gap. The provision of psychological support and care for people with diabetes in the UK, A report for Diabetes UK, 2008
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, Depression with a chronic physical health problem, <http://guidance.nice.org.uk/CG91>, Oct 2009
8. NICE, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence, Jan 2009,
<http://guidance.nice.org.uk/CG76>
9. NHS Institute for Innovation and Improvement, model CQUIN scheme: inpatient care for people with diabetes, 2009
10. 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
11. National Diabetes Audit.
www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/diabetes
12. The King's Fund, The point of care. Measures of patients' experience in hospital: purpose, methods and uses. July 2009
13. DiabetesE - <https://www.diabetese.net/>
14. Patient Reported Outcome Measures,
<http://www.ic.nhs.uk/proms>
15. Skills for Health, Diabetes Competency Framework, <https://tools.skillsforhealth.org.uk/>
16. Department of Health, National Service Framework for Older People, May 2001,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066
17. Department of Health, National Service Framework for children, young people and maternity services: core standards
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089099
18. Department of Health, National Service Framework for Coronary Heart Disease – modern standards and service models
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094275
19. Department of Health, No health without mental health: a cross-government mental health outcomes strategy for people of all ages, February 2011,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766
20. Department of Health, The National Service Framework for Long Term Conditions, March 2005 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105361
21. Department of Health, End of Life Care Strategy – promoting high quality care for all adults at the end of life, July 2008,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

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22. Department of Health, The NHS Outcomes Framework 2011/12, December 2010
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944
 23. NICE, Quality Standards: Diabetes in adults, March 2011,
<http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp>
 24. Generic Long-term conditions model
http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_120915
 25. Department of Health, Refocusing the Care Programme Approach: policy and positive practice guidance, 2008
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647
 26. Healthcare Commission, National Survey of People with Diabetes, 2006,
www.cqc.org.uk/usingcareservices/healthcare/patientsurveys/servicesforpeoplewithdiabetes.cfm
 27. York and Humber integrated IT system
<http://www.diabetes.nhs.uk/>
 28. National Diabetes Information Service,
www.diabetes-ndis.org
 29. Quality and Outcomes Framework,
<http://www.nice.org.uk/aboutnice/qof/qof.jsp>
 30. Hospital Episode Statistics,
www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes
 31. National Diabetes Continuing Care Dataset,
www.ic.nhs.uk/webfiles/Services/Datasets/Diabetes/dccrdataset.pdf

Standard Service Specification Template for Mental Health and Diabetes Services

This specification forms Schedule 2, Part 1, 'The Services - Service Specifications' of the Standard NHS Contracts^a.

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

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

- The mental health and diabetes services intervention map
- The contracting framework for mental health and diabetes services

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

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

Description of mental health and diabetes services:

Mental health assessments should be carried out as part of the general assessment for a patient with diabetes of any age, in any aspect of their diabetes treatment, as part of the care planning process (i.e. a person with diabetes should have clinical assessments that include both physical and mental health aspects).

This service specification focuses on mental health and diabetes services that provide care for people with diabetes who develop serious mental illness and diabetes care for people with serious mental illness.

The population covered in this specification includes people who have serious mental illness such as depression, psychoses, anxiety states, neuroses, people with personality disorders, eating disorders, substance misuse, as well as those who have needle phobia, school avoidance and unstable diabetes due to self-neglect, psychosocial or family issues.

This service specification should be developed with the following diabetes commissioning guides in mind to ensure integrated care^b:

- Children and young people
- Diabetes diagnosis and continuing care
- Older people

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

^b NHS Diabetes, diabetes commissioning guides, 2011 http://www.diabetes.nhs.uk/commissioning_resource/

The final specification should take into account:

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

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

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

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

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. diabetes multi-disciplinary team , mental health team etc
- Any relevant diabetes clinical networks and screening programmes applicable to the services
- Details of all interdependencies or sub-contractors for any part of the service and an outline of the purpose of the contract should be stated, including arrangements for clinical accountability and responsibility, as appropriate

Purpose, Role and Clientele

1. A clear statement on the primary purpose of the services and details of what will be provided and for whom:
 - Who the services are for (e.g. people of all ages requiring mental and diabetes care)
 - 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

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 journey/ intervention map; what are the stages undertaken and continuing management up to end of life care. 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 involvement of the mental health team, where appropriate, with a clear care co-ordination function
 - o Ensure that transition from childrens' to adults' services or adults' to older peoples' services is negotiated and explicitly planned around the assessed needs of each individual person

- Holistic review of patients in the management of their diabetes and serious mental illness 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 and the care programme approach, as appropriate.
- Risk assessment procedures
- Detail of evidence base of the service – i.e. the contracting framework for mental health and diabetes services, guidance produced by the Royal College of Physicians, expert mental health input, Diabetes UK, etc
- Minimum level of experience and qualifications of staff (i.e. doctors – diabetologists, psychiatrists and GPs, Nursing staff – diabetes nurse specialists, district, practice nurses etc, other allied health professionals, e.g. counsellors, psychologists, dietitians etc and other support and administrative staff)
- Confirmation of the arrangements to identify the Diabetes Care Co-ordinator for each patient with diabetes who has a serious mental illness (i.e. who holds the responsibility and role).
- Staff induction and developmental training

6. Equipment

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

Service Delivery

3. Patient Journey/ intervention map

Flow diagram of the patient journey showing access and exit/transfer points – see the mental health and diabetes intervention map as a starting point

4. Treatment protocols/interventions

Include all individual treatment protocols in place within the services or planned to be used

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

- Geographic coverage/boundaries – e.g. the services should be available for people with diabetes and serious mental illness of all ages who live in the Clinical Commissioning Group area
- Hours of operation including, week-end, bank holiday and on-call arrangements

Identification, Referral and Acceptance criteria

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

8. How should patients be referred?

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

Discharge/Service Complete/Patient Transfer/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/transfer to adults' or older peoples' services?
- How are goals and outcomes assessed and reviewed?
- What procedure is followed on discharge, including arrangements for follow-up or smooth transition to adults' or older peoples' services (as appropriate)?

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.

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

Continual Service Improvement

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

16. Review

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

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

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

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

17. Agreed by

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

This should include the mental health and diabetes providers and commissioners.

^c <http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp>

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

www.diabetes.nhs.uk

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