NHS

Diabetes

Commissioning Diabetes and Neuropathy Care

Supporting, Improving, Caring

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Commissioning for Diabetes and Neuropathy Care

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

This commissioning guide consists of:

- A description of the key features of high quality diabetes and neuropathy care
- A high level intervention map . This intervention map describes the key high level actions or interventions (both clinical and administrative) diabetes and neuropathy 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 and neuropathy services.
- A diabetes and neuropathy services contracting framework that brings together all the key standards of quality and policy relating to diabetes and neuropathy care
- A template service specification for diabetes and neuropathy 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

Features of Diabetes and Neuropathy Services

High quality diabetes and neuropathy services should:

- ensure that the care of people with diabetes includes an assessment of the risk of developing diabetic neuropathy, together with appropriate advice on self care and treatment as part of the regular diabetes diagnosis and care planning process
- ensure that there is access to specialist diabetes advice and treatment for the management of severe painful neuropathy
- be developed in a co-ordinated way, taking full account of the responsibilities of other agencies in providing comprehensive care (as set out in *National Standards, Local Action*[i]) and involving users
- 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 choice model for the management of long term conditions[ii]
- provide effective and safe care to people with diabetes in a range of settings including the patient's home, according to recognised standards including the Diabetes NSF[iii]
- take into account the emotional, psychological and mental wellbeing of the patient[iv]
- take into account race and inequalities with respect to access to care
- ensure that services are responsive and accessible to people with Learning Disabilities[v]
- ensure that the family/carers of people with diabetes have access to psychological support
- have effective clinical networks with clear clinical leadership across the boundaries of care which clearly identify the role and responsibilities of each member of the diabetes healthcare team
- ensure that there are a wide range of options available to people with diabetes to support self management and individual preferences
- take into account services provided by social care and the voluntary sector
- provide patient/carer/family education on diabetes not only at diagnosis but also during continuing management at every stage of care
- provide education on diabetes management to other staff and organisations that support people with diabetes
- have a workforce that has the appropriate training, updating, skills and competencies in the management of people with diabetes
- provide multidisciplinary care that manages the transition between children and adult services and adult and older peoples' services
- have integrated information systems that record individual needs including emotional, social, educational, economic and biomedical information which permit multidisciplinary care across service boundaries and support care planning[vi]
- produce information on the outcomes of diabetes care including contributing to national data collections and audits

[i] Available on the DH website at http://www.dh.gov.uk/assetRoot/04/08/60/58/04086058.pdf

[ii] Available on the DH website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081105

[iii] Available on the DH website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4002951

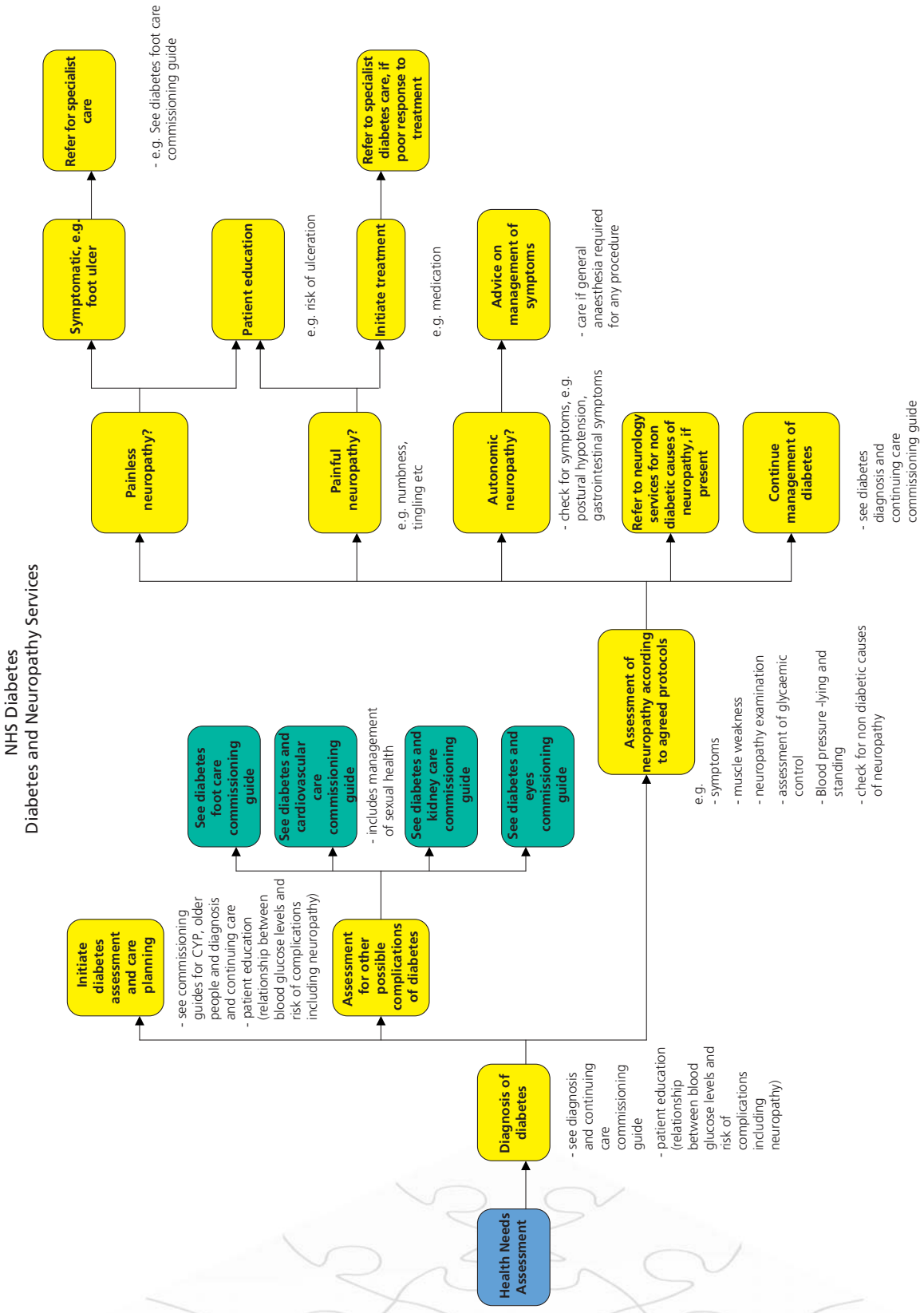
[iv] Emotional and Psychological Support and Care in Diabetes, Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support Working Group, February 2010

[v] http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement/

[vi] See York and Humber integrated IT system at http://www.diabetes.nhs.uk/document.php?o=610

- 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
- actively monitor the uptake of services, responding to non-attenders and monitoring complaints and untoward incidents

Diabetes and Neuropathy Services Intervention Map



Contracting Framework for Diabetes and Neuropathy Services

Introduction

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

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

The principles that establish a safe pathway for patient care

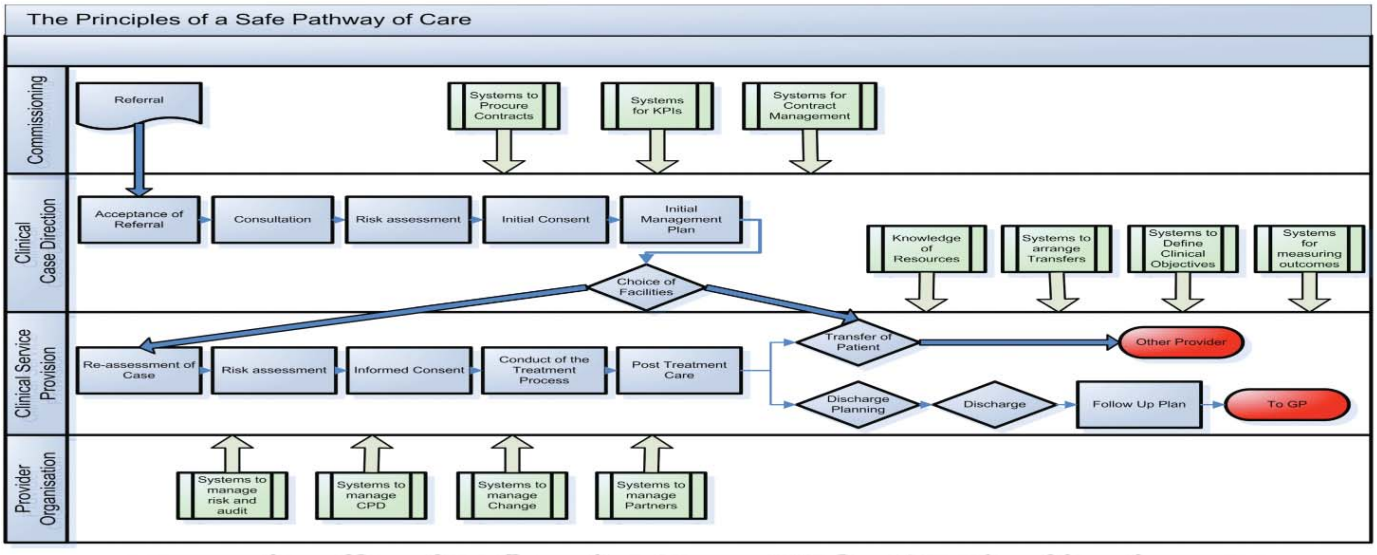
Establishing the principles that underpin the systems and processes of pathways for patient care leads to more efficient patient throughput and can reduce risk of fragmentation of care and serious untoward incidents. The principles operate at four layers within a patient pathway:

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

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

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

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



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

Diabetes and Neuropathy Services.

The key principle of high quality services for people with diabetes who have neurological complications is to provide effective care that is reliable in terms of delivery and timely access for patients requiring that care.

Neuropathy care for people with diabetes includes screening and assessment for neuropathy, as well as advice on self care as part of the regular diabetes assessment, review and care planning; and management of peripheral and autonomic neuropathy including the management of severe pain. Most of the care is provided by the diabetes multidisciplinary teams located in the primary, community and acute settings. It is essential that there is co-ordination of care of the patients through the care planning process and a consultant diabetologist retains the clinical accountability and responsibility for the service. Responsibility for overall patient care across the whole pathway rests with the patient's GP who also retains overall responsibility to ensure the management of side effects and other aspects of diabetes care.

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

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

This contracting framework focuses on people with diabetes, including children and young people and older people, who require care for the neurological complications of diabetes.

This contracting framework should also be read in conjunction with the diabetes commissioning guides for children and young people[2], diagnosis and continuing care[3], older people[4], foot care[5] ,diabetes and cardiovascular care[6] and follow the principles for the effective commissioning of services for people with Learning Disabilities[7].

Ensuring quality

Commissioning Bodies should ensure that the diabetes and neuropathy 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 services for people with diabetes who have neurological complications, there should be retrospective evidence of systems being in place, implemented and working.

ii) For organisations new to the arena, the commissioner should reassure itself that the provider has the organisational attributes, governance arrangements, systems and processes set up to provide the platform for safe and effective delivery of diabetes and neuropathy 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 Community Services– bilateral (main clauses and schedules)[8]. (The cross references also apply to the clauses and schedules in the Standard NHS Contract for Acute Services).This is to assist commissioners and providers in having an overview of how the elements link to the Standard NHS Contract. Some of the areas are open to interpretation and consequently the references are not exhaustive.

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

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Governance	Clinical Governance		• Complaints Management • Patient and Public Involvement • Patient dignity and respect • Equality and diversity • Introducing new technologies and treatments • An externally accredited Quality Assurance system and internal error reporting involving all staff groups. CG systems should have clear and demonstrable links to other NHS systems with collaborative CG activities and sharing of experience and learning Provider should produce annual Clinical Governance reports as part of NHS CG reporting system Providers are required to agree Commissioning for Quality and Innovation schemes (CQUIN) for diabetes care, e.g. model CQUIN scheme proposed by the NHS Institute for Innovation and Improvement [17]	• The clinical effectiveness and cost effectiveness of patient education models for diabetes [11] • Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence [12] • Continuous subcutaneous insulin infusion for the treatment of diabetes (review)[13] • Type 2 diabetes - newer agents [14] • Neuropathic pain - pharmacological management [15] The services are also required to comply with: • clinical guidelines for Type 2 Diabetes Mellitus produced by the European Diabetes Working Party for Older People [16]
Clinical quality	Quality assurance *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 4,12,16,17,18, 19,20,21,30,31, 32,33, 54* *Schedules: 2,3 (part 4A and 4B), 10,12, 18*	Understanding the concept of clinical quality Has concern for quality while working efficiently An understanding of the use of audit, patient and staff feedback to improve quality An organisation that provides clarity of objectives and promotes reflective practice to improve quality of patient care	Quality assurance systems must be in place and approved by commissioning body with regular reporting of outcomes Providers are required to publish quality accounts for the public reporting of quality including safety, experience and outcomes Providers should participate in national audit programmes	Diabetes and neuropathy services must comply with the access targets for primary and secondary care, i.e.: • Insert 18 week target [18] The services are required to participate in the following activities/programmes: • National Diabetes Audit [19] • National Diabetes Inpatient Audit of Acute Trusts [20] • Patient Experience Surveys [21] • Diabetes E [22] • Patient Reported Outcome Measures

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Workforce/ staff Clinical staff attributes critical to safety and quality of interventions *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 11,16,19,25,26, 33,48,56*	The provider organisation has systems and procedures in place to assure the commissioner that their clinical team has the necessary qualifications, skills, knowledge and experience to deliver the service	Staff are competent and fit for purpose Provider to satisfy commissioner that all staff have current appraisal, clearances and registration checks and have demonstrated competence in all procedures relevant to pathway.	Provider to satisfy commissioner that they can recruit (or procure) and retain a competent clinical team to deliver the service Specific qualifications required of health professionals providing the service are: • For medical practitioners: o Diabetes: registration with the GMC and evidence of further qualification in diabetes care or experience within diabetes clinic • Nurses: o Diabetes : registration with the NMC and further evidence of qualification in diabetes care or experience within diabetes clinic [23] • Practitioners with a special interest in diabetes should demonstrate the relevant competences[24] Healthcare professionals involved in delivering care for people with diabetes who have neurological complications are required to have the relevant competencies in the management of diabetes [25]
Clinical quality	Workforce/ staff Clinical staff competencies in use of equipment *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 11, 16, 17, 19, 25, 26, 30, 33*	The provider organisation has systems in place to assure the commissioner that their clinical team are competent to use all equipment needed to deliver the service	Provider to satisfy the commissioner that all staff have had documented competence assessment relative to all equipment used in contract.	All healthcare professionals involved in delivering care for people with diabetes who have neurological complications are required to have the relevant competencies in using appropriate equipment e.g. blood glucose and ketone monitors, insulin delivery devices including insulin pumps, taking blood pressure measurements etc

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Workforce / staff Development *Cross references to the Standard NHS Contract for Community Services* *Main clauses:* *11,16,19,25,30* *48*	The provider organisation has systems in place to assure the commissioner that their clinical team is formally inducted and receives ongoing assistance to develop their skills, knowledge and experience to ensure that they are always fully updated	Provider to satisfy commissioner of their commitment to induction and CPD relevant to roles Provider to satisfy the commissioner of their commitment to train staff to meet future service needs	All healthcare professionals should have sufficient study leave allocation (time and finance) to enable them to develop skills appropriately
Clinical quality	Registration Organisations are required to meet the requirements for registration as published by the Care Quality Commission and Monitor (as appropriate) *Cross references to the Standard NHS Contract for Community Services* *Main clauses:* *4,4A,12,16,19,30,* *32,33,48, 54,56* *Schedule:* *17,18*	Comprehensive understanding and commitment to implementing national standards	Compliance with Care Quality Commission requirements for registration for primary and secondary care	Compliance with the following National Service Frameworks, where applicable: • Diabetes NSF 26 • Older People's NSF [27] • NSF for Children, Young People and Maternity Services[28] • New Horizons [29] • Long Term Conditions NSF [30] Compliance with: • Care Quality Commission Reviews
Clinical quality	Patient pathway *Cross references to the Standard NHS Contract for Community Services* *Main clauses:* *4,4A,9,10,12,13,* *14,15,* *16,17,18,19,* *20,21,25,27,* *29,30,32,33,*	Responsiveness and participative approach to including patients' views about their care in the design of care pathways Collaboration with other organisations involved in the patient pathway to provide a seamless pathway of care	All possible entry and exit points must be defined with comprehensive patient pathways that facilitate smooth passage and effective, efficient care for patients All interfaces in the pathway must be defined so that continuity of clinical care is ensured with no fracturing of the pathway There must be specification of clear timelines and alert mechanisms for potential breaches	The pathway should follow the principles identified by the Generic Choice Model for Long Term Conditions. These include 31: • Diagnosis/assessment • Self care and self management • Clinical support • Supporting independence • Psychological support • Other relevant social factors The key elements of diabetes and neuropathy pathway should include the following actions identified below and should be part

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	*34,35,36, 54* *Schedules:* *3 (parts 1 and 2)*		There should be audit of pathway to ensure that standards are met There must be explicit specification of provider and commissioner responsibilities for the whole patient episode from registration to final discharge Accountabilities should be agreed and documented by all stakeholders There are a number of services supporting patients with diabetes and there must be clear sub contracts stating the referral criteria and access to these supporting services. At entry to pathway: The Commissioner should assure themselves that the provider has systems and processes in place to i) register patients ii) collect relevant clinical and administrative data iii) manage the appointment process, (reappointment and DNA process, if appropriate) iv) provide information to patients v) undertake initial assessment in the appropriate location At point of intervention: The Commissioner should assure themselves that the provider has systems and processes in place to ensure that: i) the intervention is conducted safely and in accordance with accepted quality standards and good clinical practice. ii) the patient receives appropriate care during the intervention(s), including on treatment review and support, in accordance with best clinical practice	of the general regular assessment and review of a patient with diabetes (see diabetes diagnosis and continuing care commissioning guide[3]): 1. Screening and assessment of neuropathy 2. Advice to people with diabetes on neuropathy self care 3. Management of neuropathy including painless, painful and autonomic neuropathy Patients may require access to the following services as part of their care: • specialist pain management services • foot care services (see diabetes foot care commissioning guide)[5] Providers should ensure access to transport facilities to enable attendance for specialist treatment, as required Providers are required to take note of the results of the National Survey of People with Diabetes [32]

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Patient pathway		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 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	

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Clinical quality	Clinical emergency situations *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 6,11,12,13,14, 15,18,32,33, 42, 54* *Schedules: 2, 3 (part 1 and 3), 12*	Ability to negotiate and agree arrangements with appropriate personnel and organisations to provide effectively for emergency situations	The Commissioners should satisfy themselves that provider has systems, processes and competent personnel are in place and implemented to ensure that all clinical emergencies and complications are handled in accordance with best practice	There should be protocols in place: • to ensure the availability of advice and /or support of specialist diabetes clinical staff to manage diabetes clinical emergency situations, e.g. during a surgical procedure or other clinical intervention for the management of the neurological condition • for the management of people with autonomic neuropathy who require a general anaesthetic for a procedure
Clinical quality	Estates and equipment *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 5,29, 30, 33, 56* *Schedules: 3,10*	Understanding of building regulations Access to advice on "fit-for-purpose" equipment and facilities	Commissioners must assure themselves that patient care is delivered in appropriately built and equipped facilities which meet relevant HTMs and Building Notes, and, where appropriate, are registered and are safe and clean. Equipment must be fit for purpose Commitment to efficient use and satisfactory maintenance of equipment	
Clinical quality	Knowledge and understanding of health and safety *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 5,11, 19, 54, 56, 60*	Understanding of clinical accountabilities of health and safety policies	H&S strategy and policies in place and implemented with awareness throughout the organisation Accessibility to executive responsible for H&S for quicker, first contact services	Health and safety policies as per provider agreement with commissioners

TOPIC	ELEMENTS	CHARACTERISTICS, SKILLS AND BEHAVIOURS	OUTPUTS	DIABETES SERVICES SPECIFIC OUTPUTS/COMMENTS
Data and information management	Strategy and policies *Cross references to the Standard NHS Contract for Community Services* *Main clauses: 8,9,17,19, 21,23,24,27,29, 30, 32, 33,54* *Schedules: 5,6,15,16,18*	Strategy and policy development skills The ability to analyse data and have access to information that can predict trends and that could identify problems The ability to capture evidence based practice from R&D National Service Frameworks, NICE guidance The ability to use data and information appropriately to improve patient care Transparency and objectivity	The Provider should have an explicit data and information strategy in place that covers • Types of data • Quality of data • Data protection and confidentiality • Accessibility • Transparency • Analysis of data and information • Use of data and information • Dissemination of data and information • Risks • Sharing of data and compatibility of IT across different providers with respect to care of patients across a pathway This information should be included in the Data Quality Improvement Plan There should be policies in place that include: • Confidentiality Code of Practice • Data Protection • Freedom of Information • Health Records • Information Governance Management • Information Quality Assurance • Information Security There must be a named individual who is the Caldicott Guardian	The Provider is required to have information systems that record individual needs including emotional, social, educational, economic and biomedical information which permit multidisciplinary care across service boundaries and support care planning [33] The Provider is required to use the following for the collection and production of data, where appropriate: • National Diabetes Information Service [34] • National Diabetes Audit [19] • Diabetes E [22] • Quality and Outcomes Framework [35] • Hospital Episode Statistics [36] • Patient Experience [21,32] • Patient Satisfaction [32] • Patient Reported Outcomes Measures • National Diabetes Continuing Care Dataset [37]

Source documents

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

1. Emotional and Psychological Support and Care in Diabetes, Joint Diabetes UK and NHS Diabetes Emotional and Psychological Support Working Group, February 2010
2. NHS Diabetes, children and young people commissioning guide, 2010 http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement
3. NHS Diabetes, diagnosis and continuing care commissioning guide, 2010 http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement
4. NHS Diabetes, older people commissioning guide, 2010 http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement
5. NHS Diabetes, diabetes foot care commissioning guide, 2010 http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement
6. NHS Diabetes, diabetes and cardiovascular care commissioning guide, http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement
7. NHS Diabetes, Features of a service that is responsive to people with learning disabilities who have diabetes, 2010, http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement
8. Department of Health, Standard NHS Contract for Community Services, January 2010, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111203
9. NICE, Diagnosis and management of Type 1 diabetes in children, young people and adults, www.nice.org.uk/Guidance/CG15, 2004
10. NICE, Type 2 diabetes: the management of type 2 diabetes (update), www.nice.org.uk/Guidance/CG66, June 2008 (update)
11. NICE, The clinical effectiveness and cost effectiveness of patient education models for diabetes, www.nice.org.uk/Guidance/TA60, April 2003
12. NICE, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence, Jan 2009, http://guidance.nice.org.uk/CG76
13. NICE, Continuous subcutaneous insulin infusion for the treatment of diabetes (review), www.nice.org.uk/Guidance/TA151, July 2008
14. NICE, Type 2 diabetes - newer agents (a partial update of CG66), http://guidance.nice.org.uk/CG87/Guidance/pdf/English. May 2009
15. NICE, Neuropathic pain - pharmacological management, http://guidance.nice.org.uk/CG/Wave19/7, March 2010
16. European Diabetes Working Party for Older People. Clinical Guidelines for Type 2 Diabetes Mellitus, www.instituteofdiabetes.org
17. NHS Institute for Innovation and Improvement, model CQUIN scheme: inpatient care for people with diabetes, 2009
18. 18 week target www.18weeks.nhs.uk/Content.aspx?path=/
19. National Diabetes Audit. www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/diabetes
20. National Diabetes Support Team, Improving emergency and inpatient care for people with diabetes, the report of a working party of representatives of the inpatient and emergency care community in partnership with the National Institute for Innovation and Improvement, March 2008
21. The King's Fund, The point of care. Measures of patients' experience in hospital: purpose, methods and uses. July 2009
22. DiabetesE - https://www.diabetese.net/
23. Training, Research and Education for Nurses in Diabetes – UK, An Integrated Career & Competency Framework for Diabetes Nursing (Second Edition), 2010

24. Royal College of General Practitioners, Royal Pharmaceutical Society of Great Britain, Department of Health, Primary Care Contracting, Guidance and competences for the provision of services using practitioners with special interests (PwSIs), (Diabetes), 2009 http://www.pcc.nhs.uk/pwsi

25. Skills for Health, Diabetes Competency Framework, https://tools.skillsforhealth.org.uk/suite/show/id/40,

26. Department of Health, Diabetes NSF, December 2001 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002951

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

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

29. Department of Health, New Horizons: A shared vision for mental health December 2009 http://newhorizons.dh.gov.uk/index.aspx

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

31. Department of Health, Generic Choice Model for Long Term Conditions, December 2007, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081105

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

33. York and Humber integrated IT system http://www.diabetes.nhs.uk/document.php?o=610

34. National Diabetes Information Service, The Information Centre, http://ndis.ic.nhs.uk/pages/index.aspx

35. Quality and Outcomes Framework, www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/QualityOutcomesFramework.aspx

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

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

Standard Service Specification Template for Diabetes and Neuropathy 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 Advisory Group provides further detail/guidance to support the development of this specification:

- The intervention map for diabetes and neuropathy services
- The contracting framework for diabetes and neuropathy services

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

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

Description of diabetes and neuropathy services

Neuropathy care for people with diabetes includes screening and assessment for neuropathy, as well as advice on self care as part of the regular diabetes assessment, review and care planning; and management of peripheral and autonomic neuropathy including the management of severe pain.

Please note

- This template service specification should be developed with the following diabetes commissioning guides in mind to ensure integrated care[b]:
    - o Children and young people
    - o Diabetes diagnosis and continuing care
    - o Older people
    - o Foot care
    - o Diabetes and cardiovascular care

The final specification should take into account:

- **national, network and local guidance and standards for diabetes and neuropathy 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

[a] Standard NHS Contracts
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111203

[b] NHS Diabetes, Diabetes commissioning guides, 2010,
http://www.diabetes.nhs.uk/commissioning_resource/step_3_service_improvement

included describing the key stakeholders/relationships which influence the services, e.g. multi-disciplinary team etc

- Any relevant diabetes clinical networks and screening/risk assessment 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. children, young people, adults and older people with diabetes)
   - What the services aim to achieve within a given timeframe
   - The objectives of the services
   - The desired outcomes and how these are monitored and measured

Scope of the Services

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

Service Delivery

3. Patient Journey/intervention map
   Flow diagram of the patient journey showing access and exit/transfer points – see the patient intervention map for diabetes and neuropathy services as a starting point

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

5. This will include a breakdown of how the patient will receive the services and from whom. It should be a clear statement of staff qualifications/experience and/or training (if appropriate) and clinical or managerial supervision arrangements. It should specify, as appropriate:
   - Geographical coverage/boundaries – i.e. the services should be available for children and young people, adult and older people who live in the PCT area
   - Hours of operation including, week-end, bank holiday and on-call arrangements
   - Minimum level of experience and qualifications of staff (i.e. doctors – diabetologists, and GPs, Nursing staff – diabetes nurse specialists etc, other allied health professionals, e.g. dietitians etc, health care scientists e.g. pharmacists and other support and administrative staff)
   - Confirmation of the arrangements to identify the Care Co-ordinator for each patient with diabetes (i.e. who holds the responsibility and role).
   - Staff induction and developmental training

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

Identification, Referral and Acceptance criteria

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

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

Discharge/Service Complete/Patient Transfer criteria

9. The intention of this section is to make clear when a patient should be transferred from one aspect of the diabetes service to another and when this point would be reached.
   - How is a treatment pathway reviewed?
   - How does the service decide that a patient is ready for discharge
   - How are goals and outcomes assessed and reviewed?
   - What procedure is followed on discharge, including arrangements for follow-up

Quality Standards

10. Each service specification will include service specific standards, which are over and above the nationally mandated quality standards i.e. based on standards identified in the contracting framework for diabetes and neuropathy services. The service specific standards should encompass the total service from acceptance to discharge or transfer including nationally applicable quality standards. These will be individually tailored to each service and will include details on access, equity, assessment, time-scales of intervention, waiting times and what to expect on service discharge. Explicit within each service specification will be the expectation that patient and carer involvement/empowerment is incorporated within the service.

11. 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.

12. 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)

Activity and Performance Management

13. Key Performance Indicators – List the criteria/outcomes by which the service is /could be measured. Specific KPIs for diabetes and neuropathy services are in development. Please see the NHS Diabetes website for further details: http://www.diabetes.nhs.uk/commissioning_resource

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

Continual Service Improvement

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

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

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

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

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

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

    This should include the diabetes providers, commissioner and network

With thanks to Dr Thoreya Swage who wrote this publication.

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Further copies of this publication can be ordered from Prontaprint, by emailing diabetes@leicester.prontaprint.com or tel: 0116 275 3333, quoting DIABETES 139