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Report of the Director of Public Health to the meeting of Health and Well Being Board to be held on 14th May 2013

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Subject: Diabetes Services

Summary statement:

In the meeting of 16th Oct 2012 Council resolved to request the Director of Public Health along with the Clinical Commissioning Groups (CCGs) and key partner agencies to compile a Bradford District Action plan for diabetes which builds on national high impact, evidence of good practice and findings in Section 5.3.1 of the Bradford District Joint Strategic Needs Assessment.

Concurrently the CCGs had been beginning to discuss the model of and service provision for patients with diabetes across the district. A comprehensive review of services for patients with diabetes is currently underway.

This paper summarises the proposed next steps.

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Portfolio:

Adult Services & Health

Overview & Scrutiny Area:

Health

INVESTORS IN PEOPLE
Beacon Authority 2009-2010 Positive engagement of older people 2006-2007 Improving Rural Services: Empowering Communities
City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Suzan Hemingway, City Solicitor

1. SUMMARY

In the meeting of 16th Oct 2012 Council resolved to request the Director of Public Health along with the Clinical Commissioning Groups (CCGs) and key partner agencies to compile a Bradford District Action plan for diabetes which builds on national high impact, evidence of good practice and findings in Section 5.3.1 of the Bradford District Joint Strategic Needs Assessment.

Simultaneously a discussion had been taking place within the three CCGs on the future model of diabetes care.

This paper updates the Health and Well Being Board on the current review of services for diabetes patients.

2. BACKGROUND

a) Diabetes in Bradford and Airedale

Data below is for the three Bradford CCGs (ie including Craven part of AWC), unless otherwise stated.

Prevalence

It is estimated that in Bradford there are approx 38,200 patients with diabetes, of which 32,000 people have been diagnosed with the disease, or 5.3% of the population.
Approximately 85% of patients with diabetes have type 2 diabetes.
The number of patients with diabetes has grown by approx 7,000 between 2007/08 and 2011 /12, a growth of approximately 30%.
It is estimated that by 2030, there will be approximately 56,000 people with diabetes (or 10.5% of the projected population).

Key clinical quality indicators

The Quality and Outcomes Framework provides one way of making a rapid assessment of important quality processes for diabetic patients. There are a number of clinically important indicators, notably glycaemic control, cholesterol management and blood pressure control – these are important markers of risk.

Using the QOF data, taking into account those that are recorded as meeting the key indicators as a proportion of those that are not counted (exception coded, who it is assumed to not meet the indicator) and those recorded as not meeting the indicator then the following can be observed about the Bradford diabetic population:

- 73% of diabetic patients have controlled cholesterol (last measured total cholesterol of 5 mmol / l or less
- 75% of patients have a HBA1C of 8% or less
- 64% of patient with diabetes have a last BP measure of 140/80 mmHg or less

These district averages will mask significant variation across the district when individual practice level data is considered. There are two important qualifying points in interpreting this data. Firstly it is not consistent with QOF, as it takes into account those that have been exception coded. Secondly this data does not take into account BP, cholesterol or HBA1C in those patients whom are not diagnosed.

Diabetes National Audit data
The National Diabetes Audit (NDA) answers four key questions based on the diabetes National Service Framework:

- Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
- What percentage of people registered with diabetes received the nine NICE key processes of diabetes care?
- What percentage of people registered with diabetes achieved NICE defined treatment targets for glucose control, blood pressure and blood cholesterol?
- For people with registered diabetes what are the rates of acute and long term complications (disease outcomes)?

One of the key findings of the National Diabetes Audit is that a comparatively low proportion of Bradford patients with both type 1 and 2 diabetes receive all nine recommended care processes. This was one of the factors that led to the current diabetes review.

In total it is possible to use a number of indicators to describe the diabetes system in Bradford and Airedale, this can be seen in appendix A. This is being updated currently.

b) Review of services for diabetes patients
The CCGs have agreed to work with the Commissioning Support Unit to conduct an independent review of all services for diabetes patients across Bradford and Airedale.

All three CCGs (inc Craven), all providers and a range of other stakeholders are involved. The PH Dept is closely involved in developing the scope of, and implementing this review of diabetes care in Bradford.

the scope includes all diabetes care services, initially with a particular focus on the tiered model of primary and community care - (Tier 1 = General Practice, Tier 2 = GPwSi, particularly for injectable therapy commencement, Tier 3 = specialist nurse led care for patients with more complex needs). Initially a focus is being placed on Level 2 services, diabetic foot care and eye care.

In addition, some consideration is being given to how best to implement NICE PH Guideline 38 on risk assessment and intervention for those at high risk of developing diabetes. There are both Local Authority and NHS implications to this.

Current progress within the review.
The proposed timescale is to have implementable recommendations ready to inform the 2014 commissioning intentions process. There is an established project board that meets regularly to guide this review. The desired endpoint of this review is to be defined, as part of the scoping exercise. It may include

- a re-specification of each of the levels of service for diabetes, including an agreed specification for the diabetes system as a whole.
- a clear agreement across all stakeholders of the high impact interventions that we may under implement,
- a means of reducing low value interventions that we may over implement in order to free up resources.
- a small number of performance indicators for each element of a re specified diabetes system and indicators for the system as a whole.

3. OTHER CONSIDERATIONS

There are two important considerations

Firstly with respect to patients currently diagnosed with diabetes, the service review will identify opportunities for strategic change within the network of services for patients with diabetes. This should lead to a collectively agreed set of priorities on opportunities for increasing value within the current spend.

Secondly, it is expected there will be a growth in the prevalence of diabetes. There are a number of evidence based, cost effective ways to prevent diabetes, which at population level may slow the growth in prevalence. There is not an agreed model across the district of how to implement these interventions. The review, and other associated work may also identify an clear way forward with respect to prevention of diabetes, and a model of implementing diabetes prevention interventions. Essentially this would be a means of implementing NICE Public Health Guidance 35 and 38 – focusing on population level interventions to slow obesity and focusing on risk assessing and intervention with individuals at high risk of diabetes.

4. OPTIONS

Until this review has been completed it is probably not possible to develop the previously requested action plan for improving diabetes.

5. FINANCIAL & RESOURCE APPRAISAL

There may be financial implications for implementing recommendations from the service review. These will be considered as part of the normal commissioning process.
There may be financial implications of the model that is agreed for diabetes prevention. Again, this will need to be considered within the context of the normal commissioning process, within the existing resource envelope.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

none

7. LEGAL APPRAISAL

none

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

Emphasis will also be placed on equity of outcomes and of service access across the district. This will be considered both qualitatively and quantitatively. There is work currently underway to identify more effective and efficient ways of working with the South Asian community on self care, specifically with respect to eye care and retinal screening. This is funded by RNIB. An evaluation of work to date is expected in the summer.

8.2 SUSTAINABILITY IMPLICATIONS

none.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

none.

8.4 COMMUNITY SAFETY IMPLICATIONS

none.

8.5 HUMAN RIGHTS ACT
no implications

8.6 TRADE UNION
no implications.

8.7 WARD IMPLICATIONS
none specifically identified at this time.

8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)
no implications

9. NOT FOR PUBLICATION DOCUMENTS
none

10. RECOMMENDATIONS

Members of the Health and Well Being Board are invited to:

1. Comment on the conduct of the review
2. Consider means of collectively agreeing how best to prevent diabetes in the future.

11. APPENDICES

If there is confidential information that falls under Schedule 12A, of the Local Government Act 1972, try to contain this within an appendix.

12. BACKGROUND DOCUMENTS
None

Appendix 1 – system indicators for diabetes

This is currently being updated

	2007 / 08	2008 / 09	2009 /10	2010 / 11		% Growth 07 08 - 10 / 11 / **notes**
Need						
QOF Register	23501	25074	26506	28012	1.19	19% growth in register size
% prevalence QOF	4.40%	4.50%	5%	5.20%		
QOF Achievement of Glycaemia target	66.1%	63.1%	75.2%	77.2%		decrease in achievement against 7.5 target between 07 08 and 08 09. Higher achievement of the less stringent 8 target when introduced in 09 10. Slight increase in achievement against the HBA1C 8 target between 09 10 and 10 11
QOF % patients exception coded	7.7%	8.1%	9.4%	8.5%		Increasing exception coding to 2009/10 then a reduction in 2010/11
Complications						
Ambulatory Sensitive care Admissions - diabetes complications	**382**	**381**	**369**	**509**	1.33	33% growth in non elective admissions
Spend						
PCT level spend on diabetes (PBMA) - Cat 12a (£m)	£12,100,000	£12,300,000	£13,300,000	£15,000,000	1.24	24% growth in spend on DM globally
% of PCT Baseline	1.7	1.6	1.6	1.7		
Total diabetes Medicine Spend	**£5,993,374**	**£6,190,439**	**£6,890,790**	**£7,594,673**	1.27	27% growth in spend on medicines
Breakdown of med spend						
Insulins	**£2,529,486**	**£2,699,718**	**£2,871,884**	**£2,918,728**	1.15	15% growth in insulins
All Oral antidiabetic drugs	**£2,124,041**	**£2,082,382**	**£2,500,819**	**£3,225,518**	1.52	52% growth in Oral Antidiabetics
Sulphonylureas	**£373,456**	**£300,022**	**£319,989**	**£290,657**	0.78	22% fall in SU use
Biguanides	**£446,123**	**£437,174**	**£640,864**	**£768,777**	1.72	72% increase in metformins
Other meds	**£1,304,462**	**£1,345,185**	**£1,539,966**	**£2,166,085**	1.66	66% increase in other (inc newer meds)
Test strips	**£1,318,494**	**£1,386,157**	**£1,495,376**	**£1,429,348**	1.08	8% growth in test strips