Dr Martin Hadley-Brown

- GP, Thetford, Norfolk.
- Chairman, Primary Care Diabetes Society
- Professional Advisory Council, Diabetes UK, 2001 – 6
- Clinical Teacher, University of Cambridge
- Hospital Practitioner, Elsie Bertram Diabetes Centre, NNUH. 1997 - 2004

The contribution of specialist services to integrated diabetes care.

ABCD Autumn symposium.

London, 2 November 2006


PEACE!

What do people with diabetes want?

- Accessibility
- Expertise
- Continuity of care
- Research
- Well planned and delivered services

(the Professor, visiting them at home, at a time and frequency of their choosing?)

What does Primary Care do well?

- Accessibility
- Continuity of care
- Holistic care
- Teamwork
- Breadth of experience
- Records / IT
- Ethics & Common Sense
- Understanding of hospitals
- Input to local planning

(we can teach too, but can't provide structured DM education unsupported)

What does Specialist Care do well?

- Detailed expertise
- Depth of experience
- Knowledge and familiarity with rarities
- Research – performance & interpretation
- Access to specialist team: DSNs etc
- Teaching and leadership
- Input to local / strategic planning
- Ethics & Common Sense

(but do you understand GP, if you haven't done any?)

Whom should specialists see?

- Children & adolescents (but you need special skills to engage them)
- 'Non Type 1 & 2' diabetes..complex endocrine
- Complex complications
- Complex needs
- Pre conception & pregnant
- Primary Care failures

And you need to be able to see them SOON

Combining talents

- Communication (needs mutual understanding..F2s in GP?)
- Integrated teaching and practice
- Research links
- Provide and advocate for the best possible diabetes services
- Agreed guidelines
- Facilitate patient movement 1e -> 2e and vice versa.

Be a diabetologist…..

Some things to consider

- Get out into the community – clinics / teaching
- Strong united ‘networks’ *could* help
- Enthuse students & juniors
- Consider joining with primary care in research
- What do YOU think you do well?

Obstacles

- DoH divides to rule
- Communication (until NPfIT)
- Perceptions of PCTs as Primary Care focussed
- Perception of hospital care as expensive / inefficient
- Practice Based Commissioning
- Misunderstanding of QOF
- Payment By Results
- Increasing prevalence of DM


PIZZA &
DEEP FRIED
Mars
Bars
SOLD HERE


i'm in
heaven

Practice Based Commissioning

Consortia of practices within a locality will define required services.

(PCDS has been involved in producing guidance for those commissioning diabetes services.)

These consortia will be accountable for budgets.

Generally PCTs will continue to commission.

Payment By Results

- Fixed cost per case – inpatient and outpatient
- New patient ~ £250
- Follow up ?£150
- What will these include? ~ ‘care packages’

- *Incentive / necessity to minimise / delay referrals*
- *Will both sides play the system?*

Quality & Outcomes Framework

- GP negotiators came to an agreement with government in 2004 re ‘new contract’ GMS2
- Part of this involved the requirement to demonstrate achievement of process and outcome indicators. These were designed to be ‘easily measured’ and are audit / payment triggers, NOT suggested clinical targets.
- They are not ‘payments for work done’ but ‘payments for ensuring service provision’.

GMS vs GMS2 income streams

‘The Red Book’

- Practice allowance
- Partial staff costs
- Item of service fees
- Post 1990 targets
- Premises payments
- Various reimbursements

GMS2

- Global sum & MPIG
- Additional services
- Enhanced services

- QOF

Make yourself indispensable!

- Make friends & influence people
- Concentrate on your strengths – the things others can't do as well at any price!
- Don't lose self-confidence
- Be efficient
- Poor communications distort messages and alienate purchasers, GPs and patients

Nihil illegitimi carborundum

PCDS wants *‘ vibrant and successful specialist diabetes services.’*

- We need to promote an atmosphere of mutual respect – *our patients deserve nothing less.*
- We must work with each other to continue to develop and provide high quality services
- Who benefits from sniping between primary / secondary services?

and now to provoke!

- GPs vary from the sublime to the….
- Hospital management is expensive..£250 per first consultation is 2.5 times the cost of a year's primary care (not just diabetes)
- In-patient management of patients with diabetes is often sub-optimal
- QOF has delivered the greatest improvement in DM care of the decade


ARE YOU SURE THIS MEANS "WE COME IN PEACE"?
YUP