

# The Highs and Lows of Commissioning a Diabetes Service

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Diabetes Network Manager











# Introduction

- Background
- Local Experience
- Tools for Commissioning
- Next steps

# My Background

- Not a commissioner
- Service Manager Acute Trust
- Employed PCT
- Retain Acute budget
- Direct Line Management Responsibility

# What is Commissioning?

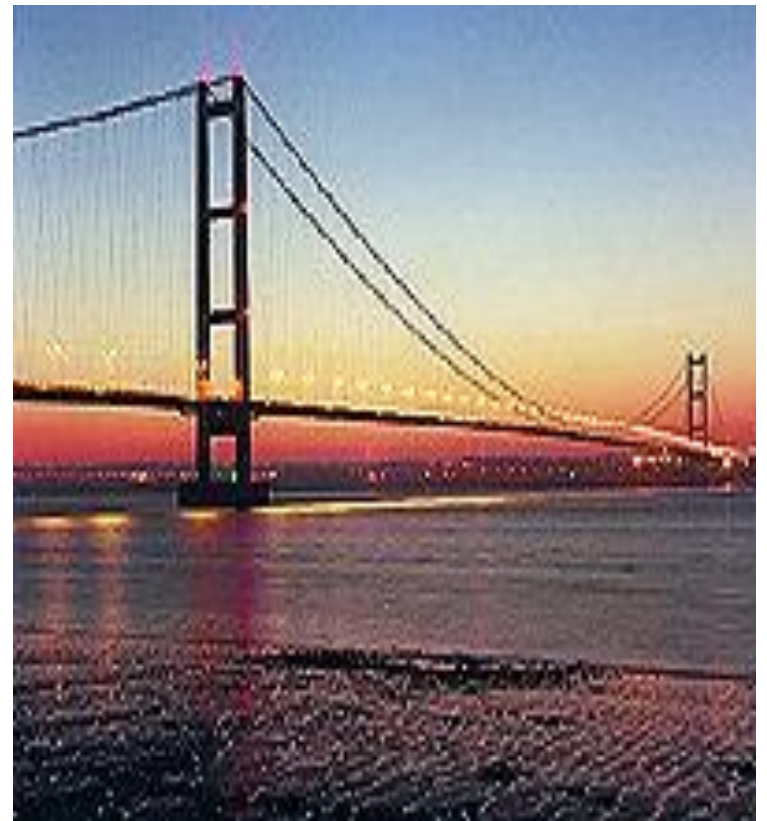
- Ensure best value for patients
- Ensure the best possible health outcomes
- Ensure health inequalities reduced
- Ensure the best possible healthcare
- Ensure delivered within available resources

- ‘Commissioners need to ensure that when services are redesigned, specialist expertise follows the patient’ (diabetes in the NHS)
- Commissioning matters more than anything.....the involvement of public funds necessitates the health secretary ensuring one thing above anything else---commissioning (Andrew Jones 2007)



# Local Prevalence

- Hull - 20,000
- Scarborough - 9,000



# Original Aims

- Move routine patients into Primary Care
- Sustainable secondary care services
- Provide support/education community
- Patient Education
- Within existing cost envelope
- Costed Care Pathways
- Commission a Diabetes Service

# Managed Clinical Network

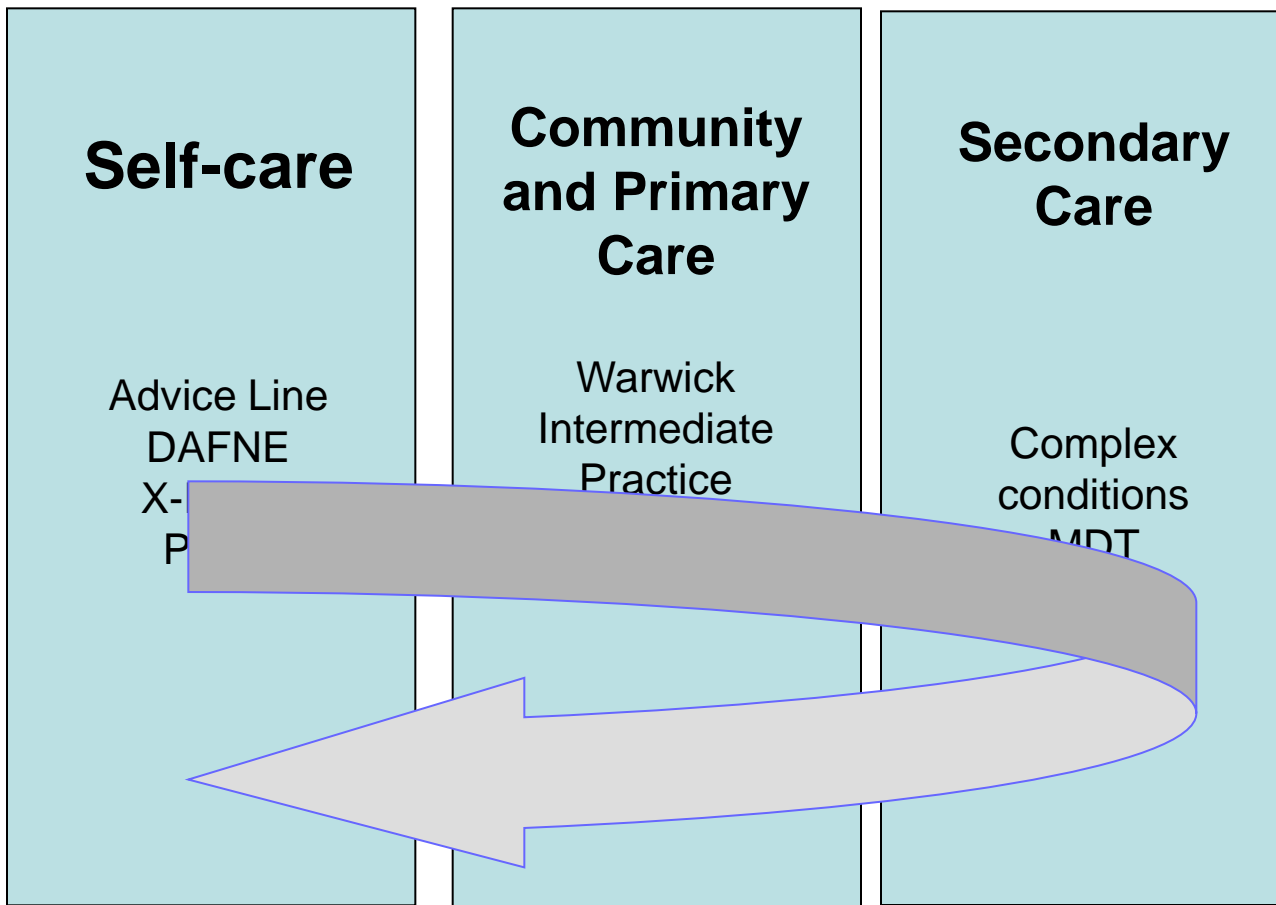
“Linked groups of health professionals and organisations from primary, secondary and tertiary care working in co-ordinated manner, unconstrained by existing professional and Health Care boundaries, to ensure the equitable provision of high quality clinically effective services”

# Challenges

- Unite service delivery in a manner consistent with DH policy guidance
- Cut across traditional healthcare barriers
- Have clear lines of accountability
- Challenge existing planning and budgetary systems

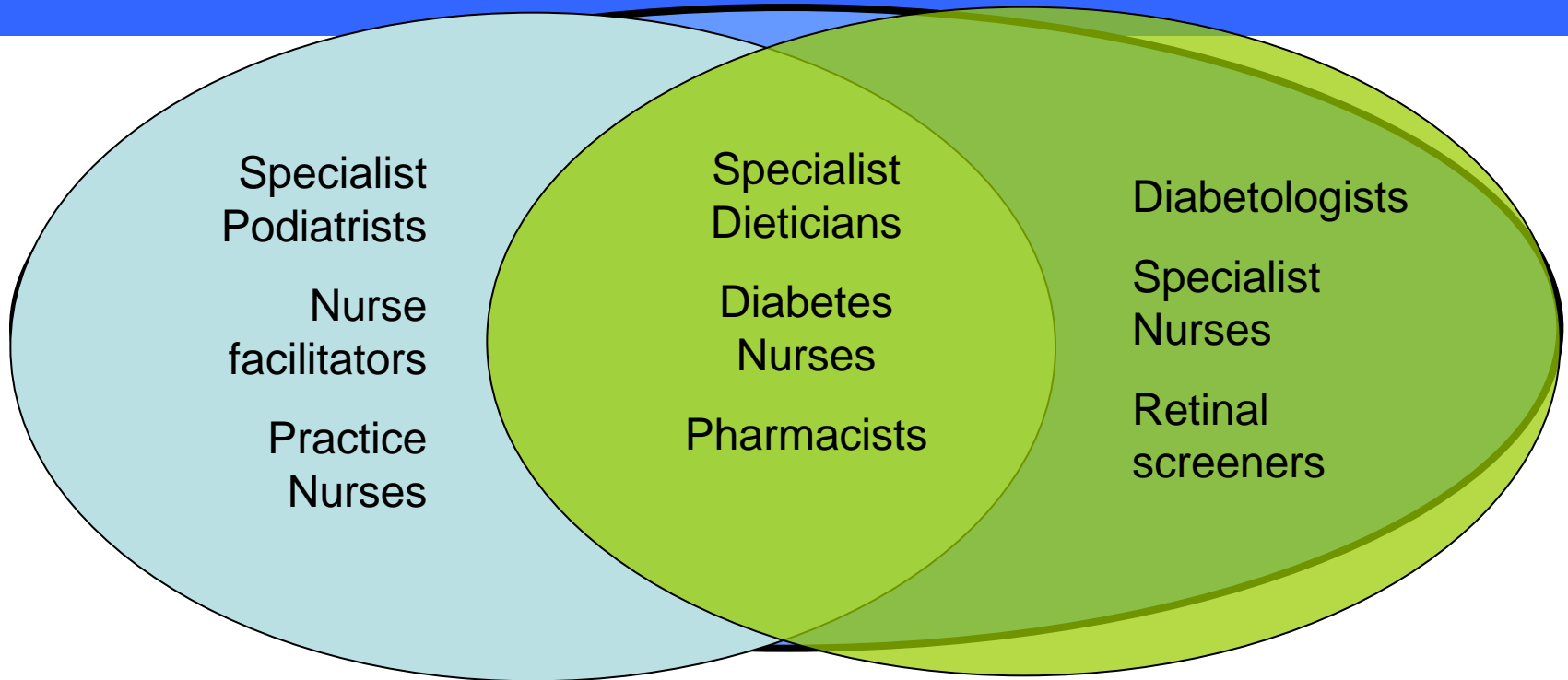
# Approaches

- Hull: 3 localities
- East Ridings: PBC independent
- Scarborough: Consortium



PRIMARY  
CARE

SECONDARY  
CARE



Specialist  
Podiatrists

Nurse  
facilitators

Practice  
Nurses

Specialist  
Dieticians

Diabetes  
Nurses

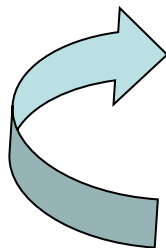
Pharmacists

Diabetologists

Specialist  
Nurses

Retinal  
screeners

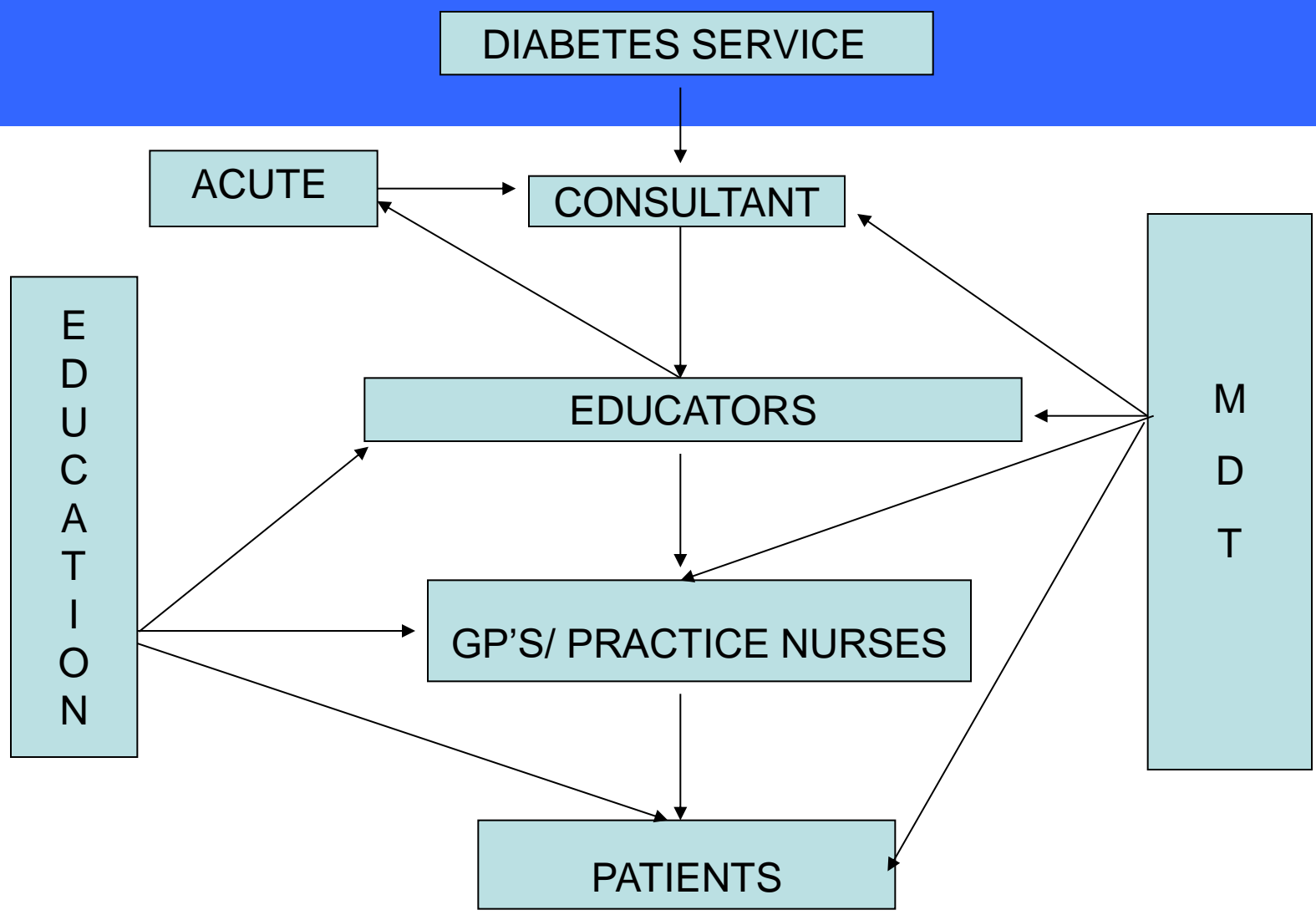
DIABETES NETWORK

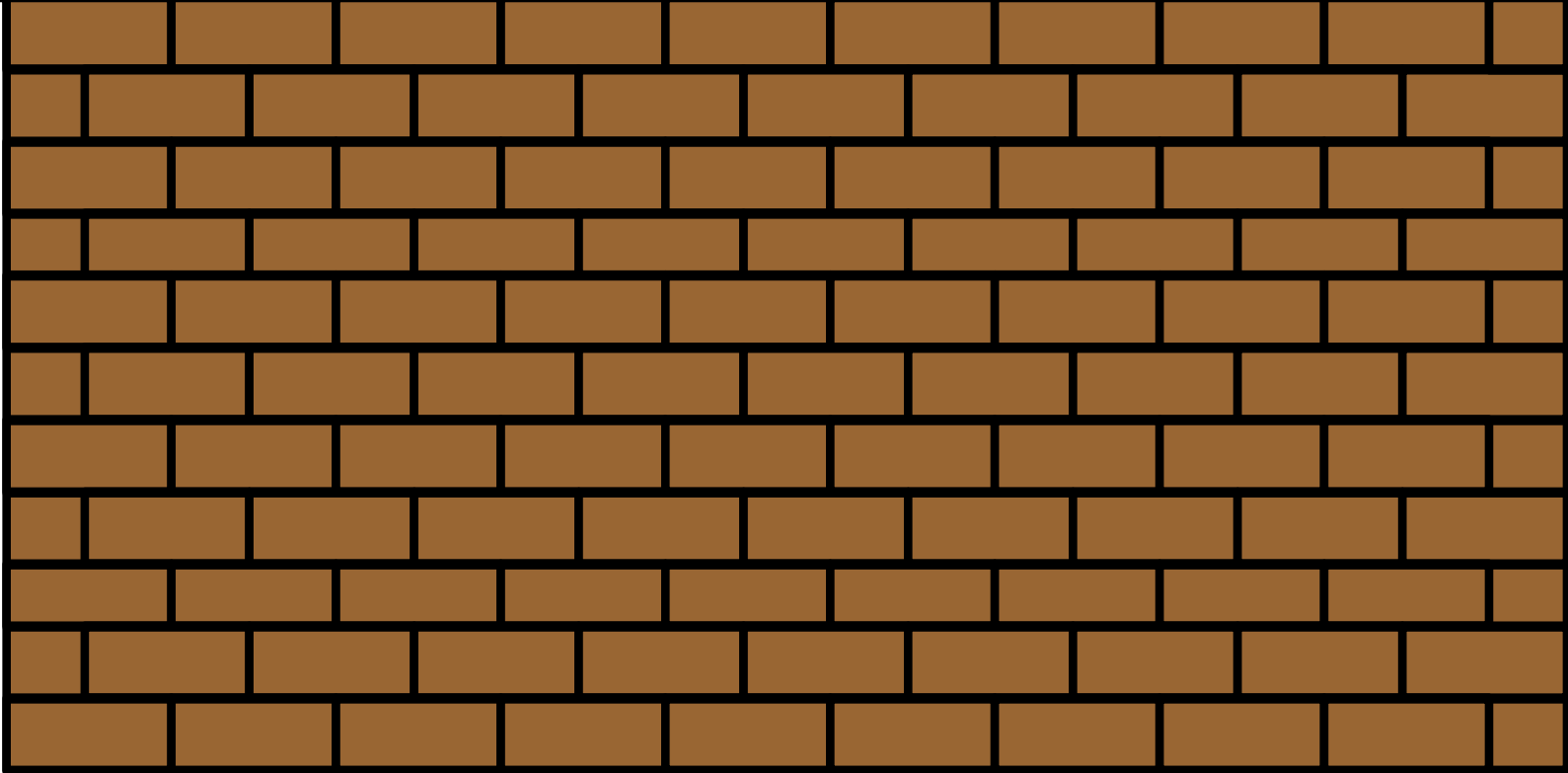


GP'S  
PRACTICE NURSES  
COMMUNITY MATRONS  
DISTRICT NURSES  
CDT



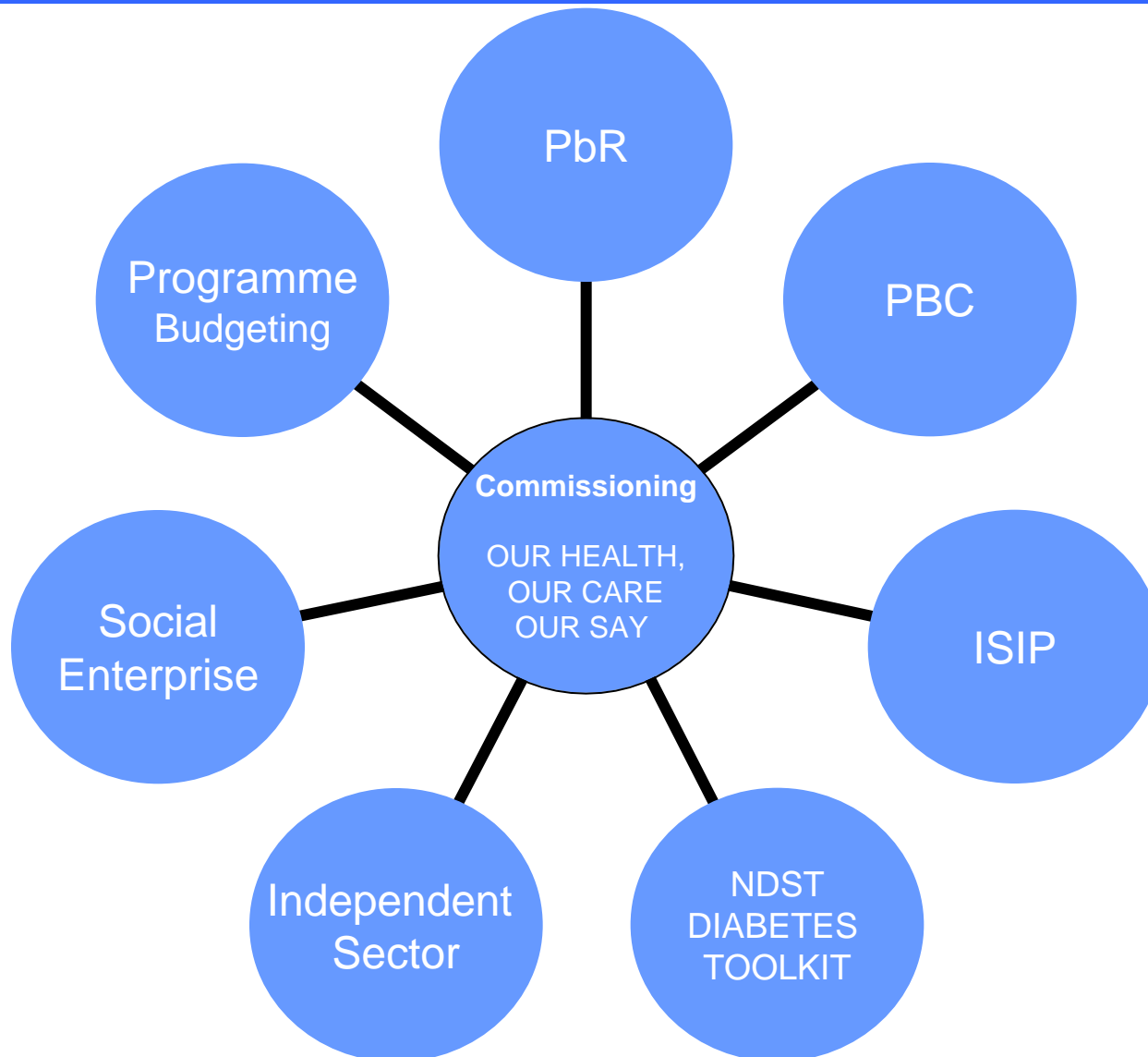






# What brick wall?

- New PCT
- Identifying lead director
- PCT-Lack understanding all services need to be in primary care
- Absorption LTC team
- TRUST-loss of income
- Loss of staff



# Payment by Results (PbR)

- Payment for work done
- New vs. Follow up
  
- Covers all aspects of care
- Potentially complex SLA
- PbR excluded



# Practice Based Commissioning

- GP's, nurses and other primary care professionals in the prime position to translate patient needs into redesigned services ... that best deliver what local people want.
- PBC can change the way services are delivered.
- Ascertain plans: Do they want to provide their own services and to others?
- What level of support do they require?
- Complexities and structured education cost effectiveness?
- Insulin Initiation local experience—Scarborough/Hull



# ISIP five aims

1. Delivering a patient-led NHS
2. Delivering quality and value
3. Local action, national voice
4. Spreading best practice
5. Integration



# ISIP Road Map

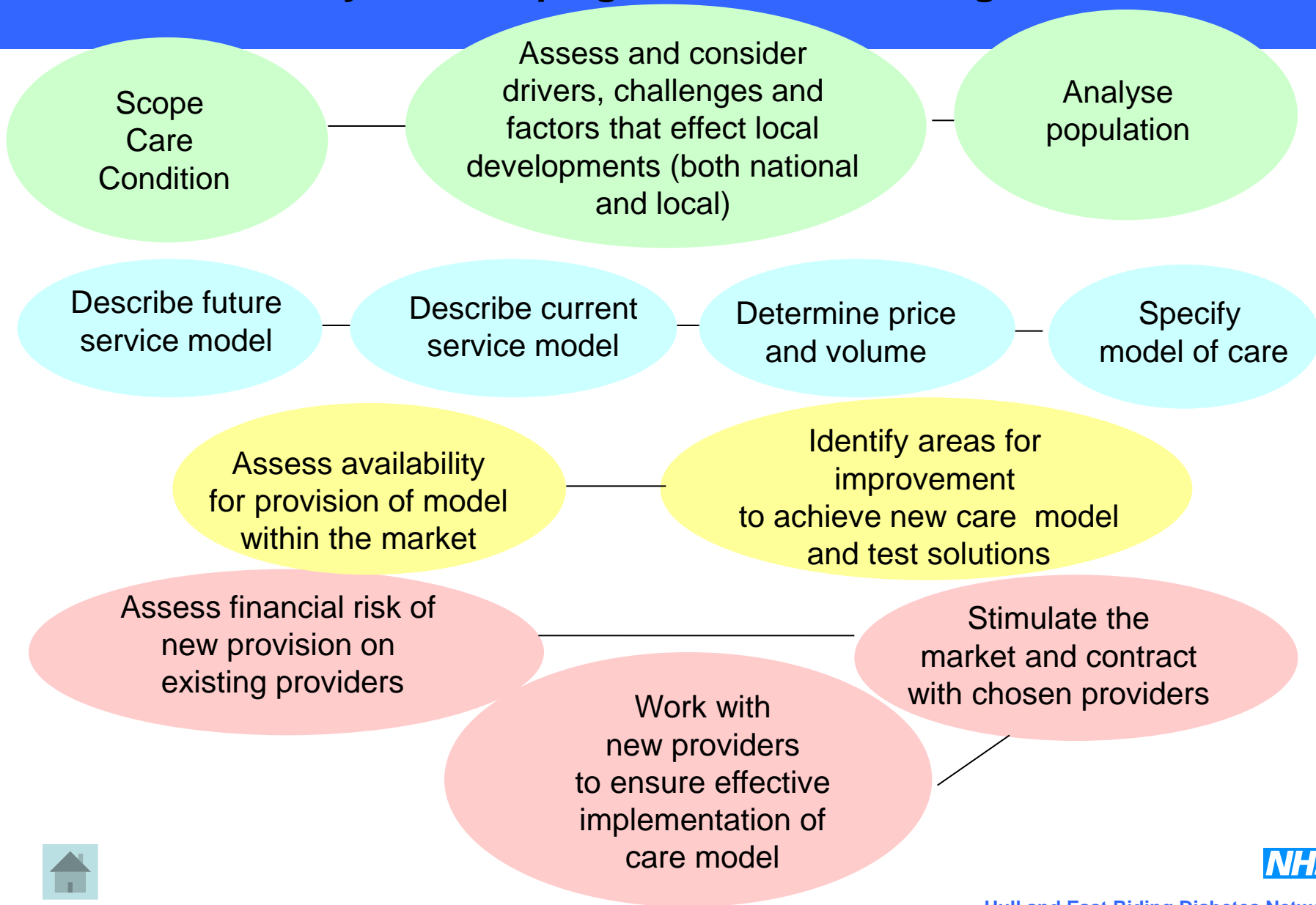
## ISIP Roadmap for Transformational Change

Current state

Phase I Initiation and strategic planning	Phase II High-level design and benefits planning	Phase III Detailed analysis and design	Phase IV Developing, testing and training	Phase V Implementing, tracking and improving
<b>Governance and Management</b>				
Establish LHC governance and approve ISI Plan	Establish programmes and approve Programme Definitions	Establish projects and approve Project Initiation Documents	Manage development and preparation for change	Manage transition and the realisation of benefits
<b>Strategy and Benefits</b>				
Create an ISI Plan for the LHC	Plan benefits realisation for programmes	Plan benefits realisation for projects	Baseline and validate benefits	Realise, measure and review benefits
<b>People, Process and Technology Change</b>				
Create a high-level model of the LHC	Design and agree options for programme-level future states	Design and specify changes to processes, people, technology and estates	Develop and test all changes and train staff in new workflows	Implement, support and sustain change
<b>Stakeholder Engagement and Communications</b>				
Create and communicate the case for new transformational change	Gain programme-level commitment to transformational change	Gain commitment to measurable benefit targets	Prepare stakeholders for implementing change	Communicate and sustain achievements

Future state

# LHCD Journey – Developing and commissioning diabetes care



# NDST Commissioning Toolkit

- **Generic specification for diabetes care – Best practice model**
- Outlines **Core elements** of care for a high-quality diabetes service
- **Signposts** the relevant quality markers for each element of the service, including NSF Standards and NICE guidelines.
- Provides suggestions for **key outcomes** that commissioners can specify and indicators that could be used to measure improvement over time.
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# NDST Commissioning Toolkit

## Assessing healthcare needs to support commissioning

- Outlines the key questions commissioners need to ask in order to understand where they are
- provides links to information resources that can provide detailed information on current service provision and outcomes
- Suggests what Commissioners might need to do in order to understand the current and future needs of their local diabetes population



# Independent Sector Provider

- Commercial profit making enterprise
- For profit: - Dividend to shareholders
- A risk premium cost for security and viability (health care is unpredictable)
  
- Doubtful feasibility/viability for a service of limited size, given start up costs and HR issues

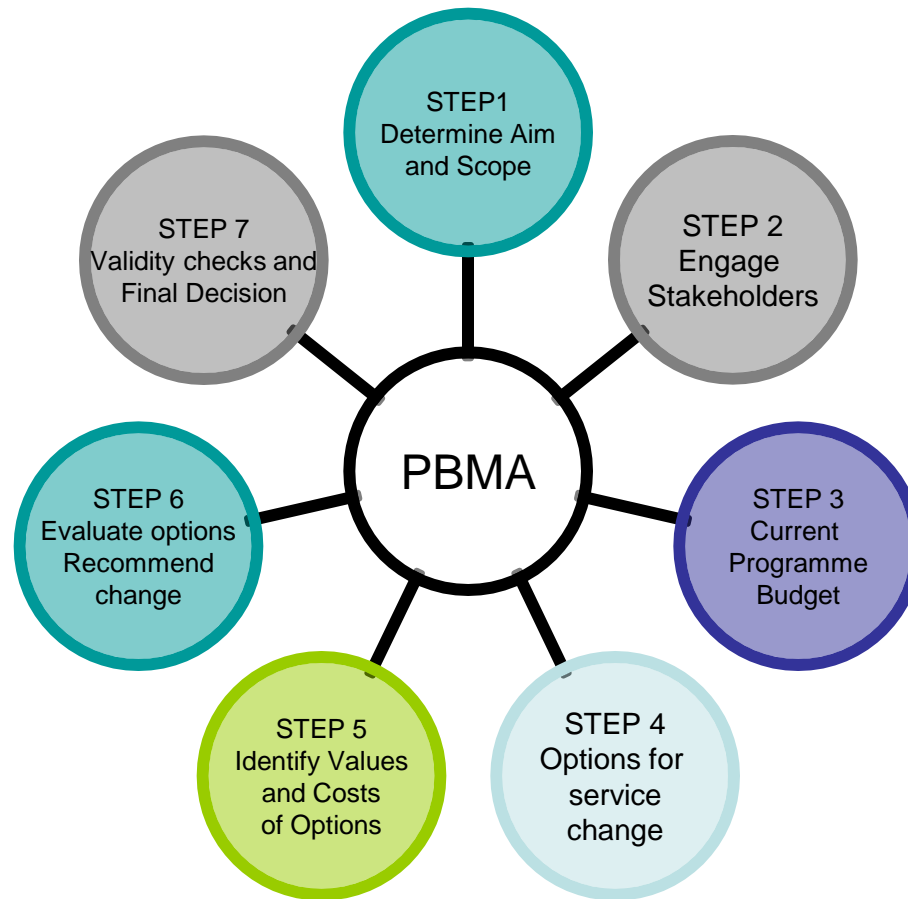


# Social Enterprise

- Involve patients staff and service users in designing the services they provide
- Financial Independence
- Re-invest surplus / less bureaucratic / committed staff
- Flexible approach gives specialists opportunity to shape service
- Acceptability to PCT and Acute Trust



# The 7 steps of the PBMA process





# Programme Budgeting and Marginal Analysis (PBMA)

- Opportunity cost, marginal analysis and efficiency
- Organises information explicitly as an aid to decision making
- Assists in directing resources so the impact of health care on the health needs of the population is maximised
- Aids comparison of alternative used of limited resources available
- Hands-on and requires multiple professional inputs to support decisions

# Summary

- Opportunities
- Variety tools available to help
- Clear Vision
- Integrated care pathways
- Embed education into commissioning
- Clear vision
- Willingness to change where necessary
- Adapt roles
- Strong Network based on partnership

# Locally

- Continue Talking
- Demonstrate willingness to change
- Focused education agenda
- Re-launched formal network-includes commissioners.
- Faith in the PBMA

Tack

Gracias

Vielen Dank

Merci

ありがとうございます

Bedankt

Takk

Grazie

Tak

Спасибо

Kiitos

**Thank You**

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Made on a Mac