ABCD-DUK Survey of Specialist Diabetes Services 2006

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- **Objectives:**

1. To identify existing provision in specialist services and changes since previous ABCD 2000 survey
2. To record issues affecting working practices of consultant diabetologists and make comparison with 2004 NDST Diabetologist scoping project

ABCD-DUK Survey of Specialist Diabetes Services 2006

- Methodology – Web-based on-line survey – piloted early 2006 ABCD-DUK committee-
- Period of study : May 2006-February 2007
- Response rate – 289/583 = 50% response rate from identified consultants with email addresses (621 in 2007 Manpower survey)
- This represents 94/195 = 48% of trusts providing specialist diabetes services

ABCD-DUK Survey of Specialist Diabetes Services 2006

- Gender – M:F – 80:20
- 52% aged > 45 ; 28% in post for <= 5 yrs
- 25% had previously occupied consultant post in different trust (a feature that appeared to be falling in the DUK-RCP Manpower Survey)

ABCD-DUK Survey of Specialist Diabetes Services 2006 -Results

	2000 Survey	Current 2006 survey	DUK-RCP Manpower
Single handed consultant	36%	10%	8%
WTE per 100,000	0.67	0.76-1.0	1.03
DSNs WTE per 100,000	1.0	1.1-1.25	
Dietetic service	3% with >=0.6 WTE	Median 1.0 WTE	

ABCD-DUK Survey of Specialist Diabetes Services 2006 -Results

	2000 Survey	2006 Survey
Podiatry service	0.3 WTE	1.0 WTE
Diabetes register	72%	66%
Joint Ante-Natal	77%	93%
Joint Eye Clinic	16%	21%
Joint Adolescent	57%	75%
Psychology access	45%	41% (PCT survey 64%)

ABCD-DUK Survey of Specialist Diabetes Services 2006 -Results

- 94% have commitment to Gen Med of whom 95% operating in MAU
- 24% involved with PoW system
- On call frequency 1/10 (1/7 in 2000)
- DM clinics cancelled due to on-call commitments 66% consultants –88% registrars

ABCD-DUK Survey of Specialist Diabetes Services 2006 -Results

- Physician colleagues had opted out of acute medicine on call in 68% of responses
- Specialties of opt out : – Cardiology 78% - Neurology 57% - Rheumatology 56% - Renal 42% -Gastro 22% - Elderly Care 14% - Respiratory 11% - D and E 9%

ABCD-DUK Survey of Specialist Diabetes Services 2006 -Results

- 92% of consultants are on new NHS contract – 11.5 PAs (3 Acute-Gen Med , 3 DM, 1 Endo) – 76% do NO community DM – 21% no Endo
- Examples of Diabetes Sub-specialist clinics: Foot 38% ; Pump 26% ; Renal 22%
- Examples of Endo Sub-specialist clinics : Bone 16% ; Obesity 24% ; Reproductive 14% ; Paediatric- adolescent 12%

ABCD-DUK Survey of Specialist Diabetes Services 2006 -Commissioning

- Awareness of practice based commissioning (96%) and payment by results (93%) high BUT only 16% involved in discussions.
- Awareness of DM tariffs

– New patient and Follow up consultation £247 and £90 – 50-70% estimated within 10%

The Well Resourced Service Score - 2006

- Maximum of 25 (A*)
- Minimum of < 12 (E)
- Maximum scores = highest staffing levels
- WTE consultants = 4
- WTE DSNs = 3
- WTE Dietitians = 2
- WTE Podiatrists = 2
- Diabetes register = 2
- Joint ANC = 1
- Joint Paed-Adult = 1
- Joint Eye clinic = 1
- Elderly DM clinic = 1
- Vascular Surgery = 1
- ED service = 1
- Lab tests = 3
- Psychology , Edn , Guidelines = 3

ABCD-DUK Survey of Specialist Diabetes Services 2006 – Well resourced service score

Service score (Retinopathy screening excluded)	2006 ABCD-DUK survey *
A*	0.4%
A	25.2%
B	34.8%
C	23.9%
D	13.5%
E	2.2%

ABCD-DUK Survey of Specialist Diabetes Services 2006 – Well resourced service score

Region	A*-A score	B-C score	D-E score
Yorks and Humber	57%	43%	0%
North East	43%	50%	7%
London	29%	46%	25%
Eastern	24%	57%	19%
South East Coast	13%	53%	34%

ABCD-DUK Survey of Specialist Diabetes Services 2006 –Perceptions of service and job satisfaction

- 36% felt service not well resourced (39.5% scored C,D,E)
- Current job satisfaction : Good or Excellent in 48% (Possibly lower than in 2004 Scoping project)

ABCD-DUK Survey of Specialist Diabetes Services 2006 – Threats to specialist services

- Commissioning Issues
- Capacity and Staffing
- Perception of DM as non-complex low priority
- Funding
- Community Shift
- Acute-GIM
- System reform
- National Politics
- Training of juniors
- Consultants under-valued

ABCD-DUK Survey of Specialist Diabetes Services 2006 –Best aspects of Acute –GIM

- Broad Case-Mix
- Diagnostic challenges
- Teaching
- Enjoyment of pace of acute medicine

ABCD-DUK Survey of Specialist Diabetes Services 2006 –Worst aspects of Acute –GIM

- Lack of continuity of care
- Excessive demand on consultant-led input
- Increased junior dependency on seniors
- Impact of opt out of other specialties on ward case-mix
- Lack of beds and blocked discharge of CoE
- Govt targets skewing care

ABCD-DUK 2006 Survey – Summary and Discussion -1

- Methodology challenging – may have reduced response rate to around 50%
- Evidence of real increases in staffing levels since 2000 – with improvements in provision of some sub-specialist services
- Continued deficiencies in diabetes registers and psychology support

ABCD-DUK 2006 Survey – Summary and Discussion -2

- Virtually all respondents involved with GIM with impact on specialty activity
- Other physicians recorded as opting out of Acute GIM in over 2 in 3 responses
- Average committment to DM is < 30% of programmed activities
- Less than 25% engaged in community DM

ABCD-DUK 2006 Survey – Summary and Discussion -3

- Specialist service considered not well resourced in over 1/3 responses with possibility of continued regional disparity
- Real possibility of waning job satisfaction in 2 years with concerns re. external influences on specialist service and operation of Acute GIM
- Apparent uncertainty about and lack of engagement in discussions on service commissioning models

Pressures on the Consultant Diabetologist –The unique Quadruple Whammy !!

Community shifts- acute trust priorities

Acute Medicine

Non -physician 'specialists'

Other consultants opting out of acute medicine

Implications of findings

- Articulate the view that the future of effective integrated DM care, enhanced specialist DM service and safe hospital care of both acute GIM and DM requires a national commitment to :
- Funded consultant posts in GIM-DM or DM to serve population needs – with a range of roles for DM service from a pool of consultants
- Expansion of consultant posts to support both DM and increasing commitment to acute-GIM
- Training programmes to recognise the shift in DM specialist services

Action Plan

- Publicity drive to positively push the desire of specialist diabetologists to engage in new service models
- Enagagement with media and information cascade to DoH, SHAs , commissioners (PCTs and PBC) and acute trust chief executives
- Political lobbying
- Support via RCPs, PCDS and ABCD-DUK
- National Clinical Director support for proposals