

The Diabetes Year of Care Pilot: Providing and Commissioning Mainstream Diabetes Services that Support Effective Self-Management

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- on behalf of the National Diabetes Year of Care Pilot

www.diabetes.nhs.uk/work-areas/year-of-care



Background

Committed partnership working between people with long term conditions (LTC) and those caring for them has been shown to be one of the most effective ways of improving outcomes⁽¹⁾. The Diabetes Year of Care Pilot sites are a test bed for discovering how this approach can be applied in the NHS setting in 3 health communities for diabetes.

What is Year of Care?

Year of Care (YoC) is all *the ongoing care a person with a long term condition should expect to receive over a yearly cycle of care, including support for self management, which is costed and fully commissioned*⁽²⁾. The content of this care is decided annually by patients jointly with healthcare professionals (HCPs) in the course of a **Care Planning Consultation**⁽³⁾

The link between consultation, commissioning and supporting processes is illustrated by the **Care Planning 'House'** (Figure 1)

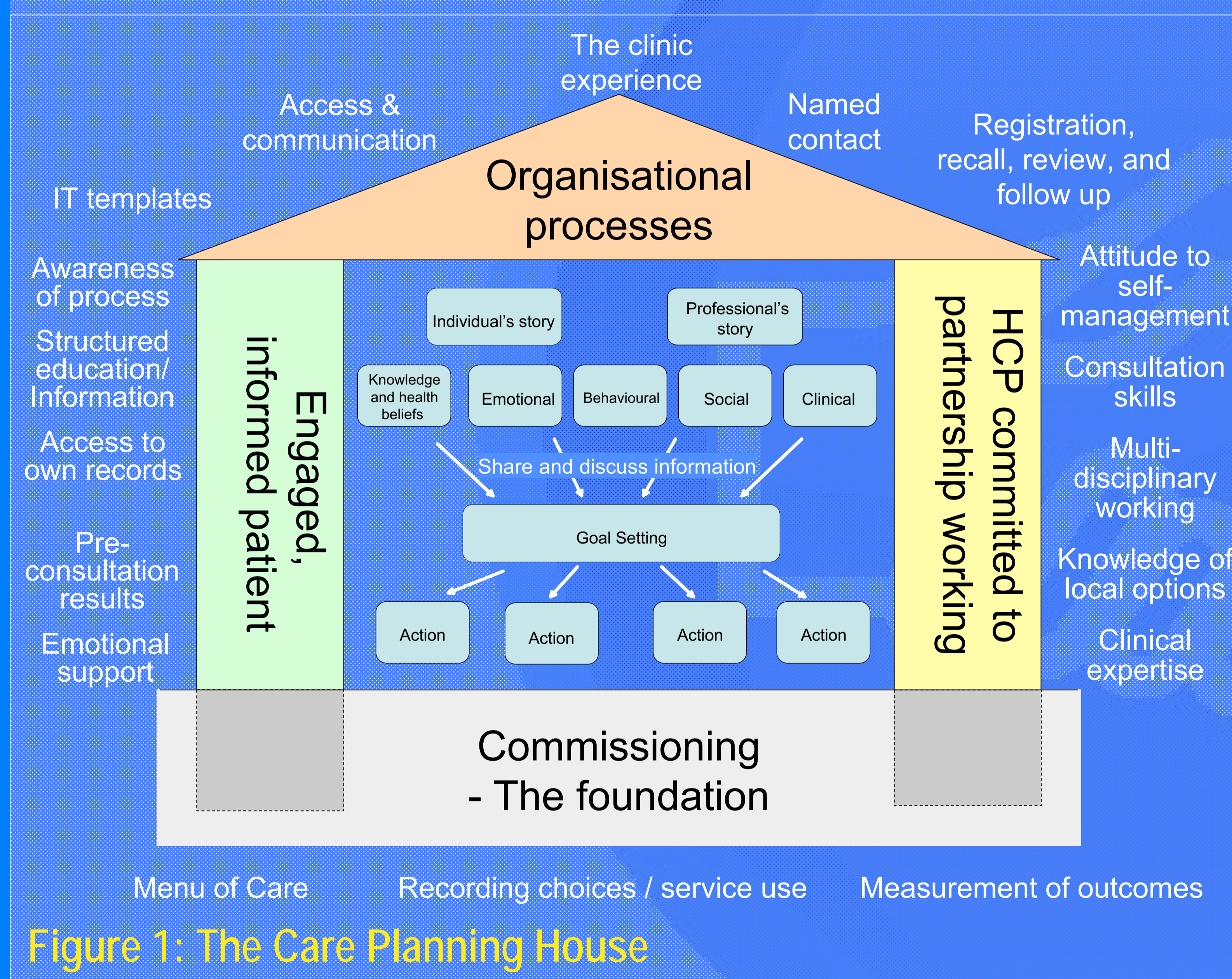


Figure 1: The Care Planning House

Methods

Three pilot sites were chosen because of differences in populations served. Each brought different skills and experience to the project.

Learning events were arranged between the sites every 4-6 weeks to develop models for delivery, provide support and share experience. Each pilot site developed a work plan and reported on progress regularly

Outcomes

- A jointly developed resource document⁽³⁾ has been produced and a training guide for HCPs is being written
- Over 200 HCPs have been trained in over 50 practices and specialist services, across 3 health communities
- Baseline evaluation is under way and this will be repeated annually for 2 years

What patients think...

'...I could focus on the important things for me and get help...'
'...time to read (results) and think about what to raise... you know what is coming...'
'...more non-judgmental than in the past ... wasn't dominated by anxiety... more motivated...'
'... lots of stress at home... took the 'cork out of the bottle'...'
'...liked the fact you are being involved...'

Key components

Care Planning is a complex intervention, which is both a means to an end (better care), but also an end in itself (a new therapeutic alliance). To be effective it requires all components of the 'house' to be working.

Thus it is *firstly* about making routine consultations between clinicians and people with long term conditions truly collaborative through care planning, and *then* ensures that the local services people need to support this are identified and made available through commissioning⁽²⁾ (Figure 2).

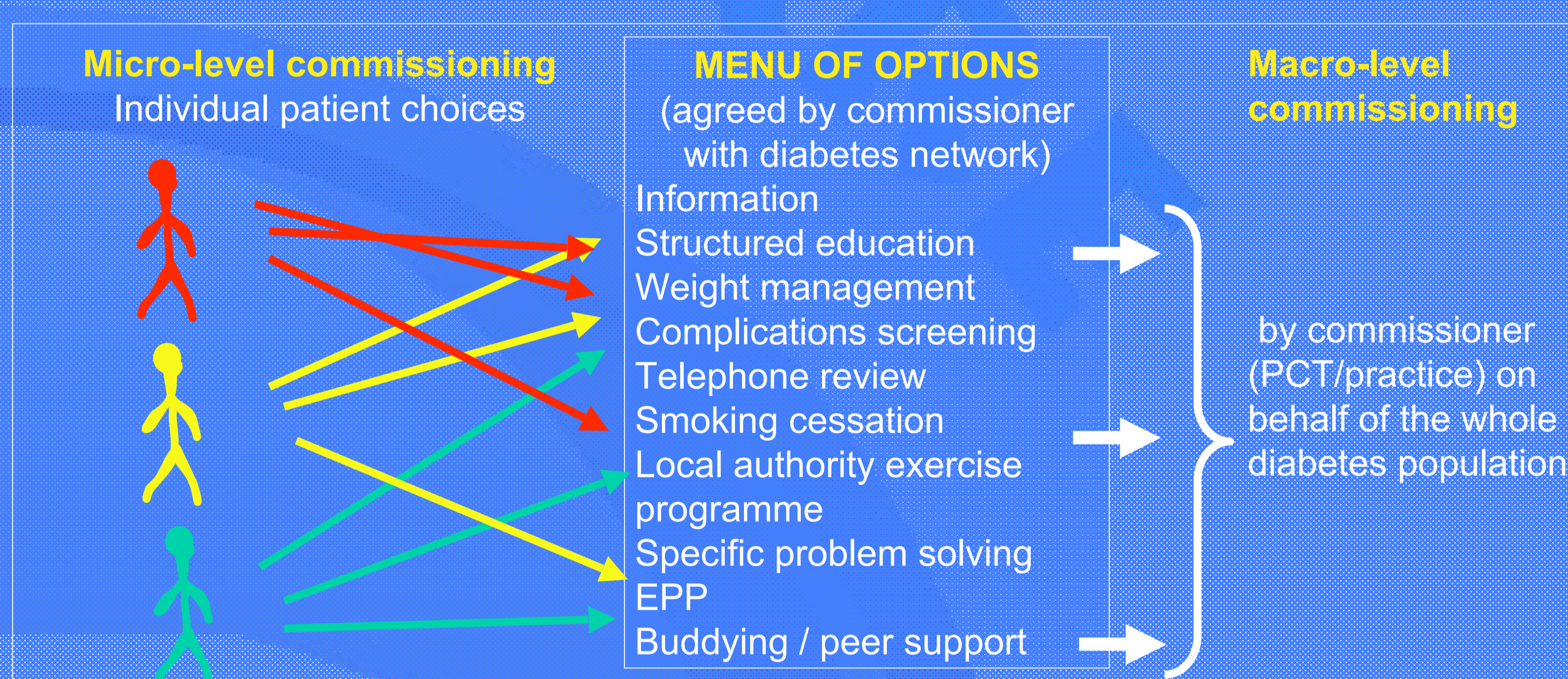


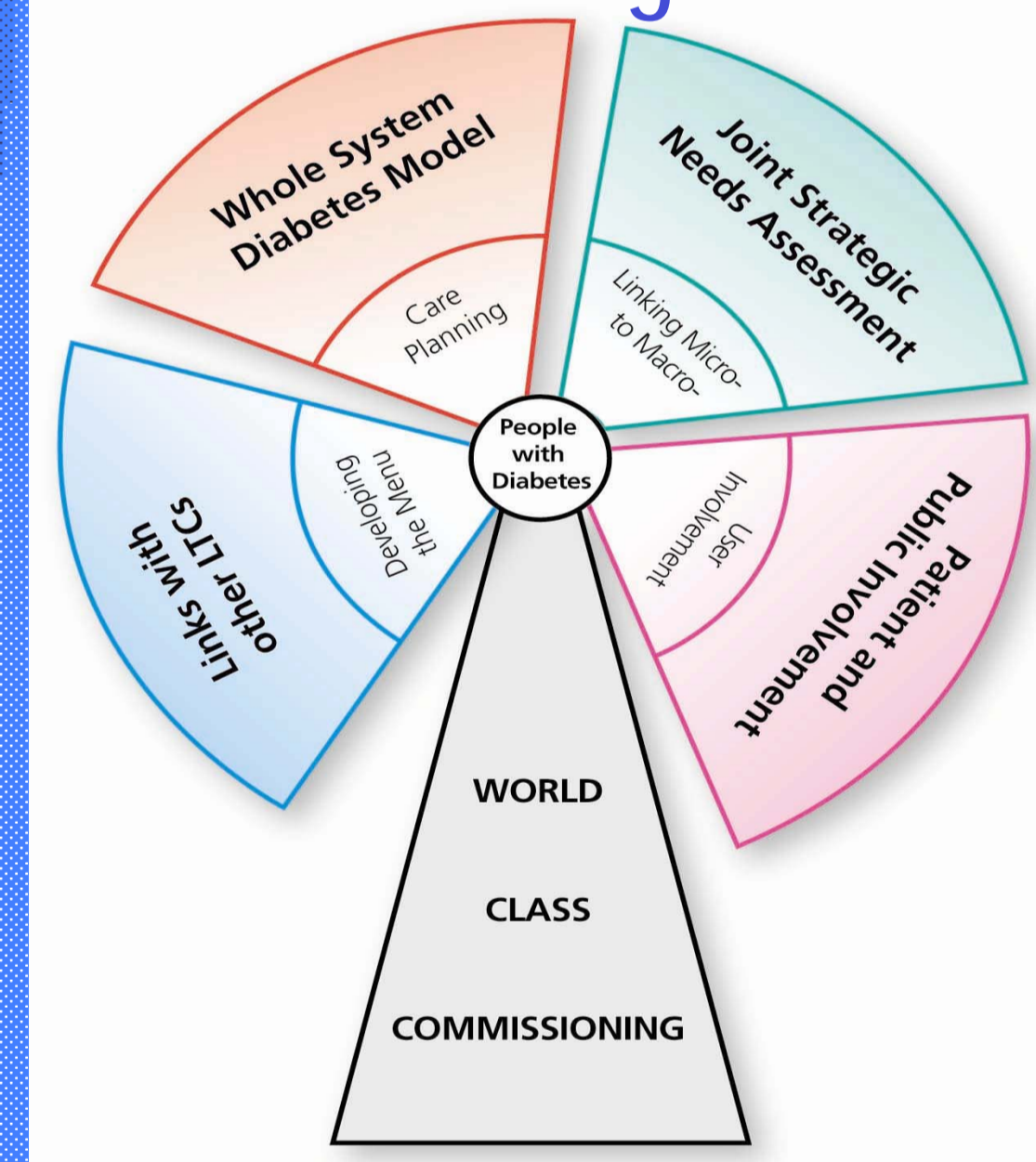
Figure 2: How 'micro- to macro-commissioning' can work

World Class Commissioning and YoC

World Class Commissioning is an NHS priority. It is linked to YoC (Figure 3) via

- Whole system working
- Strategic needs assessment
- Patient and public involvement
- Linking to other LTCs

Figure 3: World Class Commissioning



Early Pilot Site learning

- Care Planning needs organisational support - right from the top - right from the start, as part of local commissioning
- It is a major culture change for everyone. Training for clinicians, information for patients and strong local clinical and managerial leadership are vital
- New clinical IT systems are needed to capture new information (including the menu and choices made)

The most effective first step!

- Sending 'test results' and information to patients 1-2 weeks before visit (see qualitative evaluation below)

What clinicians think...

'...I enjoy doing the clinic a lot more now... I enjoy working *with* them rather than *at* them...'
'...people feel more relaxed as they already know what we are going to say...'
'...in the past... it's amazing how many people didn't take in the information...'
'...it's absolutely 100% better for me and for the patients...'