

**Update for West Herts Clinical Conclave  
Thursday 15/11/07**

**Diabetes Service Redesign**

As part of "Investing in Your Health" the Diabetes Service Redesign Group was structured by WHHT together with the old PCTs' provider services. Under Sue Whiterod from WHHT Leadership Department, the group successfully bid for workforce redesign resources and has been focussing on pathway development and plans for developing the local workforce. This work is being developed into an education and development proposal across Herts for all providers of diabetes care and extending into patient education. The Workforce Project Group is seeking additional support from commercial, voluntary and academic organisations through sponsorship and support in kind to expand the resources available. This Collaborative Framework will be underpinned by a clear set of Guidance Principals to ensure the agenda of education and development is driven solely by the Workforce Group. This Workforce project group is meeting on 5/12/07.

For the last two meetings (12/9/07 and 7/11/07) the West Herts Diabetes Service Redesign Group has included the four PBC (Practice Based Commissioning) group diabetes leads:

- Dr Elizabeth Ponsonby (DAC-COM)
- Dr Marie Anne Essam (WAT-COM)
- Dr Mike Walton (STAHCOM)
- Dr Sally Trevor (Hertsmere)

The WH Diabetes Service redesign Group is co-chaired by Dr Coiin Johnston, Consultant Endocrinologist WHHT and Dr Mike Walton.

The STAHCOM, DAC-COM and WAT-COM Leads have formed a close alliance and are developing a PBC Consortium for Commissioning of Diabetes care across West Herts. We are keen to work with Hertsmere in this venture – but realise that the historic referral to secondary care diabetes services from Hertsmere is largely out with WHHT. We hope that the model of a PBC Consortium for the commissioning of diabetes care will prove valuable and may lead to consideration of similar PBC Commissioning Consortia within West Hertfordshire for other chronic disease areas.

At its meeting on 7 November, the redesign group reviewed the work to date on the Type 2 diabetes pathway and discussed current commissioning and contracting arrangements. The group agreed that the vast majority of patients with Type 2 diabetes should be managed within primary care and that specialist services should support and advise practices to provide this care. This support was likely to be needed in an increasing no of patients at the time of diagnosis and for many with sub-optimal control. The group noted that the current contracting arrangements with WHHT through the national tariff only fund consultants and nurses for 'face to face' contacts with patients and we need a sytem which provides much easier, rapid access without increased cost. There was also a recognition that current provision for dietetics, education and community specialist nurses was inadequate and progress cannot be made until this is resolved. Funding cannot come from current secondary care provision.

There is also recognition that the New-to-Follow-Up ratio as specified by EoE Region poses particular challenges in diabetes as the chronicity and complexity of the condition does not allow it to be managed within such a constrained Service Level Agreement. This needs resolution with an interim plan for 2007/8 and a definitive plan for 08/9

We agreed that we should aim to make changes to services during the next financial year and that commissioners needed to set a timetable for the group to achieve this. The PBC Diabetes Consortium, working closely with the PCT and provider services, will agree the best commissioning/procurement approach to achieve the pathway. This could range from adapting existing contracts with WHHT and PCT provider services through to a full tender for services from alternate providers.

The redesign group is meeting mid December to complete the review on type 2 and review the Type 1 diabetes and foot care pathways.

**Colin Johnston, Mike Walton, Moira McGrath**