

The Welsh Diabetes Delivery Plan



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Introduced 10 years ago, the *National Service Framework for Diabetes* (NSF) set 12 challenging core standards to inform diabetes care delivery, and therefore it is not surprising that some have not yet been achieved. Lack of resources, compounded by the increasing prevalence of diabetes and the emphasis on tighter control to reduce mortality and morbidity, have resulted in some key aspects of the NSF remaining undelivered.

Diabetes remains a key priority for NHS Wales as around 175 000 people are currently being treated for diabetes (around 7% of the population), including 16% of those over 65 years of age. Diabetes represents 10% of the NHS budget, which translates into a £500 million spend in Wales (2009–10). Progress has been made, with 9% fewer admissions for diabetes, length of stay down 0.8 days and emergency readmissions down 21% over the last year (Welsh Government, 2013).

In order to build on the NSF and address the challenges posed by diabetes within the Principality, the Welsh Government has published a Diabetes Delivery Plan to provide a framework for action by all those involved in influencing and delivering diabetes care. Although the timescale for the plan spans 2013–16, the expectation is that several key objectives must be achieved by early 2014.

The aim is for Wales to have diabetes incidence and health outcomes in line with the rest of Europe. This will be measured by using several population outcome indicators: incidence of type 2 diabetes, per 100 000 population; circulatory disease mortality rate in those aged under 75 years, per 100 000 people; age group-specific diabetes mortality rates, per 100 000 people; and variation in the incidence of diabetes complications by geography and deprivation.

The Diabetes Delivery Plan: key points

- The Plan has been developed following due consultation with the National Service Advisory Group, Public Health Wales and primary and secondary care representation.
- The Plan has high-level outcomes that will need to be delivered by the local health boards (LHBs). The actions required have been

identified by reviewing key unmet areas of the NSF and setting new initiatives believed to be vital in the management of diabetes within Wales. There are seven key areas that have been highlighted as a priority (see *Box 1*).

- The Plan sets out guidelines regarding management policies and the need for adequate monitoring. In order to ensure that it is employed, a Diabetes Development Implementation Group has been set up. The group's purpose is not only to help LHBs achieve success but also to ensure that progress will be made.
- The Plan sets out how performance and progress will be monitored. It is planned that an initial indicator framework will be available in early 2014 (not yet available at the time of writing).
- LHBs will be expected to achieve full compliance with the NSF and the Plan. LHBs will also be expected to support their local diabetes planning and development groups and to report progress to the Assembly every 6 months.

What will be needed next?

The Diabetes Delivery Plan will ensure that diabetes will be considered a priority within NHS Wales. However, for its implementation and achievement of targets, there will need to be an overview of current baseline delivery of diabetes care. Investment will need to take place in improved community support, evidence-based intensive lifestyle intervention programmes for diabetes prevention, as well as training of healthcare professionals in delivering brief lifestyle interventions, greatly increased availability of structured education, employment of more specialist nurses and a review of integrated care models. These will require significant new financial and people investments.

The Plan is now in place; let's see what it can achieve. ■

Welsh Government (2013) *Together for Health – A Diabetes Delivery Plan: A Delivery Plan up to 2016 for NHS Wales and its partners*. Welsh Government, Cardiff. Available at: <http://wales.gov.uk/docs/dhss/publications/130923diabetesen.pdf> (accessed 15.01.14)

Box 1. Desirable outcomes for the seven key areas highlighted in the Diabetes Delivery Plan.

● 1. Children and young people

- Ensure children and young people have a healthier life
- Reduce incidence of diabetic ketoacidosis
- Reduce admissions for diabetes-related causes or complications

These will be achieved by raising diagnostic awareness and ensuring fast and adequate access to a specialist together with the development of structured education for children and young people. This will also involve the development of out-of-hours services, investment in new technologies such as pump therapy, and development of transitional care between paediatric and adult services.

● 2. Preventing diabetes

- Reduce incidence of type 2 diabetes
- Reduce inequalities in incidence between areas and age groups

This will be achieved with healthy lifestyle advice and the Change4Life campaign being made widely available and by local health boards adopting the All Wales Obesity Pathway. Lifestyle checks are also to be rolled out from the age of 50 years.

● 3. Detecting diabetes quickly

- Early detection with the aid of screening and using HbA_{1c} for diagnosis
- Raise awareness for those at risk
- Encourage self management

Both primary care and pharmacies will be expected to play an important role with education and screening, together with early intervention advice at the time of diagnosis.

● 4. Delivering fast, effective treatment and care

- Reduce emergency admissions, readmissions and length of stay
- Reduce rates of all complications
- Improve pregnancy outcomes
- Reduce inequalities of care, especially in black and minority ethnic groups

The aim is to improve planned delivery of care for chronic conditions at a community level, but for integrated care and specialist intervention to be available when needed.

● 5. Supporting people living with diabetes

- Improve glycaemic control
- Reduce hospitalisations for glycaemic problems

This will be achieved by individualised care plans and the availability of structured education for all patients, together with the achievement of all key indicators for each patient, as for the National Diabetes Audit.

The first five key areas will be supported through the final two areas.

● 6. Improving information

- Those with diabetes are able to make effective choices about care due to information provided
- Transparency of care

Participation in the National Diabetes Audit is expected, with practices and local health boards expected to publicise data on achievements.

● 7. Targeting research

- Promote research and ensure appropriate access to clinical trials