PCDS
Primary Care Diabetes Society

The latest news and views from the Primary Care Diabetes Society

PCDS Commissioning Summit MEETING REPORT
6 November 2013 – Hilton Metropole, Birmingham

Towards the end of last year, the Primary Care Diabetes Society (PCDS) held a summit on the topic of commissioning in the new NHS. The panel comprised a mixture of members of the PCDS Committee and external participants to ensure that the full breadth of relevant professional groups and a range of geographical areas were represented. The summit was chaired by Dr Nigel Campbell.

Dr Campbell welcomed panel members and re-affirmed the mission statement of the PCDS:

> "The Society supports every primary care healthcare professional to deliver high-quality, clinically effective care, in order to improve the lives of people living with diabetes."

Fulfilling this mission necessitates the continuing delivery of initiatives with a strong hands-on clinical theme as well as those that take a step back and look at the shape of the healthcare landscape.

The discussions that unfolded encompassed: sharing local knowledge to broaden each other's understanding of the overall landscape; defining positive actions that have and can be taken; and considering the most pressing challenges that need to be overcome. The key points are presented below.

The shape of care

Practising effectively in the new NHS needs to be underpinned, more than ever, by an understanding of where "spheres of influence" lie and who precisely healthcare professionals need to work with in order to bring about changes to services and deliver positive outcomes. This may be as simple as identifying the diabetes lead or it might be substantially more complex than that. As part of this, clinicians working in diabetes may need to be prepared to shift their thinking on the priority placed on the condition. For instance, it might be that, in some instances, working within a long-term conditions framework, rather than one purely focused on diabetes, may be needed for success in commissioning. This will, of course, vary from locality to locality.

Another consideration that has come to the fore in the new NHS is the balance between pros and cons of engaging with private providers. For instance, is there a risk of such providers being focused more on business elements than

Chair

Nigel Campbell – Commissioning Group Chair, South Eastern Local Commissioning Group

Panel members

Jennifer Bartlett – Senior Medicines Management Advisor, South Manchester CCG

Jane Diggle – Practice Nurse and Community Diabetes Educator, Wakefield District

Azhar Farooqi – CCG Chair, Leicester City CCG

Gwen Hall – Diabetes Specialist Nurse, Portsmouth Community Health Services

Naresh Kanumilli – Clinical Lead, Long Term Conditions, South Manchester CCG

Partha Kar – Consultant Endocrinologist and Clinical Director of Diabetes, Portsmouth Hospitals NHS Trust

David Millar-Jones – GPSI in Diabetes, Torfaen

Philip Newland-Jones – Advanced Specialist Pharmacist Practitioner in Diabetes and Endocrinology, University Hospitals Southampton NHS Foundation Trust

Julie Widdowson – Diabetes Educator/Practitioner and Service Lead, Norfolk Community Health and Care NHS Trust

the individual patients themselves? This will undoubtedly prove to be an important topic as services continue to be re-shaped.

On the subject of the role of patients within services, the panel felt that the new ways of working may present a renewed opportunity to positively engage with patient groups, for the betterment of care delivery.

Questions of a more logistical nature were also posed. As an illustration, thought was given to the operational differences that may exist when one clinical commissioning group (CCG) has access to two acute services (with regard to competitive tendering and potential geographical implications) compared with when two CCGs have access to one acute service (and there is thus an imperative to agree joint services).

Positive actions

A number of positive actions that can be taken for effective diabetes commissioning work within the new NHS were presented. One was the idea of creating a "plan on a page", to increase focus on those steps most likely to bring about positive outcomes. Another was placing emphasis on the importance of developing "local champions" for diabetes. A third concerned the benefits of obtaining for individual practices a "baseline" of diabetes knowledge and skills, and then developing educational plans that best address key gaps.

Some time was also spent on the merits of sharing best practice from one locality to another, allowing areas that might be finding diabetes commissioning more challenging to be able to draw on what other regions have learned from implementing their own models.

Inevitably, establishing the success of different models will rely on analysing costs and benefits. As such, there is a clear educational need regarding how to obtain local data that are both reliable and relevant in order to support business decisions.

Positive data on diabetes commissioning should fall out of the incontrovertible fact that effective management of the condition can lead to improved outcomes and can also help address healthcare inequalities. Building on this, one potential path to success in the cost-driven environment may be through tying healthcare plans into public health initiatives, by working closely with local councils.

Finally, an overarching theme of the discussions was the opportunities that may emerge from applying the advantage in the new NHS of having the clinical profession of GPs at the forefront of commissioning decisions.

Potential challenges

A range of potential challenges that may need to be overcome to achieve success in commissioning within the new NHS were also considered. An illustration of the breadth of this range is provided by the list below:

- How can diabetes services be best commissioned in CCGs where the condition is not a top priority?
- Are there potential conflicts that might arise from GPs being both commissioners and providers?
- Might aspects of competition law have a significant impact on everyday commissioning decisions?
- Is there a skill shortage in community diabetes care?
- To what extent does the approach to education need to be re-defined in the new NHS?

Next steps

During 2014 and beyond, the PCDS Committee will be actively working on shaping existing offerings and developing new initiatives to support the membership in the area of commissioning. A small working party is already working to take a major educational initiative forward, and a multi-pronged approach to highlighting areas of good practice is also being planned. The overarching goal will be aiding those working in primary care diabetes in the delivery of high-quality, clinically effective care, in order to improve the lives of people living with the condition. ■