

# Improving quality in diabetes care in the “new NHS”



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As we are all aware, diabetes is a complex, chronic, metabolic condition that leads to increased cardiovascular risk and complications including damage to the eyes, kidneys and nerves. These risks can be reduced with the provision of high-quality diabetes care and education.

Last month, NICE (2011) published the *Quality Standards for Diabetes in Adults*. This document covers the clinical management of diabetes in adults but not in children, young people and pregnant women. It describes markers of high-quality, cost-effective care that, when delivered collectively, should improve the effectiveness, safety and experience of care for adults with diabetes. These aims link to the five domains of *The NHS Outcomes Framework 2011/12* (Department of Health [DH], 2010):

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

This quality standards document requires that services should be commissioned from, and coordinated across, relevant agencies encompassing the whole diabetes pathway. The document supports the *National Service Framework for Diabetes: Delivery Strategy* (DH, 2003) and locally agreed pathways of care. The quality standards set out 13 quality statements, covering important aspects of diabetes care, such as structured education, lifestyle modification, care planning and agreed personal targets regarding treatment, pre-conception care, complication screening, psychological care, foot care, admission avoidance and inpatient care.

Each quality statement has its own quality measure. The quality measures aim to improve the structure, process and outcomes of health and social care. At present, there are limited

health outcome measures that can be used as quality measures; therefore, the focus of the quality measures is on improving the processes of care that are considered to be linked to health outcomes (DH, 2010).

It is hoped that by achieving the high-quality care set out in this document, the complications associated with diabetes can be reduced. This may be a tall order, given all the turmoil within the NHS at present.

A recent article in *Pulse* (Quinn, 2011a) reported that there are major concerns from both politicians and clinicians about the effects of the NHS reforms. So much so, that the Government are almost back-peddling and Andrew Lansley, Secretary of State for Health, has promised to “actively engage” with critics. At the same time, the Royal College of General Practitioners has called for the Government to “pause and take stock” on the NHS market reforms (Quinn, 2011b).

In my area, our local Diabetes Interest Group has a meeting arranged this month to examine these quality statements and determine where we are currently, and what is required to fulfil the statements in the future. It will then be up to the commissioners to fund the necessary care. What do you plan to do with this document to help shape the future diabetes service in your area? ■

Department of Health (2003) *National Service Framework for Diabetes: Delivery Strategy*. DH, London. Available at: <http://bit.ly/9Pr82G> (accessed 06.04.11)

Department of Health (2010) *The NHS Outcomes Framework 2011/12*. DH, London. Available at: <http://bit.ly/ibjkkG> (accessed 06.04.11)

NICE (2011) *Quality Standards for Diabetes in Adults*. NICE, London. Available at: <http://bit.ly/hdxGeG> (accessed 06.04.11)

Quinn I (2011a) Lansley defends NHS reforms, but promises to “actively engage” with critics. *Pulse* 5 Apr. Available at: <http://bit.ly/feSnC1> (accessed 06.04.11)

Quinn I (2011b) RCGP calls for Government to “pause and take stock” on NHS market reforms. *Pulse* 4 Apr. Available at: <http://bit.ly/hadR74> (accessed 06.04.11)

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