The organisation & delivery of diabetes services in the UK: a scoping exercise.

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

July 2010

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Executive Summary

Background

Diabetes is one of the most important diseases confronting the NHS. Diabetes is a costly disease and as its prevalence increases those costs will rise further. Diabetes is an inherently complex area of care organisation, encompassing: an expanding range of clinical interventions; a large and diverse workforce; and a wide range of different services and care contexts. The overall challenge to the organisation and delivery of diabetes services is to manage rapid innovation and extraordinary levels of demand within a complex care setting. Central to this challenge is the need to develop effective models of self-care support. There are also concerns about the quality of the patient care experience with significant variations in the level of care provision both regionally and in specific clinical services. These variations are linked to health inequalities, with some populations not accessing services effectively (black minority ethnic (BME) groups, people with mental health problems, older people, travellers, prisoners and other marginalised groups).

Therefore, understanding how best to organise diabetes services is vital if the health system is going to manage the expansion in both the demand for and cost of diabetes care.

Aims

The aims of the scoping exercise were to:

- Provide an overview of current issues and developments in the organisation and delivery of diabetes services. .
- Produce a synthesis of the evidence and give examples.
- Detail stakeholder concerns.
- Recommend further research and type of approach.

The scoping focused on patient education; self-care support and diabetes care organisation.

About this study

Four integrated methods were used for the scoping:

- Literature review and synthesis (n= 159 papers; 52 grey literature examples).

- Patient participation event (n=38).
- E-survey of professionals (n=423) and patients (n= 495).
- Confirmatory conference.

Collectively these methods generated the theoretical perspectives, empirical evidence and stakeholder views that provided the material for the scoping synthesis.

Key findings

Key themes for patient education and self-care support included: the need for both structured and flexible models of education; greater accessibility (greater provision and more flexible delivery); increase patient choice; greater integration with the care system (an educational pathway); the need for ongoing follow-up education; the need to improve quality (including training workforce to a minimum standard); the potential of peer educators; the need to develop empowerment models in tandem with clinical care; systems to manage/enhance health literacy; the need to improve efficiency in delivery; greater application of tele-care; the need to develop feedback technologies; development of effective care planning; the need to develop more psychological assessment and interventions; and the need to develop and standardise more robust self-care outcomes.

Key themes for care organisation included: the need to test new models of service integration and commissioning; the application of integrated models for care planning and service development; the advancement of models to identify and address inequalities; the use of informatics and other methods to improve care efficiency; and the development of patient participation;

The scoping has integrated these different ideas, current evidence and service developments to generate theoretical models to stimulate service development, the models include:

- Ongoing integrated patient education;
- Determining different types of patient education;
- Integrating self-care and patient education into the care system;
- Staging self-care interventions;
- Assessment, choice and an iterative approach to self-care support;
- An integrated model of self-care support (target population, initiation method, assessment, patient choice, performance monitoring and efficiency).
- Self-care and educational outcome progression;
- Care trajectory;
- Whole-systems approaches;

- Factors that regulate the care system.

Conclusions

This scoping exercise has highlighted: the importance of care organisation and delivery in diabetes; inequalities and variations in the delivery of diabetes care nationally; and that the evidence-base for care organisation and delivery is limited.

However, the scoping has also identified: many innovations in care organisation and delivery; stakeholder ideas and priorities for developing diabetes care organisation; new models for organising and delivering diabetes care; and areas for more health services research in diabetes.

It is clear from the materials presented in the scoping that diabetes services need to become more efficient in the coming decade if they are to manage rising demand and maintain or improve care quality. This will require the identification, development and evaluation of new models of care organisation and delivery. To achieve this there needs to be a national strategy for health services research in diabetes and funds to enable the delivery of that strategy.

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Addendum