# Quality Standards in Diabetes Care

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## Is accreditation of diabetes services in hospital possible?

- National Initiatives to improve care
  - ♦ ABCD, CQC, JBDS, RCP
- ♦ Trying to bring together the agencies involved
- What might diabetes accreditation look like.
- Examples of established peer review/ accreditation
- Diabetes accreditation what have we done so far?

#### Joint British Diabetes Inpatient Group

- ♦ 2007 Diabetes Inpatient National Network became JBDS
- ◆ Created and supported by Diabetes UK, ABCD and the Diabetes Inpatient Specialist Nurse (DISN) UK group, and works with NHS England, TREND-UK and with other professional organisations.
- https://abcd.care/joint-british-diabetes-societies-jbdsinpatient-care-group

### The National Diabetes Audit 2011 onwards

- ♦ A major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales.
  - National Diabetes Core Audit (NDA): This annual audit of primary care and specialist diabetes services covers care processes, treatment targets, complications and mortality.
  - National Diabetes Inpatient Audit (NaDIA): This is a snapshot audit of every hospital covering inpatient care of people with diabetes.
  - National Pregnancy in Diabetes (NPID) Audit: This audit examines antenatal services for women with pre-gestational diabetes.
  - National Diabetes Footcare Audit (NDFA): This audit collects data about specialist foot care services for people with diabetes

#### National Diabetes Inpatient Audit

- ◆ 2009 first performed as a voluntary exercise by a large number of hospitals in England
- An annual snapshot audit of diabetes inpatient care in England and Wales
  - Did diabetes management minimise the risk of avoidable complications?
  - Did harm result from the inpatient stay?
  - Was patient experience of the inpatient stay favourable?
  - Has the quality of care and patient feedback changed since the previous audit years?

#### The Care Quality Commission

- ◆ 2014 a new approach to acute hospital inspections in England
- Prof Sir Mike Richards appointed as Chief Inspector of Hospitals
  - Are they safe?
  - Are they effective?
  - Are they caring?
  - Are they responsive?
  - Are they well-led?
- ◆ 2014 JBDS met with Prof Richards to discuss the place of diabetes in hospital inspections

#### The Royal College of Physicians

- Joint specialty committee for Diabetes and Endocrinology
- ♦ An established accreditation unit currently administering a number of schemes
- JAG
- Pulmonary Rehabilitation
- Liver
- Primary immunodeficiency services
- Allergy services

#### ABCD and Quality Standards

- Founding partners of JBDS
  - Directly involved in all of the inpatient quality improvement work
  - ♦ The website hosts all of the JBDS documents
- Coordinates a number of national audits
  - Exenatide audit
  - Liraglutide audit
  - Freestyle Libre audit
- Established as a key player in developing diabetes quality standards in the future.

## GIRFT Getting it right first time.

- ◆ 2015 Carter report identifying unwarranted variations in delivery of health care
- Royal National Orthopaedic Hospital piloted a clinical programme to rationalise Orthopaedic Surgery.
- Rolled out as a National Programme
- Diabetes GIRFT
  - Inpatient Care
  - ♦ Type 1 diabetes
  - Foot Care

#### JAG

- Established 2005
- Perhaps the most developed accreditation model
- Administered by RCP
- Recognised by CQC and commissioners as a mark of quality
- Financial incentives for achieving accreditation
- Paid for by the hospitals

#### Cancer Peer Review

- Started in 2001
- Began by publishing standards
- ♦ 2004 standardised across regions
- Internal self assessment, external desk top review then peer review

#### What are we trying to Achieve?

- We want to develop a UK system that will allow diabetes services to measure themselves against a single standard.
- By achieving the standards they will receive accreditation.
- We hope to start by looking at inpatient care.

#### Purpose of Accreditation

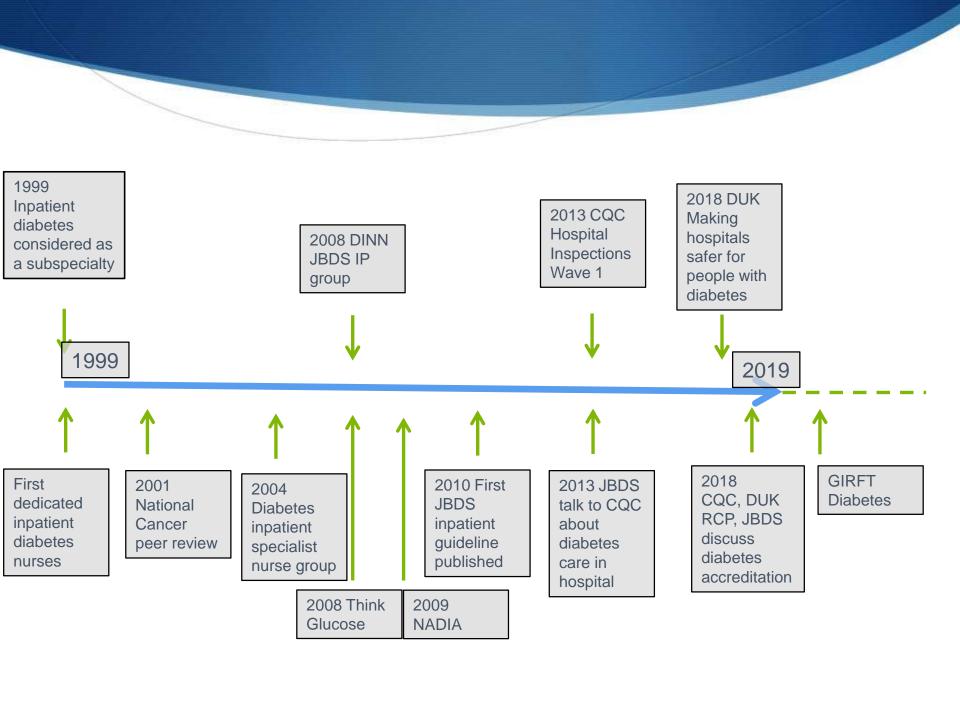
- To improve the quality of care in every hospital
- ◆ To improve the patient and carer experience
- ♦ To undertake independent, fair reviews of services
- ♦ To spread good practice and good ideas

#### What could this look like?

- ♦ A five year cycle with a site visit in Year 1 and Year 5
- ▶ Data submission to maintain accreditation in years 2-4
- Scheme to be administered by RCP
- Oversight by members of JBDS with a expert working group to update the measures
- ♦ A team of diabetes experts more closely involved in inspections and administration
- Paid for by hospitals being accredited.

#### Background

- ♦ Inpatient diabetes as a speciality the role of JBDS
  - Started to think about care quality and define standards
- NADIA
  - An important step to measure what we are doing
- ◆ CQC
  - Showing an interest in diabetes per se but also using this as a marker of overall clinical care.
- RCP
  - Expertise in running accreditation schemes (JAG) and a member of CSAA
- ♦ Clinical Service Accreditation Alliance (CSAA)
  - ♦ The development of a standard way of accrediting services PAS1616



### Diabetes UK report: Making hospitals safer for people with diabetes.



multidisciplinary diabetes inpatient teams in all hospitals



better support in hospitals for people to take ownership of their diabetes



strong clinical leadership from diabetes inpatient teams



better access to systems and technology



knowledgeable healthcare professionals who understand diabetes



more support to help hospitals learn from mistakes.

#### Progress so far

- Meetings with CQC − strongly supportive
- Meeting with RCP
- Diabetes UK working group
   Taking the quality domains that we developed at the last meeting and fitting within the PAS 1616 standards

PAS1616 - the
 British Standards
 Institution, publicly available
 specification.







#### Why is it important to schemes?

- Applying a common standard will achieve:
  - A consistent approach to accreditation in all clinical specialties
  - Quality and consistency of clinical service provision
  - Hardwire service improvements
  - Provide a hospital with effective monitoring and oversight arrangements (all levels), reducing burden through differing approaches
  - Improve learning amongst clinical groups/schemes.

#### The PAS importantly offers others

- A measure of consistent quality for which there are potential customers or beneficiaries:
  - Patients
  - Commissioners
  - ♦ Regulators: <u>CQC</u>, GMC, NHS England/Improvement
  - Trust boards
  - Sustainability & Transformation Partnerships (STPs)

## How does it align with current national policy?

- Patients: makes it clear to patients what to expect from a service.
- ◆ CQC, NHSI: aligns fully with the KLOEs and will provide 'readily available' evidence for assessments
- ♦ **Commissioning:** based on the standard will enable commissioners to commission on the basis of quality and value
- Future hospital: supports FHC 5 key areas

### Mapping the quality domains to recognised standards

#### **PAS 1616 Standards**

- 1. Leadership, strategy and management
- 2. Operational delivery of the clinical service
- 3. Systems to support clinical service delivery
- 4. Person centred care
- 5. Risk and safety
- 6. Clinical effectiveness
- 7. Clinical service users with complex needs
- 8. Staffing a clinical service
- 9. Improvement, innovation & transformation
- 10. Educating the future workforce

#### **DUK quality domains**

- Workforce
- 2. Leadership and governance
- 3. Knowledge and training
- 4. Patient experience
- 5. Systems and technology
- 6. Results

#### Questions

- Are we happy this is the right project at the right time?
- What are the major hurdles?
- What is achievable in the pilot stage?
- Is this an English project?
- Funding the pilot?
- ♦ How do we use NADIA and other audit data?
- How would this grow in the future