The White Paper: ‘Our health, our care, our say: a new direction for community services’

What this means for diabetes

The White Paper (WP) published this week provides great opportunities for people with diabetes and those who care for them. These notes provide a brief introduction to the main points for the diabetes community, and how they link with some of the other work already going on to support the delivery of the Diabetes NSF.

The principles at the heart of the WP go right back to the NHS plan and are aimed to ‘accelerate the move into a new era where the service is designed around the patient rather than the needs of the patient being forced to fit around the service already provided’. The emphasis is on supporting self care, promoting well being and community engagement, as well as prevention and early intervention.

For the diabetes community none of this is new. These are the principles that were outlined in the Diabetes NSF and the Delivery Strategy. But whereas it has sometimes seemed hard to move in the direction of greater self management for patients, more care close to home, and more joined up working for staff, this is now being actively promoted as the central direction for NHS, and there will be incentives and new support both locally and centrally to help it happen.

The WP had a unique public consultation at the heart of its development, and it is good to know that the public felt that services for Long Term Conditions (LTC) like diabetes had improved considerably and the benefits of structured care are really appreciated. Obviously more needs to be done but there are now real opportunities to improve. The emphasis throughout this WP is on concentrating effort to improve services most in areas of greatest deprivation. These are the areas where diabetes is most common, where outcomes are worst and where people need most support, new resources and new ideas.

The WP is 230 pages long and packed with proposals and ideas. Many of these need to be worked out in detail and in pilots, so there are opportunities for the diabetes community to contribute to new thinking and evaluating new ways of working. Below are just some of the many ideas which will have a significant effect for people with diabetes and those who work with them.

People with diabetes

People with diabetes will benefit from the initiatives to improve access to services and a greater range of options for care and support for health improvement closer to where they live. There will also be better access to specialist advice, and up to date information, perhaps by seeing a specialist
in the community but also because primary care teams will be working and training more closely with specialist teams themselves. The important role of GPs and the primary care team in providing consistency of care is recognised and there will be many more opportunities for people to shape the sort of services available. For the first time some of what GPs earn will depend on the results of patient surveys.

Support for self care will be promoted by a document on ‘how to do it’ for PCTs to be published shortly. The GP contract will increasingly contain requirements to support people in self care and the commissioners (those who decide what care should be available for people locally) will be monitored on how well they do this and how well they begin to move resources towards prevention, well being and community resources.. Where primary care is not providing good care Primary Care Trusts (PCTs) will have a duty to look for others to do it better, especially in areas of disadvantage.

The Diabetes NSF supported care planning and group education (such as the DESMOND and DAFNE programmes) specifically designed for people with diabetes and there is enormous demand for these. The WP supports patient education in general and will treble the funding for the Expert Patient Programme (EPP), supporting its move to a community interest company which will enable it to diversify, market and deliver self management courses. Everyone will get an ‘information prescription’ containing details about diabetes and local services, and there will be more schemes in which GPs can ‘prescribe’ exercise and other healthy activities. Care planning, already an important part of the Diabetes NSF gets support, so that everyone can expect to be offered real involvement in planning their own care by 2010 ahead of the Diabetes NSF date of 2013. Those with both health and social care needs will be offered a Health and Social Care Plan by 2008. The WP recognizes the importance of developing training for healthcare professionals to ensure that they have a greater understanding about how to help people who want to take a bigger part in their own self care.

Type 2 diabetes can be prevented in two thirds of people by improved physical activity and diet. The WP team will develop a self assessment ‘Life Check’ for everyone at key points in life. This will support individuals and communities at high risk of developing diabetes to get involved in more healthy lifestyles and environments.

Care for those with the most complex health and social cares needs will be better coordinated and more people in receipt of social care may be able to access individual budgets for their social care needs. Many people with diabetes rely on the support of people they live with. The WP includes more support for carers.

**Those who work with people with diabetes.**

A structured systematic approach to care for diabetes already widely practiced in the community is supported and promoted. Diabetes care teams will find that they are increasingly expected to include support for self management and promote well being as part of routine care, and this will be included in future versions of the Quality and Outcomes Framework (QOF). This will also lead to better physical health and reduced demands on acute care.
The WP specifically supports multidisciplinary work. There will be a higher profile for nurses and allied health professionals (AHP) and pilots to look at direct referral, initially for physiotherapists but later for others. The role of pharmacists is emphasised. There will be more work on new skills and opportunities for staff including further thinking around Practitioners with a Special Interest (PwSI).

The value of specialist care is underlined in a substantial section which describes ways in specialist care and advice can be made more readily available to patients closer to home. This is the group of professionals who may be most affected in their day to day practice by these recommendations. The WP concentrates on surgical specialties. But diabetes specialists are already defining the challenges of working in this way, and developing solutions that go beyond simply changing the site of care to developing new ways to work in support of colleagues right across the community. This white paper is an opportunity both to get these issues more widely understood, but also contribute to changes in practice that will improve the quality of services in the community. This will only come about if local diabetes networks, grasp the opportunities in this WP and everyone, specialists and generalists alike, really work together with people with diabetes to design the services that local practices want to buy and that will genuinely improve health and patient experience.

**Those who organise and coordinate care**

There are important new initiatives which will underpin better services. Most of these relate to improved commissioning, joint work with social services and better use of information to guide these decisions. The central role for general practice (practice base commissioning (PBC)) in deciding what services to buy for their local population is emphasised.

There will be a new National Reference Group for Health and Wellbeing to guide decisions, and practices will be expected to take local QOF findings into account with other local information, and use tested methods to focus care on the local areas where it is most needed. A Framework for Commissioning for Health and Wellbeing will be developed. To support joined up working and joint commissioning more PCTs will work in alignment with social services and there will be new Directors of Social Services, Directors of Children’s services and a greater role for the Director of Public Health. The ‘nuts and bolts’ of commissioning will become clearer over the next few months, including further thinking about how Payment By Results (PBR) can work better for LTC.

While much of the detail of the WP is around partnership work between health and social services, the WP makes clear that to the reap the benefits for people with LTC commissioners will need to work with local providers to develop comprehensive, integrated and more effective packages of care. Cooperation and coordination between all providers is key, and diabetes networks can capitalise on this. **This is a critical time for local networks to redesign services for everyone with diabetes.** These need to include specialist services for children, pregnant women and those in hospital but to also ensure that there are really sound local schemes for prevention, to support well being and self care, and to engage people with diabetes in living healthy lives within their communities. Local commissioners will be looking for this now.
Specific initiatives where the national diabetes team will be working with the diabetes community are in commissioning for diabetes, the ‘Year of Care approach’ and further development of the tariff.

**Other Organisations**

The WP specifically mentions ‘The Third Sector’. This relatively new phrase recognises that there is much good work and huge potential for care to be delivered out side the ‘public’ and private’ sectors. Diabetes UK gets a mention as an example in Paragraph 7.94!

The WP encourages people to think of a whole range on new initiatives, such as cooperatives and other ‘social enterprise’ organisations. The ‘community interest’ initiative for the EPP is an example (see above). Some of this may sound quite daunting to people in the diabetes communities but there are opportunities for partnerships and joint working. The Department of Health will set up a Social Enterprise Unit and a Fund to coordinate support and encourage this.