



## ABCD comments on Final Consultation on Mandate

### 1. Do you agree with our aims for the mandate to NHS England?

**Set out NHS England's contribution to our goals for the health and care system as a whole, in line with this Government's manifesto commitments.** We will hold NHS England to account for meeting its objectives, which will be underpinned by key yearly deliverables and metrics, to be agreed following the SR. We will assess NHS England's performance against these deliverables and metrics, alongside improvement in outcomes measures. This will be reflected in Secretary of State's annual assessment of NHS England. In turn, we expect NHS England to ensure Clinical Commissioning Groups (CCGs) play their part in delivering the mandate.

*ABCD welcomes the explicit expectation that CCGs be held to account for the quality care received by people with diabetes. This will ensure that all CCGs have diabetes care as a priority.*

**Endorse the NHS's own plan for change, the Five Year Forward View.** Implementation of the Five Year Forward View depends on the collective leadership of NHS organisations, including NHS England and national and local partners. The Government will use the mandate to hold NHS England to account for its leadership of and contribution to delivery of the Five Year Forward View. *ABCD members are consultant diabetologists who are uniquely placed to lead on the design and delivery of services for people with diabetes. There is geographical variation in the willingness of CCGs to engage with local consultant diabetologists in discussing service redesign. Not all CCGs have identified diabetes as a priority. This is one reason for variation in outcomes.*

**Set a mandate that is more strategic, clearer and more accessible to the public.** The mandate is not just a means of accountability between the Department and NHS England, but a way of supporting transparency between the NHS and the public. We propose that the mandate focuses on the most strategically important objectives for the health service. The NHS Outcomes Framework will continue to set the long-term, strategic measures of progress against health outcomes for the population, to be complemented at local level by new measures of comparative quality for local CCG populations.

*ABCD welcomes the intention to use benchmarked measures of quality of care and outcomes to improve standards for people with diabetes in England. The National Diabetes Audit has provided such data for many years, and it will be important to ensure that its future is secured, and that participation becomes mandatory for all providers of services for people with diabetes.*

**Set a mandate with a long-term duration.** Subject to the Government's SR this would mean setting the budget, and therefore CCG allocations, for three or more years. This should enable the system to plan more effectively to deliver our long-term aims by providing the assurance of a multi-year budget. Annual milestones would be specified to support delivery of the longer-term aspirations.<sup>iii</sup>

*ABCD welcomes the proposal to set CCG budgets for at least three years. This will provide financial*

context against which long-term transformational commissioning decisions can be made with confidence.

2. Is there anything else we should be considering in producing the mandate to NHS England?

*ABCD believes that PbR has been, and for much of England still is, a barrier to the introduction of innovative, cost-effective high quality integrated service models for people with diabetes. It calls for an urgent review of the tariff for long-term conditions so that clinical and financial incentives are better aligned. CCGs should ensure that people with type 1 diabetes have access to specialist diabetes care and to the technologies approved by NICE to help them to manage their condition effectively.*

3. What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

*ABCD supports the use of benchmarked data to demonstrate inequalities of outcomes for people with diabetes, and to drive up standards of care. The National Diabetes Audits have done this for several years, and the value of this data has been recognised by the National Audit Office and by the Public Accounts Committee. The missing steps in making this approach effective are the lack of mandatory participation in such data collection, and the lack of accountability for acting on the results. The overarching objective would seem to address this. ABCD has been working as part of the Joint British Diabetes Societies for Inpatients with the CQC to drive up standards of care for inpatients with diabetes using the data generated by the NaDIA annual snap shot audit to inform diabetes-specific questions. This will compliment the approach set out in the mandate.*

4. What views do you have on our priorities for the health and care system?

**Preventing ill health and supporting people to live healthier lives.**

*.. priority... to improve quality of life for people with long term conditions such as diabetes..... ABCD welcomes the prioritisation of improving the quality of life for people with diabetes.*

**Creating the safest, highest quality health and care service,** by securing high quality health and care services and 7-day hospital care to improve clinical outcomes.

*ABCD welcomes the opportunity afforded by this priority to improve the safety and quality of care provided for the 15-20% of adult inpatients who have diabetes, and whose care has been consistently poor as evidenced by consecutive annual data from NaDIA. Furthermore ABCD welcomes the opportunity to ensure that specialist care is available for people with diabetes who are in hospital, or who are deemed to require admission to hospital 7 days per week.*

**Transforming out-of-hospital care, ensuring services outside hospital settings are more integrated and accessible.** As part of a new patient guarantee, this means by 2020, we will ensure every patient has routine access to a GP in the evenings and at weekends, as well as effective 24/7 access to urgent care. We will also strive to reduce the health gap between people with mental health problems and the population as a whole.

*ABCD has a track record of promoting integration of services for people with diabetes. Examples of successful schemes exist and have been duly recognised and included in publications to assist CCGs*

*in commissioning appropriate services. Consultant diabetologists are uniquely placed to design and deliver such services for their local populations, but major barriers are the perception of conflicts of interest and PbR, as highlighted in the recent NAO report. ABCD welcomes the intention to reduce the health gap between people with mental health problems. People with mental health problems are disproportionately affected by obesity and diabetes, and suffer disproportionately from their complications because they are a hard-to-reach group that is difficult to engage. ABCD is working to improve care for various categories of people, eg with dementia, in prison etc..*

**Driving improvements in efficiency and productivity** by reducing waste and inefficiency to ensure every penny delivers the maximum possible benefit to patient care.

*ABCD believes there is scope to reduce waste and to improve efficiency in diabetes care. There is potential to reduce duplication of tests carried out by different departments involved in caring for people with diabetes by ensuring that the core medical information is available to health care professionals caring for people with diabetes in whatever location they access care. This requires integration of the medical record. Furthermore implementation of care planning for every person with diabetes will not only achieve this, but will ensure that each person knows the results of their latest tests and is ready to discuss them at their next appointment. There is also scope for combined clinics for people with diabetes who have complications, eg kidney disease, retinal disease, heart failure, foot ulcers etc...*

**Supporting research, innovation and growth**, and influencing global health priorities.

*ABCD welcomes clinical research that addresses how best to treat diabetes and its complications, as well as diabetes prevention. The controversy surrounding the NICE Updated Guideline on the Management of Type 2 Diabetes in Adults illustrates fundamental uncertainties about the best treatment for raised blood glucose in individuals with type 2 diabetes. The answers will not come from studies of drugs sponsored by pharmaceutical companies, but from large national or international randomised controlled trials. ABCD has called for pharmacogenetic research to help establish who will benefit most from specific treatments and, just as importantly, who will develop side-effects. This will allow precisely-targeted, cost-effective individualised treatments.*

5. What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

*ABCD understands the approach, but is concerned that the task of making improvements, meeting rising public expectations, while making financial savings will prove too difficult. Transformation of systems of care will need upfront investment to generate the savings that can be realised down the line. Similarly the benefits of diabetes prevention will take more than 3-5 years to work their way through the system.*