Findings from the most recent National Diabetes Audit report highlight the continued local variation in the quality and experience of care for people with diabetes. The reasons behind this variation are complex, but the quality of services being delivered by individual providers will be a determinant factor.

The Government has introduced substantial reform to the Care Quality Commission’s (CQC) inspection and rating regime for health and adult social care services following the publication of the Francis Inquiry into Mid Staffordshire NHS Foundation Trust.

Underpinning the new inspection regime is the appointment of larger, more specialist and expert-led teams overseen by chief inspectors for hospitals, adult social care services and primary care. The changes have also brought about new ratings for services based on the model used by Ofsted. Services are now rated as being outstanding, good, requires improvement or inadequate.

In 2013, the CQC also launched a thematic review of diabetes care in England designed to identify and better understand variations in care for people living with diabetes. The first phase of this review reported back in October 2014 and the next phase will start in 2015.

On 18 November 2014, the Diabetes Think Tank met to discuss the opportunities presented by the reforms to the CQC’s inspection regime and the thematic review of diabetes care to deliver improvements to people with diabetes. A discussion paper was circulated beforehand (containing 10 questions set out in the annex), and focused on:

1. The effectiveness of the CQC’s inspection regime in capturing and measuring the quality of diabetes services and care across all patients’ pathways
2. What information and data should be used to inform CQC inspections and how providers should be expected to report back against this
3. What standards of diabetes care providers should be inspected against and how these can be measured effectively

The discussion focused on how diabetes was at an advantage against other long-term conditions given the wealth of data and information available to the CQC about the performance of local providers. Attendees welcomed the move towards more specialist inspections, but recognised there was a need to ensure care was evaluated across the care pathway and poor care was not missed if people with diabetes ‘fell between the cracks’. The Think Tank also reiterated the
importance of the Patient Experience of Diabetes Services Survey (PEDS) as a measure of service performance.

**Summary of recommendations**

The Diabetes Think Tank recommends:

- The CQC to assess whether providers have participated in national clinical audits and data collections. If not, the CQC should require that they supply the same data on service performance to incentivise participation
- The CQC to address any gaps in data on service performance for people with diabetes who fall between care settings or who need care from specific services (eg mental health)
- The CQC to use diabetes as an exemplar for determining how its inspection regime can best monitor care and support being provided for people living with other long-term conditions

**1. New inspection and rating regime**

**Background**

Over the past year, the CQC has implemented plans to reform and improve its inspection and rating regime for health and adult social care services. These reforms have been brought about in response to the Francis Inquiry and Government proposals to ensure the inspection regime was more robust and underpinned by larger, specialist inspection teams. The CQC has also announced proposals for inspection teams to focus on specific patient groups, including people with diabetes.

**Figure 1: Overview of the CQC’s new operating model**
The Think Tank discussed the principles and processes of the CQC’s new inspection regime. Alongside the inspection of core services, the Think Tank welcomed the CQC’s decision to focus also on the care being provided for specific patient groups – including people with diabetes. It did, however, consider several areas where the inspection regime could be strengthened to promote improvements in care for people with diabetes.

Key discussion points included:

- **How can the CQC ensure the inspection regime effectively measures diabetes care?**
  - **Outcomes:** It was agreed that a primary focus of the CQC inspections should be on the outcomes of services that are delivering care for people with diabetes. The Think Tank noted the importance of the CQC reviewing existing data on performance of providers (including from the Quality and Outcomes Framework and National Diabetes Audit) ahead of inspections. Any move towards a regional or localised approach to QOF should still require providers to collect a minimum level of data so as to monitor performance determined nationally. Given the wealth of data collected on the performance of diabetes services, it was noted that diabetes could be a test case for how any changes to the QOF are implemented.
  
   - **Patient experience:** Members acknowledged the importance of understanding patient experience when inspecting services and why the PEDS was so critical towards driving up improvements in care.
  
   - **Snapshot of care:** It was noted that a CQC inspection would only provide a ‘snapshot’ of the care being delivered by a provider. CQC inspections should be considered as one part of the regulatory regime. There was a role, therefore, for commissioners and local Healthwatch to regularly review service performance and have mechanisms in place to collect patient feedback.
  
   - **Local knowledge:** Members discussed the potential role of Healthwatch and local diabetes patient groups to provide anecdotal feedback on the quality of local services that could be used to inform inspection teams. CQC inspection teams should work closely with these organisations immediately before and after inspections take place.

- **What are the standards of diabetes care that services should be measured against?**
  
   - **15 healthcare essentials:** The Think Tank agreed that Diabetes UK’s 15 healthcare essentials provided a recognised baseline that the CQC should measure diabetes services against.
  
   - **Staff training:** It was noted that CQC inspection teams should also be reviewing the competency of healthcare professionals to adequately care for people with diabetes and whether they have had appropriate training.
- **Data collection**: Members reiterated the wealth of data available on the quality and performance of local diabetes services through the Quality and Outcomes Framework and National Diabetes Audit. It was noted that a move towards a local or regional approach to QOF could lead to a loss in the level of data collection. Therefore there should always be consistent minimum QOF indicators collected at a national level to ensure comparability.

- **What are the red flags which, if found by the CQC, should warrant concern?**

  - **Poorly performing providers**: The Think Tank pointed out that the CQC should direct special attention to providers that are performing in the bottom quartile of key targets and process measures of diabetes care; for example, proportion of people with diabetes meeting the HbA1C target.

  - **Fragmented care**: Members noted the importance of the CQC considering people with diabetes who have ‘fallen between the cracks’ of service provision. Providers should have adequate recall systems in place if people are not receiving integrated care or if the care pathway has fragmented.

There was consensus that diabetes is in a unique position to be the exemplar for how the CQC inspected services for people with long-term conditions. The wealth of data and information already collated provides a comprehensive picture of the variation in the quality of care and outcomes being delivered by individual providers. It was agreed that the CQC’s inspection regime presents an opportunity to uncover the reasons behind this variation, so long as it is able to have a comprehensive picture of care across the pathway.

2. **Thematic data review of diabetes care**

**Background**

The CQC, as part of its inspection regime, is responsible for undertaking special reviews (or thematic reviews), which look at specific areas of care based on newly available data and evidence. Thematic reviews are designed to improve the regulator’s understanding of different patient cohorts and inform its inspection regime by identifying where improvements in care need to be made.

In October 2013, the CQC confirmed its intention to undertake a thematic review of the diagnosis and management of diabetes. Board papers published that month stated that:

“Diagnosis and management of diabetes is a continuing concern identified by the pilot and is felt to be a long-term condition worth exploring further. A thematic data review would look at a number of aspects of diabetes care across the system using hospital and GP data sources to measure performance at area level covering care homes, GP practices and hospitals.”

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The first phase (which was published in October 2014) involved a review of national datasets and sources and the second phase (due to commence in 2015) will consider the findings of the data review and explore the causes behind service variations.

**Discussion**

The Think Tank welcomed the thematic review and agreed it could provide useful insight on the variations behind the quality of diabetes care. The discussion focused on how the CQC could best utilise the wealth of data available on diabetes, but also where there are gaps in data provision. Consideration was given to the criteria that the CQC should assess providers on when conducting the second phase of the review.

The key discussion points were:

- **Universal reporting of data**: The Think Tank discussed the data used by the CQC to inform the first phase of its thematic review. Attendees noted that, while participation in the National Diabetes Audit was high, it had fallen from 87.9% in 2011/12 to 70.6% in 2012/13. The debate focused on the need for data to be reliable and comprehensive. For this reason, universal participation in audits was brought forward as a policy ambition for the CQC to consider as its inspection programme. Providers should be held to account on whether or not they participated in national audits and, if not, require them to supply their own data on performance.

- **Addressing gaps in data provision**: Members noted that the first phase of the thematic review did not take into account care provided for people with diabetes in certain settings, including adult social care, mental health, prisons, among asylum seekers and transitional care from paediatrics to adult and between secondary and primary care. The Think Tank agreed to make a recommendation to the CQC that they consider these gaps in data provision as part of the second phase of the review and report back, as appropriate.

- **Accessible data**: Members noted that the CQC should give consideration to how the results of its inspections can be made relevant to specific patients groups, including people with diabetes. Patients and the general public should be able to access data on the performance of local healthcare services through easy-to-use and understandable platforms.

- **Expertise**: The group discussed the need for the CQC to consider and assess specialist expertise to care for people with diabetes and the possibility of general practice providers publishing data on expertise and medical interests for each GP to allow people to make a more informed decision when choosing their clinician.

The group reiterated its concerns over the risk for people complex conditions in conjunction to diabetes being overlooked by providers and ‘falling between the gaps’ of different services.
Members noted this was particularly the case for young people transitioning from child and adolescent services to adult services.

Providers should consider different approaches of engaging and speaking with these patients to ensure they are managing their health needs – for instance, Skype calls or mobile phone alerts. The second phase of the thematic review should consider the care being provided for these types of patients.

**List of attendees**

**Members**

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Annex: list of questions posed

- Discussion question one: Do you agree with the statements within the inspection guidance? Do these statements need to be strengthened? What lines of enquiry should inspectors use when assessing providers on the quality of their diabetes care?

- Discussion question two: How effective do you believe the new inspection regime will be in capturing and measuring the quality of diabetes services? How can the inspection regime measure quality of care for diabetes patients across the pathway and promote a holistic model of care?

- Discussion question three: What role should local Healthwatch play in the new inspection regime? Has anyone had any experience of a local Healthwatch inspecting a local diabetes service? How effective was it and what were the key learnings?

- Discussion question four: What additional lines of enquiry do you believe should be added to assess the quality of diabetes services? What are the criteria of high quality diabetes care that inspection regimes should consider in the different settings?

- Discussion question five: What are the red flags which, if found by the CQC, would warrant concern? What are the fundamental standards of good quality diabetes care we would expect providers to be delivering and how can these be measured within the new inspection regime?

- Discussion question six: Has the CQC considered all of the available data sources on diabetes care? What other data on services would it be useful to consider and what elements of the care pathway should be prioritised?

- Discussion question seven: What elements of the diabetes care pathway should the CQC review within its inspection activities? How can the Diabetes Think Tank support the CQC bring the NHS’s attention to the review once it is published?

- Discussion question eight: How can regulators, commissioners, providers and stakeholders best make use of the data review’s findings? How can we ensure local services take note of the review’s recommendations?

- Discussion question nine: How can the review’s conclusions be embedded into the new inspection regime?

- Discussion question ten: How can we best signpost diabetes patients to services providing high quality care? How can inspection reports be published in a way that is meaningful to people living with diabetes?
References

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2. Care Quality Commission, Public board meeting: Thematic reviews – future topics and a proposals for a more systematic approach to topic selection, 18 September 2013
3. National Diabetes Audit 2011/12
4. National Diabetes Audit 2012/13, data and resources