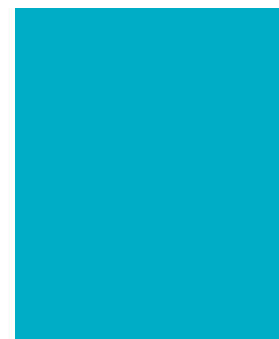


# England and diabetes: a brief overview



CHRODIS JA  
06 November 2014



# Summary

- Me
- NHS and NHS England
- Role in CHRODIS JA
- Some lessons on caring for people with diabetes:
  - the national diabetes plan and
  - a local diabetes improvement programme

# Me

- Dimitri Varsamis

# NHS and NHS England



- National Health Service (NHS)
- Launched in 1948
- The world's largest publicly funded health service
- One of the more efficient, egalitarian and comprehensive
  - But definitely with many problems! (like everywhere)
- UK: 63.2 million people
- Responsibility for healthcare in Northern Ireland, Scotland and Wales is devolved to their governments
- The NHS employs more than 1.7 million people. Of those, just under half are clinically qualified – including 40k general practitioners (GPs), 380k nurses

# NHS and NHS England



- The NHS in England is the biggest part of the system by far, catering to a population of 53 million and employing more than 1.35 million people.
- Funding for the NHS comes directly from taxation and is granted to the Department of Health (=Ministry) by Parliament.
- 9.6% of GDP is spent on healthcare (120 billion pounds)
- Free at the point of use though some limited charges

- NHS dominant form of healthcare provision
- NHS is divided into two sections:
  - **Primary care:** first point of contact for most people largely provided by independent contractors
    - GPs pivotal as gatekeepers & most people registered with a local practice
    - Dentists, pharmacists and optometrists
  - **Secondary care:**
    - Hospitals
    - Limited independent sector (for profit and not for profit) 3%

## **NHS England**

- Independent body, at arm's length to the government.
- It:
  - provides national leadership for improving outcomes and driving up the quality of care
  - oversees the operation of local commissioning
  - directly commissions primary care and specialist services

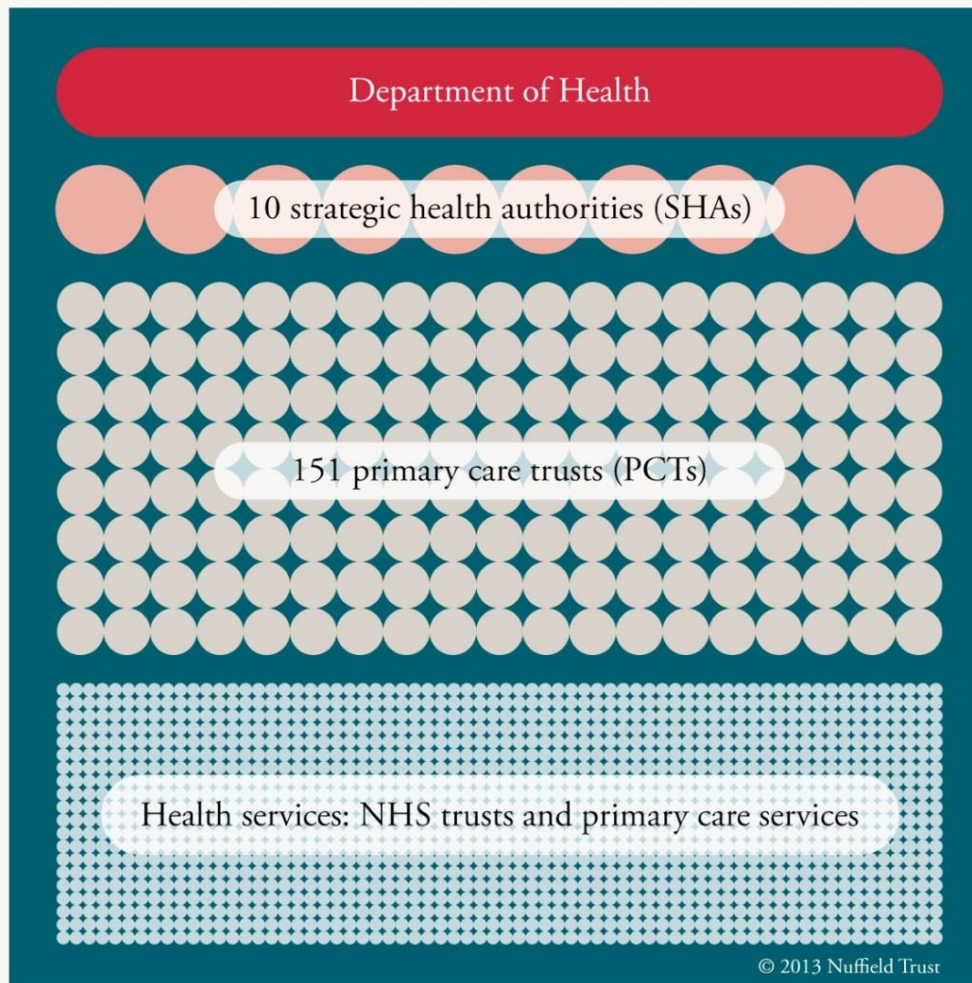
Also changes in Education and Training, Public Health and Regulation

## **Local commissioners:**

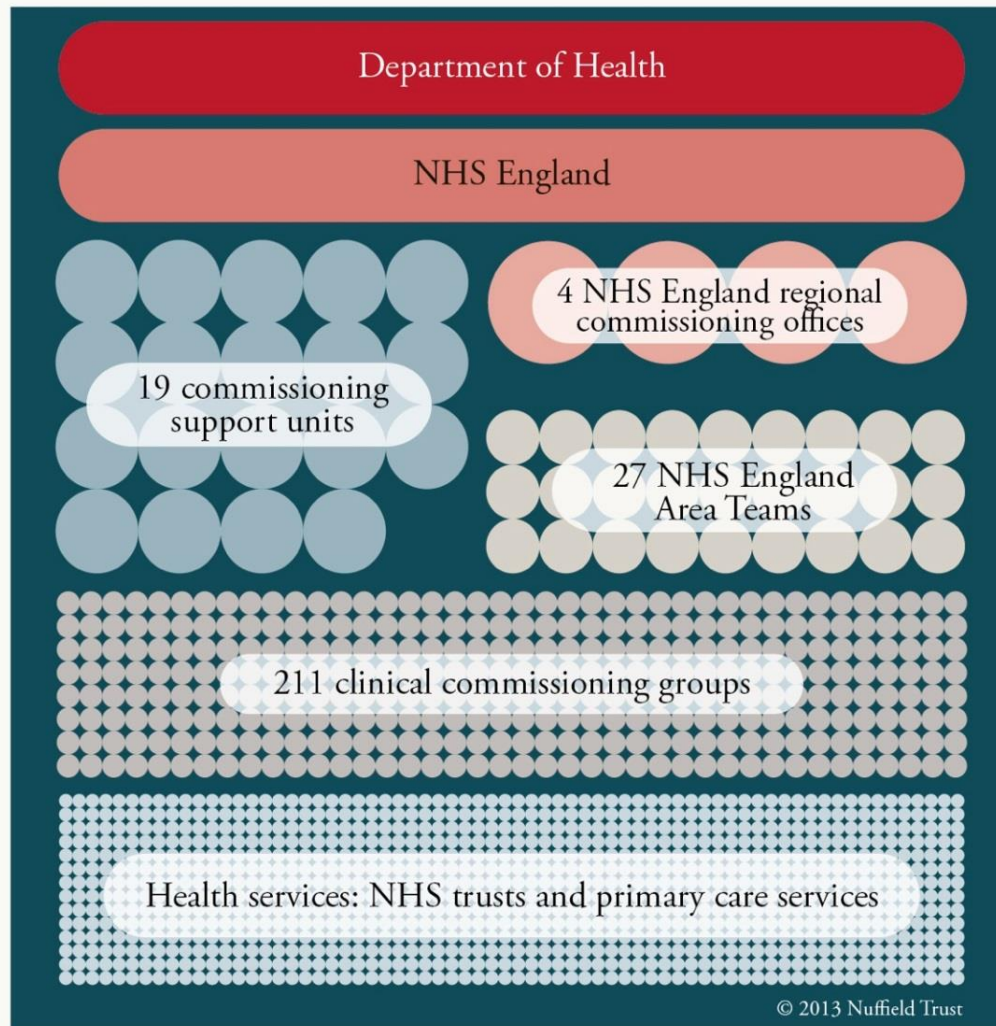
- Control approx 80% of the NHS budget
- The local commissioners of most local healthcare:
  - planned hospital care
  - urgent and emergency care
  - community health services
  - mental health and learning disability services



# The NHS in England before the reforms



# NHS April 2013 onwards



# Role/contribution of England in WP7



- Collaborative partner
- Also for WP6
  
- Due to reorganisation, the Ministry and NHS England, no longer have sufficient national policy teams, i.e. no one has oversight and responsibility for any specific conditions
  - No cancer policy team or CVD etc

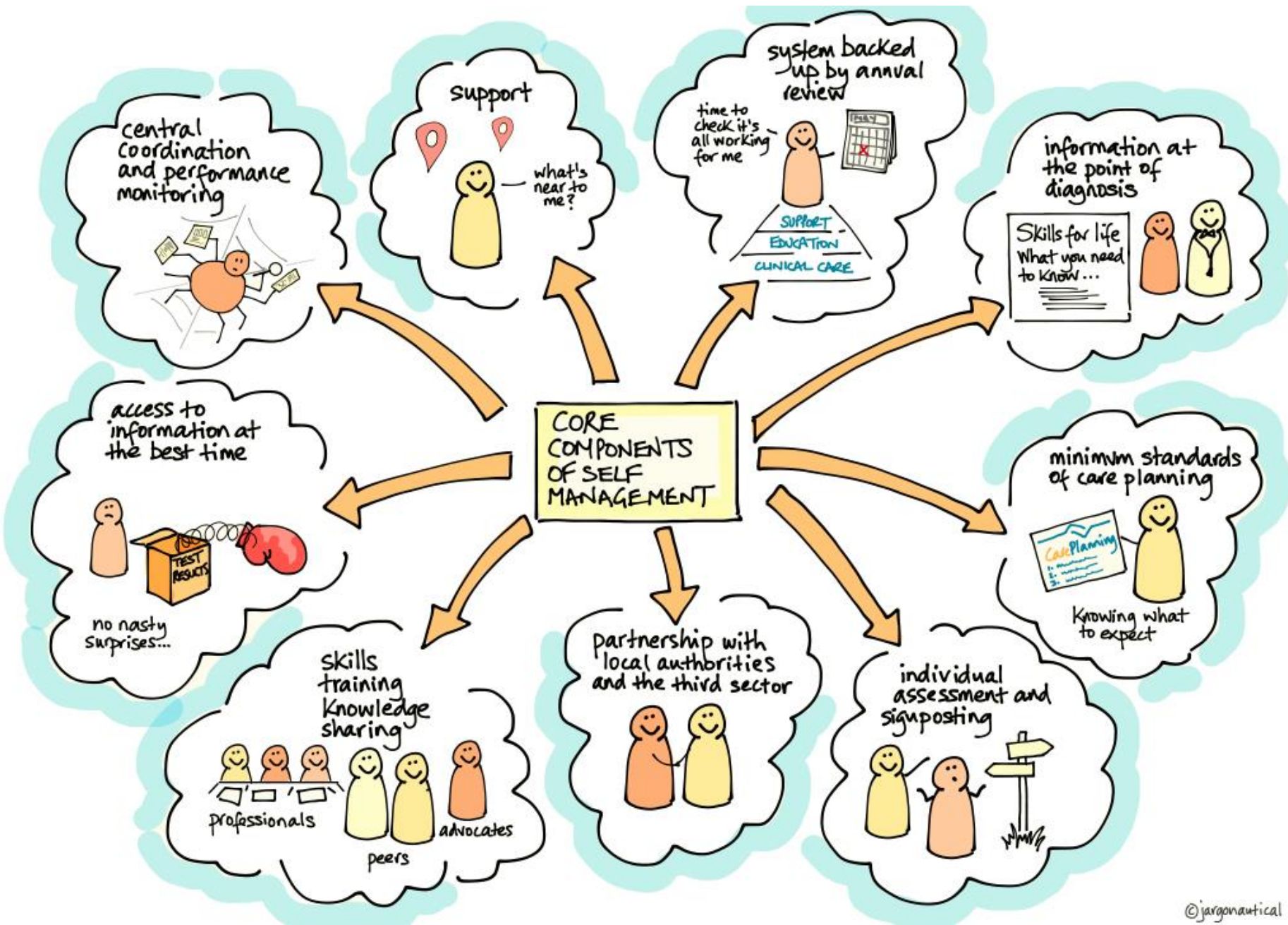
- National Service Framework for Diabetes
- From 2001 to 2011
- a full national policy team supporting it at Ministry level, and attached funding, specifically on making it a reality at the frontline
- There were already other NSFs for other conditions.
- Diabetes “top clinician” to help develop the national policy and to be the figure head. There were very few such czars, for diabetes, cancer and 3-4 other conditions.

- Policy decision at the ministry to develop a series of NSFs for different conditions, in order to drive the improvement of clinical processes and outcomes over the long term. Therefore, ten year plan rather than being short term
- Underfunding from the 1980s until the late 1990s, but suddenly a big increase in funding, and therefore the NSF was welcomed as the way to focus the healthcare system on what they need to improve on, for diabetes.

- There was no change of government from 1997 to 2010, which allowed for a continuation of the national policy and direction.
- There were national bodies set up (“NHS Diabetes”, “NHS Institute for innovation and improvement”, “NHS Improvement”), whose role was to spread good practice and to hear about good examples and share these further.

- Lessons from a local diabetes transformation programme
- Detection
- Self management
- Care planning
- Community services
- GP care

<http://dmi-diabetes.org.uk/>





MINIMUM STANDARDS OF CARE PLANNING



# Most care is SELF CARE

most people see health professionals for only a few hours per year, so it's the person LIVING WITH THE CONDITION who is in charge of the day to day management of their health.



3. follow up that action plan

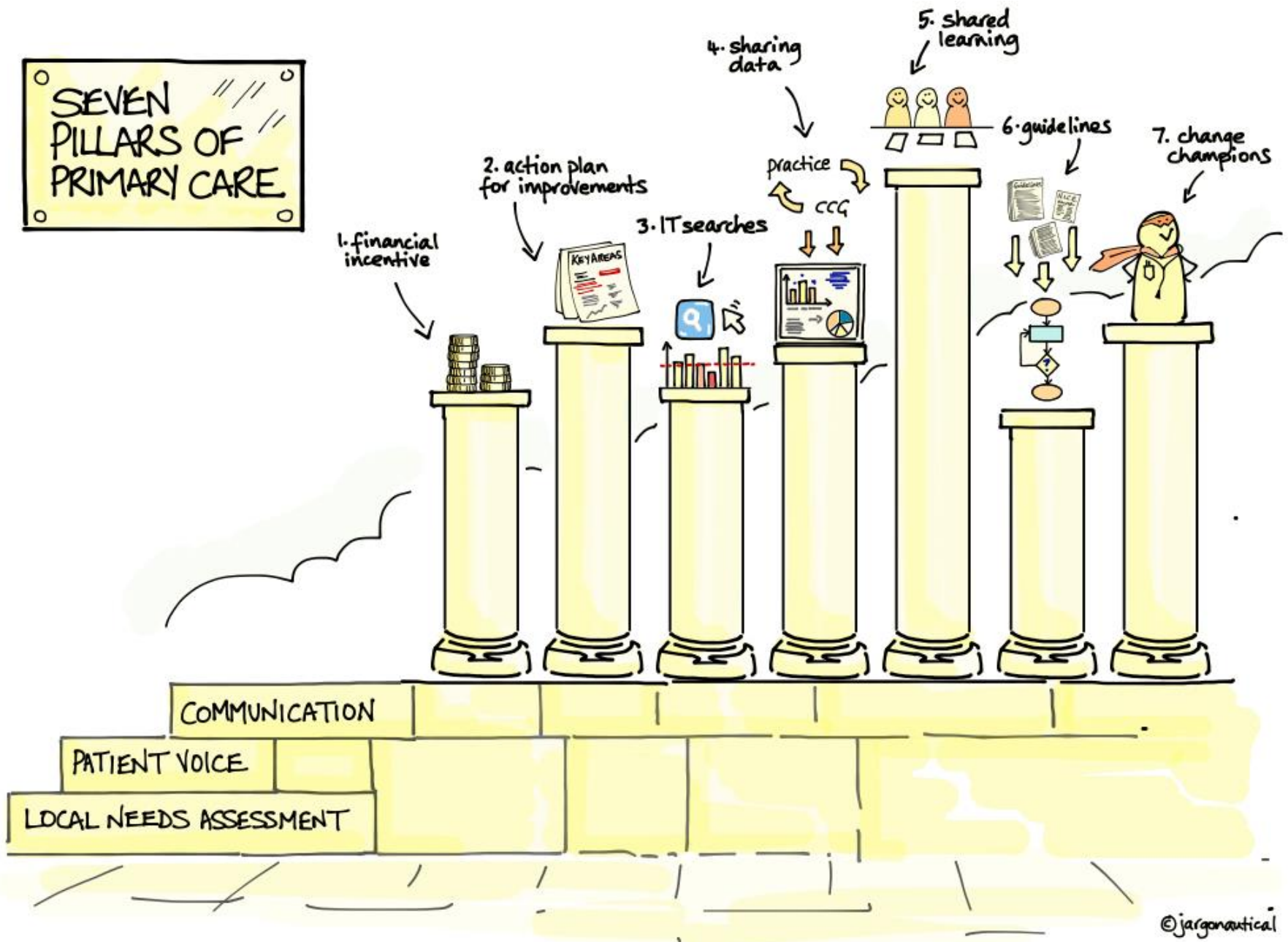
people are more likely to succeed with their goals if there is regular follow up and joint review.



mutually agreed goals



# SEVEN PILLARS OF PRIMARY CARE



Thank you

Dimitri Varsamis, Domain Team Lead

Clinical Effectiveness Domain Team, Medical Directorate,  
National Support Centre, NHS England