

Diabetes service redesign - patient focus group

Tuesday 14 February 2017 – 3-5pm - Harry Lyne room, Beckenham Beacon

Notes:

The diabetes focus group was attended by four representatives of Bromley Clinical Commissioning Group and eight Patient Advisory Group (PAG) members. The focus group was arranged so that patient representatives had the opportunity to inform the design of the diabetes service specification. The contract for the current service is due to end in September 2017 and we are re-procuring this to ensure it meets the needs of Bromley residents.

The focus group began with a round of introductions, before our Clinical Commissioning Manager presented to attendees. This began with by setting the scene of diabetes in Bromley, including current needs of our population, rates of diabetes and high risk groups. This was followed by looking at the current model in place in Bromley and how we currently deliver diabetes care, before explaining the structure of the proposed revised model.

Having contextualised diabetes care in Bromley and set out the agenda, the PAG were invited to discuss their experience of diabetes care in Bromley by focussing on three key areas: communication, access and self-care and education.

Communication

- It was mentioned that diabetes wasn't treated as a priority. If you have other issues, diabetes can be viewed as secondary importance. Additionally, the pathway for diabetic foot isn't always correctly used.
- There is a lack of communication between healthcare professionals about the connection between different diseases.

Was explained that Local Care Records will help with data sharing, but this is still new so not completely up and running yet.

- PAG member explained that she is not offered annual reviews or follow-up care. She was also never offered a foot check. There seems to be differences in advice from different professionals. Additionally, there is a possible gap after DAFNE and DESMOND completed, what support is offered afterwards?

Gap identified: lower risk patients may receive less communication and be offered fewer services than higher risk patients

CCG: a volunteer could be present during the procurement process. One aim is to develop 'expert patients'. Also mentioned that patients can have appointments with pharmacists too.

- PAG suggested that there could be an issue with monitoring delivery of the service rather than the service spec itself.

CCG confirmed that she will look at future monitoring. Patient communication is not in the current spec but will be in future.

Access

- A hub with a specialist diabetes section was mentioned

Jen explained integrated care networks and that GPs are close to where everyone in borough lives.

- Mobility issues may affect access – Hospital transport is difficult to get and wheelchair-friendly taxis are expensive.

Gap identified: Few services available out of normal working hours

- Overall, feedback regarding access was largely positive, such as eye screening closer to home.
- GPs are fine if only diabetic but not for more complex patients
- Referrals elsewhere can be a problem if issues cut across different NHS services – may not be funded for certain services combined with other services.

CCG explained that even if patients are treated in community, they will still be guaranteed a hospital appointment if necessary.

Self-Care and Education

- Patients may not be informed enough about how services will affect their insurance.
- Young people won't want to take five days off for a DAFNE course – no access for D&D at weekends/evenings.

CCG: confirmed that a bid has been put forward to the HIN regarding education

- There is no provision in D&D for non-English speakers or those with low literacy rates and learning difficulties
- Not enough access to DSN nurses at hospitals?

CCG explained that we do have funding for additional nurses, but it takes time to train them. This will be included in future contracts.

Questions for BHC:

- D&D – what percentage improvement from sessions? How is non-attendance dealt with? What is the drop-out rate? What are the outcomes of the sessions?
- Who has access to food/dietary services?
- What access do hubs/community services have to demographics information?

Next steps

Thank you for taking the time to attend our diabetes focus group. We have certainly understood some gaps in the current service, and have hopefully shared some steps we are taking to prevent this from happening in the future model. We will be asking for one or two members to volunteer to be a part of the procurement process going forward.