

Diabetes Strategic Framework Consultation Response Questionnaire

March 2016

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: phdconsultation@dhsspsni.gov.uk

Written: PHD Admin Team
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BT4 3SQ

Telephone: 028 9052 2059

Responses must be received no later than 31 May 2016

I am responding: as an individual
 on behalf of an organisation

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Background

In Northern Ireland, at March 2015, there were 84,836 adults aged 17 and over living with Type 1 and Type 2 diabetes, approximately 90% of these cases are Type 2. Although it is estimated that 80% of Type 2 diabetes is preventable, because it is age-related, the prevalence of Type 2 diabetes will continue to rise as the population demographic profile ages.

Diabetes is one of the most common chronic medical conditions in children. The Diabetes Strategic Framework notes that there are 1,207 children with Type 1 diabetes attending paediatric diabetic clinics and sporadic cases of Type 2 diabetes are now being seen in Northern Ireland. In 2014, there were 140 new cases of Type 1 diabetes diagnosed in children under the age of 15, the largest number of children diagnosed in Northern Ireland to date.

Gestational diabetes is also increasing. In 2013/2014, there were 1,251 women who had diabetes in pregnancy with 1,270 infants born to those women, making up 5.2% of all pregnancies.

The Diabetes Strategic Framework (and implementation plan) has been developed as a result of a review of diabetes services commissioned in 2012 and led by the Department's Chief Medical Officer. The Diabetes Review report (2014) can be found

at: <https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/report-of-diabetes-review-steering-group.PDF>

The review report made 11 recommendations to improve diabetes care in Northern Ireland. One of its recommendations was for the development of a strategic direction or 'roadmap' to address the gaps in services and emerging priorities identified by the review group and inform service development. This Diabetes Strategic Framework has been developed in response to this recommendation.

The aim of this Diabetes Strategic Framework is to realise a vision of care which improves outcomes for people living with diabetes, or at risk of developing Type 2 diabetes, including services that are:

- evidence-based and co-designed with people living with diabetes to achieve best clinical outcomes;
- person-centred and encouraging self-management; and
- seamless from the service user perspective, responsive and accessible.

The draft Strategic Framework therefore highlights the key challenges identified by the review group, reflects feedback from a stakeholder workshop (held April 2015) and considers how the recommendations contained in the diabetes review report can be taken forward.

A thematic approach has been adopted with 7 themes identified which reflect the key challenges for diabetes services identified in the diabetes review. The 7 themes are:

1. A Partnership Approach to Service Transformation - Clinical Leadership and User Involvement;
2. Supporting Self-management - Empowering People through Structured Diabetes Education;
3. Prevention, Early Detection and Delaying Complications;
4. Using Information to Optimise Services and Improve Outcomes for People Living With Diabetes;
5. Innovative Services for People Living with Diabetes, Particularly Those Requiring Bespoke Treatment and Care;
6. Enhancing the Skills of Frontline Staff; and
7. Encouraging Innovation.

Successful implementation of the Framework depends on enabling key stakeholders to work together, to innovate and to improve services, making best use of resources. Importantly, the Strategic Framework recognises the central role that people living with diabetes have as partners in the planning of

services and in self managing their condition to support the best outcomes for their personal health and well-being and quality of life.

An implementation plan has been developed as an integral part of the Strategic Framework. This plan refers to priorities identified now for the first 3 year phase of implementation, however it will be revised and updated annually. The Framework itself will be reviewed and updated after 5 years to ensure it remains fit for purpose.

In developing the Strategic Framework, account has been taken of a number of other key policies and strategies including *Transforming Your Care* (2011), *Living with Long Term Conditions* (2012) *Making Life Better* (2014). The Strategic Framework also builds upon the considerable amount of work that has already been undertaken by commissioners and Health and Social Care Trusts, as well as the voluntary, community and independent sectors, to improve the planning and delivery of diabetes services. The Department has worked closely with Diabetes UK in developing the Strategic Framework.

The consultation questionnaire

This questionnaire has been designed to support the consultation process relating to the Diabetes Strategic Framework.

The questionnaire seeks your views on the Strategic Framework, and should be read in conjunction with the Diabetes Strategic Framework consultation document which can be found at:

<https://www.dhsspsni.gov.uk/consultations>

It is particularly important to know whether the Strategic Framework will improve the quality of treatment, care and support for children, young people and adults living with diabetes, or at risk of developing Type 2 diabetes, in Northern Ireland.

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

The consultation opened on 8 March 2016 and will close on 31 May 2016.

If you have any queries regarding this consultation please contact the PHD Admin Team at phdconsultation@dhsspsni.gov.uk or (028) 9052 2059.

Content of the policy framework

Q1. Do you believe that implementation of this Diabetes Strategic Framework will help plan and develop more effective services to support people living with diabetes or at risk of developing Type 2 diabetes, and their carers?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

The changing demography of diabetes requires that service development will be necessary to provide optimal care for the growing number of patients with the condition.

Success is dependent on appropriate resource allocation.

Q2. Do you believe the aim of the Diabetes Strategic Framework is appropriate?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Key Themes

Q3. Do you agree with the 7 key themes identified in the document as the primary drivers for improvement of diabetes services?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Q4. Do you agree that implementation of these key themes, and the associated principles and actions, will result in improved care and support for people in Northern Ireland with diabetes, or at risk of developing Type 2 diabetes?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Northern Ireland could also formally adopt the NICE Quality Standards that concisely set out achievable measures that are markers for high quality care covering the prevention and treatment of diabetes.

Theme 1 - A Partnership Approach to Service Transformation - Clinical Leadership and User Involvement

Q5. Should people living with diabetes, and where appropriate their carers, be recognised and involved as partners in how care is planned and delivered?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

This is an obvious part of improving care and the patient experience.

Q6. Do you agree that services for people living with diabetes, and their carers, can be improved through co-operation between statutory, voluntary and independent sector organisations?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Yes, all relevant stakeholders should be involved in the care of any patient with a chronic condition.

Q7. Do you believe that a Diabetes Network will support a partnership approach?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

This is dependent on proper composition of the Network. Senior independent minded experienced clinicians and practitioners are needed, along with experienced managers and commissioners who can make things happen.

Our understanding is that engagement with other organisations was part of the remit for the Network when it was set up.

Theme 2 – Supporting Self Management - Empowering People Through Structured Diabetes Education

Q8. Should Structured Diabetes Education to support self-management be a core element of diabetes care?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

This already happens through structured diabetes education programmes, however current demand may be outstripping capacity.

Q9. Should people newly diagnosed with diabetes have access to Structured Diabetes Education within 6 to 12 months of diagnosis?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

This would be a recognised standard of care, although the current situation is far from this.

Q10. Should the potential role for digital technology in Structured Diabetes Education be explored?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Various methods of communication should be explored in helping patients take control of their own care. These should be tailored to the specific individual and their needs, although we would warn against using resources on non-evidence based technology.

Q11. Should the potential role for social media in self-management and peer support be explored?

Yes

No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

As above.

Theme 3 - Prevention, Early Detection and Delaying Complications

Q12. Do you believe that prevention of Type 2 Diabetes should be linked to the wider public health agenda being taken forward through ‘*Making Life Better*’, the framework for improving the population’s health and well-being, and the obesity prevention framework, ‘*A Fitter Future for All*’?

Yes

No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

All are interlinked and relevant to improving patient outcomes.

Q13. Do you agree that people living with diabetes in Northern Ireland should have access to evidence-based pathways for prevention of complications, for example the foot care pathway?

Yes

No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Yes, as part of an overall educational programme of care. We would be in favour of adopting the standards set out for this and other aspects of care for persons with diabetes produced recently by NICE.

Theme 4 - Optimising Services and Outcomes through Better Information

Q14. Do you believe participation in the National Diabetes Audit(s) will lead to improvement in diabetes care?

Yes

No

If you answered "no" to this question, or would like to qualify your "yes" response, please explain further.

Embedding the pathway in the Northern Ireland Electronic Care Record will be a step forward. Better integration and information sharing between primary and secondary care should be a priority.

Q15. Should integrated information systems be a strategic priority for improving diabetes care?

Yes

No

If you answered "no" to this question, or would like to qualify your "yes" response, please explain further.

Q16. Do you believe a patient portal - which allows people to manage their own health information and to communicate with their healthcare providers - would support better diabetes care?

Yes

No

If you answered "no" to this question, or would like to qualify your "yes" response, please explain further.

In principle yes, but it should be piloted and targeted to priority groups as a first step.

Theme 5 – Innovative Services for People Living with Diabetes, particularly those requiring Bespoke Treatment and Care

<p>Q17. Do you agree with the groups prioritised under this theme (Children and Young People, Pre-pregnancy and Pregnant women, Hospital In-patients)?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.</p> <p>Yes – these are sensible first steps.</p>

<p>Q18. Do you agree that the actions identified will improve outcomes for these groups (Children and Young People, Pre-pregnancy and Pregnant women, Hospital In-patients)?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.</p> <p>We agree with the use of specialist teams providing care to address the complex needs of vulnerable groups of patients.</p>

<p>Q19. Do you agree with the groups identified as being at risk and vulnerable?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.</p>

Theme 6 - Enhancing the Skills of Frontline Staff

Q20. Do you agree that a workforce plan should be developed to support the implementation of this Strategic Framework?

Yes

No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

This will be an essential component of the project, otherwise the goals will not be achievable.

Q21. Do you agree that staff who are not specialists in diabetes and who regularly care for people living with diabetes should have the opportunity for appropriate training and development?

Yes

No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Yes, to ensure optimal outcomes for patients.

Theme 7 –Encouraging Innovation

Q22. Do you agree that a more co-ordinated approach to innovation has the potential to improve services and outcomes for people living with diabetes?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

We should actively learn in relation to what works for patients in improving outcomes from innovation initiatives across the UK (and further afield if applicable to the NHS).

Q23. Do you agree that the Diabetes Network should act as a hub for sharing innovative thinking and practice?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

This seems reasonable.

Q24. Do you agree that processes should be in place to support the introduction of new drugs and devices?

Yes No

If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Yes, in theory, although in practice this can be used as a cost limitation strategy.

Human Rights and Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Regulation 75 of the Northern Ireland Act 1998, the Diabetes Strategic Framework has been equality screened and a preliminary decision has been taken that a full EQIA is not required. This preliminary decision is subject to change following analysis of feedback received during this consultation.

The Department is inviting responses to the following questions:

Q25. Are the actions set out in this draft Diabetes Strategic Framework likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Yes

No

If Yes, please state the group or groups and provide comment on what you think should be added or removed to alleviate the adverse impact.

Q26. Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in the consultation document may have an adverse impact on equality of opportunity or good relations?

Yes No

If you answered “Yes” to this question, please give details and comment on what you think should be added or removed to alleviate the adverse impact

Q27. Is there an opportunity for the draft Strategic Framework to better promote equality of opportunity or good relations?

Yes No

If you answered “yes” to this question please give details as to how.

The Health Service in Northern Ireland (with few exceptions) has been an exemplar of good relations in a part of the world where community relations have been strained. It can continue to be so through interactive working with patients and carers.

Q28. Are there any aspects of this Strategic Framework where potential human rights violations may occur?

Yes No

If you answered “yes” to this question please give details as to how.

Please set out below any further comments, recommendations or suggestions you would like to make in relation to the Diabetes Strategic Framework for supporting people living with diabetes or at risk of developing Type 2 diabetes, and their carers.

Comments:

We note that there have been some delays in producing this strategy, given that discussions began in 2012.

The view of some of our Fellows in Northern Ireland is that the Department can be overly dependent on the Public Health Agency for advice and opinion, and exhibits less trust in expert clinician opinion.

**Please return your response questionnaire.
Responses must be received no later than 31 May 2016.**

Thank you for your comments.

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see website at: <https://ico.org.uk/>)

Appendix 2

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the actions proposed in the Diabetes Strategic Framework are likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not appropriate for a number of reasons, for example,

- The preliminary screening showed no evidence of higher or lower participation or uptake by different groups;
- Interface meetings, and consultations with key stakeholders were already established as a key component in the development of the Diabetes Strategic Framework;
- The Diabetes Strategic Framework appears to promote equality of opportunity and good relations.

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