

Recommendations derived from the Service Review conducted by Dr Sue Levi regarding HASSC recommendation number 9:

1. **Integration** – all the professionals, carers and patients join together in partnership to **own the health outcomes** of patients with diabetes in their local area – i.e. the diabetic population's average glucose control (HbA1C) belongs to the IDS, hospital staff and GPs.
2. **Leadership, partnership and clinical engagement.** The best achieving models of diabetes care have strong leaders, high levels of engagement and care seen as important by all contributors. Decisions need to be made locally as to the leadership role of the GP with a Special Interest, GP Clinical Director with responsibility for Diabetes and the Diabetes Consultant.
3. **Integrated IMT/data sharing** - poor outcomes e.g. sugar control, blood pressure and cholesterol must be owned by everyone and be visible to all in the service. This has been achieved elsewhere and auto-extraction would be possible via Health Analytics software access. This aspect could be researched elsewhere to see solutions elsewhere.
4. **Shared governance** – so that all are responsible for outcomes and all learn from poor experiences etc. Have to be accountable to someone even if not formal.
5. **Alignment of finances** – if providers are aligned towards outcomes e.g. blood sugar control or amputations etc then there will be a natural focus and increased cooperation. This could use the same metrics e.g. HbA1C but be used differently in the different organisations e.g. the Quality and Outcomes Framework in primary care but CQUINS (Commissioning for Quality and Innovation) for the community provider.
6. **Reconsider patient education provision** to approximately double availability. Needs new approaches to advertising the service, inviting patients, following up non-attendance etc. Also, increase the knowledge of the professional workforce on the vital role of patient engagement and ownership of their condition
7. The CCG, NHS England, The North East London Foundation Trust, The Local Medical Committee and GPs need to **work together** to:
 - Enhance and encourage prioritisation of diabetes care in each General Practice including monitoring if a practice has a named Lead Diabetes Clinician.
 - Monitor if the practice 'permits' in-reach training and peer education – and what to do if the practice doesn't allow entry.
 - How to manage poor Diabetes outcomes e.g. poor sugar control, high level of exception reporting etc.