

HEALTH AND WELLBEING SCRUTINY COMMISSION

21 APRIL 2016

Commissioning of a Diabetes Structured Patient Education programme for Leicester, Leicestershire and Rutland

Background

1. Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are two main types of diabetes – type 1 diabetes and type 2 diabetes. Type 2 diabetes is far more common than type 1. In the UK, around 90% of all adults with diabetes have type 2. It is a chronic and progressive disorder that impacts upon almost every aspect of life.
2. There are 3.9 million people living with diabetes in the UK. That's more than one in 16 people in the UK who has diabetes (diagnosed or undiagnosed). This figure has nearly trebled since 1996, when there were 1.4 million. By 2025, it is estimated that 5 million people will have diabetes in the UK.
3. Locally, we have among the highest proportion of patients with diabetes of anywhere in the country. Around 25,000 city patients are diagnosed with diabetes, and it is thought that there may be as many more again living with the condition undiagnosed. Type 2 diabetes usually appears in people over the age of 40, though in South Asian people, who are at greater risk, it often appears from the age of 25. It is also increasingly becoming more common in children, adolescents and young people of all ethnicities.
4. Diabetes is a national, regional and local clinical priority. It is associated with significant morbidity and early mortality. Adults with diabetes have a higher risk of a range of complications including major vascular disease (heart attack and stroke) and microvascular disease (kidney disease, amputation, and retinopathy).
5. Improving the management of high cost patients, especially those with long term conditions, is increasingly seen as an important strategy for improving health outcomes and controlling healthcare expenditure and is a key element of current NHS policy.
6. The National Institute for Health and Care Excellence's (NICE) Diabetes in Adults Quality Standard 1 (2011) states: *"People with diabetes and/or their carers should receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to ongoing education"*.
7. The aim of the structured diabetes patient education programme is to improve knowledge, blood glucose control, weight and dietary management, physical activity and psychological well-being, through a tailored approach to the individual (taking in to account issues related to ethnicity and diversity).

8. In Leicester (and Leicestershire and Rutland), the local NHS has previously procured a structured education programme known as DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed). This has most recently been provided in partnership by the University Hospitals of Leicester NHS Trust (UHL) and the Leicester Diabetes Centre. This contract was due to expire on 1st April 2016.

Procurement process

9. The CCG's procurement of healthcare services is currently regulated by a dual regime; *The Procurement, Patient Choice and Competition Regulations (No. 2) 2013* – the “s75 Regulations” – and the “Part B” regime under the *Public Contracts Regulations 2006*.
10. A key principle of the s75 regulations and Monitor guidance is that Commissioners must procure services from one or more providers that “are most capable of securing the needs of NHS Healthcare Service users and improving the quality of services and the efficiency with which they are provided; and provide best value for money in doing so.”
11. It is for Commissioners to decide whether to procure or not at the end of the term of the contract. In accordance with these requirements a paper was presented to the CCG's Competition and Procurement Committee (CPC) on 25th June 2015, which followed a 12 week patient engagement process that had closed on 12th June 2015.
12. The CPC agreed that the service, to ensure compliance with Section 75 of *The Health and Social Care Act 2012*, *The Public Contracts Regulations 2006* and *The Public Contracts (Amendment) Regulations 2009* and EU regulations should be offered to the market through an open procurement process. This was supported by a market assessment that was undertaken and from which a minimum of three potential providers were identified.
13. The procurement process followed was an open, fair and transparent procurement with potential providers assessed against the same evaluation criteria.
14. The specification used for the tender was written and developed by personnel including a GP, nurse, patient representatives and commissioning officers including areas such as quality, equality and diversity and strategy and implementation from the three CCGs in Leicester, Leicestershire and Rutland (LLR). The panel for bidder interviews also included a patient representative, clinicians, procurement specialists and commissioning officers.
15. As part of the process a range of questions were asked of the bidders to explore their understanding of the service and required outcomes, and how they would meet the requirements. This included relevant experience of similar service provision. In addition they were questioned on how they would meet the local needs of the population of citizens in Leicester, Leicestershire and Rutland – with particular attention to the specific diverse needs of the City of Leicester.
16. Spirit Healthcare, a local provider based in Oadby, was the provider with the highest overall score through its EMPOWER programme and was recommended to the three CCG boards as the Preferred Provider on 8th December 2015. Following agreement by each of the boards references were sought from other CCG's for whom Spirit Healthcare are providing diabetes education.

17. Some of the areas in which Spirit excelled were: quality, offering patient follow up after six months; a greater and more flexible range of community-based venues and times of courses including evenings and weekends; and a 24/7 telephone number and helpline for patients.

The difference between this contract and the one provided by the previous provider

18. The principle differences between the DESMOND service and the one to be provided by Spirit Healthcare are based upon the service specification and the commissioning requirements of the LLR CCGs. Spirit Healthcare met the needs of the service specification during the tender process and the panel scored their bid the highest. Some examples of the differences between the previous arrangements and the new ones are:

- Course Offered: DESMOND delivered courses for both individuals newly diagnosed with type 2 patients and those who have had type 2 diabetes for a longer period of time. While Spirit Healthcare has the capability of offering both of these programmes, the commissioners specified during the procurement that this service should be for newly diagnosed individuals only at this stage. The numbers of referrals and requests for courses for patients who have been diagnosed longer than 12 months are being monitored by the CCGs and a view on the need for this type of service will be taken at a later date.
- Number and type of courses: The specification requires the provider to offer tailored BME programme provision, delivered by trained providers (one of whom will always be a qualified nurse). There will be a greater range of venues offered by Spirit Healthcare for patient courses, including GP practices, community settings and faith venues. In the city there will be a minimum of one venue per Health Need Neighbourhood available. The provider will be responsive to ensure courses are offered in locations convenient to the patient, while it will also be offering one to one courses for housebound patients.
- Time of course: The EMPOWER service will be offering courses on weekdays, in the evenings and at the weekend to ensure they are accessible to those people who are working and have childcare arrangements etc. Patients can request the time of course that best suits them at the point of referral.
- Follow Up: Spirit Healthcare will follow up patients at both six and 12 months following completion of the initial programme. At six months the patient will be assessed to determine if any further support can be offered and to signpost the individual and their carer to any additional services which may be beneficial to them.
- Communication to Primary Care: The provider will be sending monthly updates to all GP practices around patients who have been referred and whether they have accepted, completed, Did Not Attend (DNAs) or cancelled a course. This will ensure more robust follow up and management of these patients.

How the financial envelope of this service compared to other bids

19. Spirit Healthcare's EMPOWER programme met the financial requirements of the tender. It is within the financial envelope and competitive in their bid from a financial perspective. However, the course outline also assured the panel of the competency and capability to deliver a high quality education course. Through the EMPOWER programme Spirit Healthcare will also deliver an increase in number of patients attending courses year-on-year within the same financial envelope.

The expected benefits of the new service

20. There are a number of expected benefits of the EMPOWER diabetes structured education programme delivered by Spirit Healthcare. These include:

- The patient having increased knowledge and ability to manage their diabetes through food and lifestyle, medication and being aware of the long term complications which can result from diabetes;
- The patient developing their own action plan to develop diabetes care;
- Quick and convenient access to patient education in a venue local to the patient and their carer, delivered in a way that is culturally appropriate;
- Improved HbA1c (glycated haemoglobin) levels from patients managing their diabetes more effectively; and
- A reduction in emergency admissions as a result of an exacerbation in the patient's diabetes.

21. Spirit Healthcare has opened up their course for any Health Care Professional (HCP) to attend in order to understand the structure and delivery of the course (with prior booking to ensure the course is not over-subscribed). It is hoped that this will increase confidence of HCPs to refer patients onto the course. The first course offered by Spirit is planned to take place before the end of April 2016.

Contract monitoring structures in place

22. The NHS Standard Contract has been used and signed by all three CCGs and Spirit Healthcare. This contains a number of monitoring structures including:

- Key Performance Indicators;
- Quality Schedule;
- Monthly information required by the CCG;
- Monthly information Spirit Healthcare will send to the GP Practices;
- Copies of key documents have been received such as safeguarding processes and business continuity.

23. Spirit Healthcare will also meet with Leicester City CCG's clinical lead and GP diabetes mentors on a quarterly basis (or more regularly if required) to discuss any operational changes they can or need to make to the course, or any issues raised by either patients or the clinical community. There will also be monthly Contract Performance Review Meetings in line with the NHS Standard Contract between the three CCGs (led by Leicester City CCG). These will take place monthly for the first three months and then quarterly thereafter. Overall performance will be monitored by the three CCGs' Provider Performance Assurance Group.

Transitional Plans from DESMOND to EMPOWER

24. 127 patients who were referred to DESMOND prior to the 31st March 2016 and not yet been on a course will continue to receive a course provided by the current provider before the 30th June 2016. Patients referred after 1st March and who had not received DESMOND materials are being contacted by an administrator between 1st and 14th April 2016 to seek consent for their details and referral to be transferred to Spirit Healthcare. Any patient who cannot be contacted will have their referral returned to their GP. The CCG has commissioned this hand over time to ensure that patients are fully informed of the changes in diabetes education provider.