Executive Summary

1.0 Introduction

Since 2016 the Diabetes Partners Strategy Group at NHS Newcastle Gateshead Clinical Commissioning Group (NGCCG) has been reviewing the services it provides to patients in Newcastle with Type 2 Diabetes. As a result of this review a new integrated model of care has been agreed. This report details the results of engagement undertaken with patients who currently receive their care at the Diabetes Centre to understand their views of one aspect of the new model - the care of patients whose condition is stable moving from the Diabetes Centre to their GP practice.

This report should be viewed in conjunction with NGCCG's 'Type 2 Diabetes Integrated Model of Care Primary Care Engagement 2017' report detailing primary care views of the new model.

Eighty-five patients with Type 2 Diabetes shared their views via an interviewer-administered or online questionnaire. Representatives from five organisations attending the NGCCG Community Forum also took part in the engagement and shared their views.

Due to the limited timescales and the fact that the definition of a 'stable' patient with Type 2 Diabetes had not yet been agreed, engagement was focused on attendees of the Diabetes Centre. It is acknowledged therefore that this may represent a small section of the number of patients who could be affected by the changes. However, it is felt that during data collection saturation was reached within this group in terms of the views and issues identified.

At the point of engagement there was no clear outline of what the service will look like if a patient's care moves to their GP practice; for example, how many appointments a patient will have or which health care professional they will see. It is acknowledged that GP practices will not have to follow a specific protocol and therefore the logistics of the service will vary from practice to practice. This lack of clarity around what the service will look like meant that patients' views may not truly reflect how the potential changes may affect them.

2.0 Findings

From the findings it is clear to see that patients' satisfaction levels with the services they currently receive around their diabetes care are high. Some patients felt initially unhappy at the prospect of their care moving to their GP practice and both patients and community representatives identified advantages and disadvantages of moving. Some had concerns about possible change in terms of the quality of care and logistics of the service in particular and both patients and community representatives made suggestions to ease the transition for patients.

Care at the Diabetes Centre

The vast majority (91.8%) of patients identified aspects of service they valued and in particular the efficiency of the service they receive which is quick and offers a one-stop shop, the friendly, familiar, helpful and respectful staff and the high quality care provided. A minority of patients identified things they disliked about the service relating primarily to the location of the building and availability of parking nearby.

Provision of diabetes care at the patient's GP practice

The majority (59.7%) of patients who currently receive most of their care at the Diabetes Centre held positive or neutral feelings about a possible change to the location of their care however two-fifths felt unhappy.

Two-thirds of patients felt there would be advantages to receiving their care at their GP practice with its location and parking most frequently mentioned. However three-fifths of patients had concerns. Most commonly mentioned were;

- Staff looking after them would not be specialists in diabetes care
- It would be difficult to get appointments
- Appointments are often running late
- Not offer a one-stop shop resulting in multiple appointments
- Appointments would be too rushed

Patients and community representatives identified what would be important or make the transition easier, if a patient's care was to move, including;

- Reassurance that the quality of the service will not decline
- staff are fully trained in diabetes care
- A notice period before their care moves
- Information about why the change is taking place including the criteria for deciding whose care is moving and what to expect
- Easy access to and on-time appointments
- Continuity of care from staff at the GP practice

3.0 Recommendations

- NHS NGCCG analyse and share the findings of this report with both primary and secondary care service providers and work with them to ensure a smooth transition for patients, to the new model of care

Information for patients

- All patients whose care will be moving to their GP practice should be informed in advance of this move and given a set notice period
- In advance of the move, patients whose care will be moving to their GP practice should receive an information sheet which covers:
    - Whether they have a choice of where the majority of their care is given
    - Why they have been chosen to move including a definition of a stable patient
    - What will happen if their condition becomes unstable
    - Why the change is happening
    - What to expect at their GP practice:
        - Numbers of appointments
        - Who they will be seen by (nurse, GP or both)
        - Whether they will have a named GP
        - What care they will receive there
        - The appointment system (booked in advance or sent a reminder letter to make an appointment)
- A guarantee that the quality of care will not decline
- A guarantee that staff are trained to care for patients with Type 2 Diabetes
- What if, anything they will still have access to at the Diabetes Centre

- Whether there are any concessions for patients to get time off work as they would have done with a hospital appointment
- Provide a contact telephone number for patients to ask further questions and clarifications about the move

Staff training

- Ensure all staff treating patients with Type 2 Diabetes are qualified to care for this group

Appointments

- Ensure that appointments are easily accessible to diabetes patients and if possible, that these appointments are booked for them in advance (with the flexibility to change if necessary). If this is not possible ensure that patients receive reminder letters well in advance
- When assigning appointments consideration should also be given to patients who work

Continuity of care

- If patients are seeing a GP as part of their care, where possible this should always be the same GP. This should also be the case for nurse appointments

Access to real-time diabetes support

- Patients whose care is moved to their GP practice should still have access to the Diabetes Helpline if they need any advice or support