

Final Project Report

Collaborative working project between Greater Manchester and Eastern Cheshire Strategic Clinical Networks and Sanofi to review the pathway and processes for referral and offering structured diabetes education, (SDE) in Greater Manchester to adults with Type 1 and Type 2 diabetes

1.0 Project Aims and Objectives

The focus of this collaborative working project between Greater Manchester and Eastern Cheshire Strategic Clinical Networks and Sanofi to review the pathway and processes for referral and offering structured diabetes education, (SDE) to adults with Type 1 and Type 2 diabetes.

The objectives of the project were to:

- Review referral processes across all 10 GM localities, their pathways and SDE offers for adults diagnosed as living with type 1 or type 2 diabetes in the last 12 months.
- Develop an options appraisal and recommendation(s) for a single GM-wide referral pathway and process including potential for delivery through online portal(s), telephone-based personal support, other potential delivery mechanisms.
- Consider the potential for a single commissioning process as an alternative to the current process of 10 localities commissioning separate services for type 1 and type 2 individually.

To deliver the project objectives the Project Manager and Project Support Manager from Sanofi worked alongside the Jennifer Schofield, Project Manager Diabetes and Ewan Jones, Programme Manager (Diabetes & Frailty) from Greater Manchester and Eastern Cheshire Strategic Clinical Networks. An SDE Options Appraisal Steering Group was established to oversee delivery of the project which consisted of representatives from providers and commissioners of structured diabetes education and representatives from the Strategic Clinical network and Sanofi.

2.0 Expected Benefits

When the project was set up the following benefits for patients and the NHS in Greater Manchester and Sanofi were identified as expected outcomes from the project:

Patients

- To improve equity of access, provision and outcomes to structured diabetes education for people with diabetes across Greater Manchester and increase in the proportion of people newly diagnosed with diabetes being offered and attending structured education.
- Improvement in the person's knowledge and understanding of how to manage their type 1 or type 2 diabetes in everyday life across Greater Manchester which should include checking their glucose levels, using insulin and choosing a healthy lifestyle.
- Targeting of people with diabetes who are currently experiencing inequity in access to SDE services providing an improved pathway into SDE.

NHS

- A better understanding of the current SDE on offer within localities.
- Improved referral pathway for people with diabetes eligible for SDE.
- Increase in people with diabetes being offered and attending SDE across Greater Manchester.

Sanofi

- A better understanding of the SDE offering across Greater Manchester.
- Improved corporate reputation with Greater Manchester Diabetes Clinical Network and partner organisations within Greater Manchester ICB.

3.0 Project Outcomes

Review current provision and good practice	
Undertake initial NHS stakeholder interviews to understand current structured education provision and uptake data for each place	A Stocktake Survey was developed and distributed to key stakeholders including Commissioning & Provider Leads for Diabetes Education and Clinical Leads of Diabetes Services to collect information about current SDE provision and pathways for people with Type 1 and Type 2 diabetes.
Map current offers for SDE for adults with diagnosed diabetes	<p>The Stocktake Survey also included questions to gather stakeholder views on best practice in SDE within GM and gaps and issues in current provision, priorities for improving SDE offer and attendance and feedback on options for delivering SDE across GM ICB.</p> <p>Interviews were held with stakeholders (Commissioning & Provider Leads for Diabetes Education and Clinical Leads of Diabetes Services) to review responses to the SDE Stocktake Survey and to obtain input from stakeholders who did not complete the Stocktake Survey (in particular clinical leads for diabetes services).</p> <p>A gap analysis of patient engagement in terms of patient feedback on current SDE provision was also completed by the Strategic Clinical Network.</p>
Review current SDE data available for education offered and education attended	<p>An analysis of latest data on SDE offered and attendance data was undertaken using the National Diabetes Audit 2022-23 Quarterly Report January 2022 to March 2023 which for structured education relates to 2021 calendar year.</p> <p>In addition, the Stocktake Proforma asked for information on number of SDE courses and places commissioned and provided in 2022-23 and 2023-24 as well as information of numbers of referrals and attendances for this period.</p>
Review good practice case studies from other areas and within GM who have high attendance rates, made significant improvements and implemented novel education pathways	<p>We identified the ICBs who were the highest performing in terms of percentage offered and attended Type 1 and Type 2 diabetes education.</p> <p>The Project Manager Diabetes contacted a number of these areas to explore how they were achieving higher levels of offer and uptake of SDE and to identify best practice. This information was used to inform the development of the Options Appraisal.</p>
Develop Options Appraisal	
Develop an options appraisal and recommendations for a new GM central referral process for diabetes structured education including online portal(s),	The Project Manager Diabetes developed the Options Appraisal with input from the Project Manager and Project Support Manager from Sanofi.

<p>telephone-based personal support, other potential delivery mechanisms.</p>	<p>The information collated from the following aspects were utilised to inform the development of the options appraisal.</p> <ul style="list-style-type: none"> • Stocktake of current SDE provision, responses to the additional questions on best practice in SDE within GM ICB and gaps and issues in current provision, priorities for improving SDE offer and attendance • feedback on options for delivering SDE across GM ICB • information on best practice from higher performing ICBs nationally <p>The options appraisal identified the following priorities to improve the provision and uptake of structured diabetes education within Greater Manchester ICB:</p> <ul style="list-style-type: none"> • Opt Out - make SDE referrals mandatory i.e., opt out rather than opt in. • Improve current offer – offer a choice of courses in a variety of formats including culturally appropriate courses in different languages that are easily accessible by people in their local communities. Extend provision in evenings/weekends. Offer refresher courses. • Rebrand – SDE courses, like the pulmonary rehab refresh. Create patient facing communications to highlight the importance of SDE. • Recruitment – have an adequate number of trained staff to deliver the courses. • Peer support groups – offer patients peer support groups to continue the good work following an SDE courses. • Have clearly defined roles - agree primary and secondary care roles in delivery of SDE offer.
<p>Consider the potential for a single commissioning process as an alternative to the current process of 10 localities commissioning separate services for type 1 and type 2 individually</p>	<p>The SDE Stocktake Survey asked for feedback from stakeholders on the following question: Do you think that a GM wide SDE central referral hub would be helpful to support referrals from GP practices and to support patients in accessing diabetes education courses?</p> <p>The options appraisal identified a number of options for the future commissioning and provision of SDE within Greater Manchester:</p> <ol style="list-style-type: none"> Do nothing: i.e., continue the system of ten localities commissioning services individually and offering them via their own SDE referral pathway. Single locality model: contract a single locality to manage, procure and (where appropriate) deliver all GM SDE. Single provider model: contract a single external SDE provider for each of T1D & T2D to provide SDE to all SDE to people requiring it in GM. Central referral hub: single point of access for all those newly diagnosed, run by a team of administrators who offer the correct course to suit the needs of the person. This would need to be run in conjunction with either option a, b, or c.
<p>Review and revise recommendations based on feedback from steering group</p>	<p>An overview of the findings from the SDE stocktake and the recommendations from the Options Appraisal was presented at the meeting of SDE Options Appraisal Steering Group on 8th April 2024.</p> <p>The SDE Stocktake Report and Options Appraisal will be presented for consideration and approval at the GM ICB Diabetes Steering Group in May 2024.</p>

Action Plan	
Develop draft Action Plan to implement agreed recommendations from Options Appraisal and Commissioning Proposal	An Action Plan will be developed and agreed by the GM ICB Diabetes Steering Group and implementation of the Action Plan will be overseen by this Steering Group.

4.0 Project timelines

The project commenced at the end of October 2023 and was completed in Mid-April 2024 (Quarter 2 2024). This was slightly different to the originally planned start date of Quarter 3 2023 and finish date of Quarter 1 2024). However, the overall timescale of the project did not increase and it was completed within 9 months as planned.

5.0 Project Influences

The options appraisal report and recommendations will be presented to the Greater Manchester ICB Diabetes Steering Group for consideration and approval.

Early findings from this project has already been fed into and informed the development of the long term conditions strategy for Greater Manchester ICB which has identified improved provision of structured diabetes education across Greater Manchester.

The project has delivered the following benefits:

- A better understanding of the current SDE on offer within localities through collation of the SDE Stocktake.
- *In addition, the project will support the future delivery of the other benefits for patients and the NHS as it has identified priorities for improving the offer and uptake of SDE in GM and also recommendations for the future commissioning and provision of SDE within Greater Manchester.*
- *Sanofi have gained a better understanding of the SDE offering across Greater Manchester and we consider that this project has helped to improve our corporate reputation with Greater Manchester Diabetes Clinical Network and partner organisations within Greater Manchester ICB.*

6.0 Project Team Feedback

Written Feedback was received from the following people on the outcomes of the collaborative working project and working with Sanofi has been received from:

Jennifer Schofield, Project Manager Diabetes, Greater Manchester and Eastern Cheshire Strategic Clinical Networks:

This collaborative working agreement was the first time our team had worked in this way with an external partner. It proved to be a fruitful collaboration because added capacity to collate important information and brought together NHS stakeholder views from all areas of GM. This allowed comparison and contrast of different approaches. Involving the Sanofi team in GM education steering group activity helped us to ensure the group took a real GM view and mitigated against individual stakeholders restricting their input to their own trust or locality.

Ewan Jones, Programme Manager Diabetes and Frailty, Greater Manchester and Eastern Cheshire Strategic Clinical Networks:



**Greater Manchester
and Eastern Cheshire**
Strategic Clinical Networks

This collaboration has significantly moved our understanding forward of the current structured education arrangements, provision, delivery and options for improvement. Summarising stakeholder views and locality delivery models in one place provides us with a firm foundation for developing a future plan for a more efficient GM-wide delivery model offering a more accessible range of options to patients in Greater Manchester. This in turn will provide real opportunities to improve attendance at structured education and patient outcomes and support work to reduce variation and health inequalities.