

<b>Service Specification No.</b>	
<b>Service</b>	<b>Insulin and or GLP-1 Initiation</b>
<b>Commissioner Lead</b>	
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> July 2018 to 30 <sup>th</sup> June 2019
<b>Date of Review</b>	1 <sup>st</sup> April 2019

## 1. Population Needs

### 1.1 National/local context and evidence base

This service specification for insulin and or GLP-1 initiation in primary care outlines the details of the services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient.

This service is intended to give all practices in NEW Devon CCG the opportunity to:

- Improve their confidence and competence in all areas of diabetes management
- Develop closer working relationships with diabetes specialists
- Simplify pathways for insulin initiation
- Identify cost effective treatment options in diabetes management
- Supply the resources to enable them to do this

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains and Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	✓
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	✓
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	✓
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓

### 2.2 Local Defined Outcome

Patients are provided with a service in line with the locally agreed pathway and standards of care. The service delivered will be subject to one clinical audit per annum and annual review of the commissioned services in general practice, the structure of which will be developed collaboratively with the LMC.

## 3. Scope

### 3.1 Aims and objectives of service

The headline objective for this service is to ensure that no patient should have to attend hospital for insulin or GLP-1 initiation with type 2 diabetes, if this can be done in primary care.

The prime purpose is to improve care, reduce variation and develop skills of primary care teams and in addition to this there is potential for savings.

In the longer term, additional benefits may accrue through:

- Improved outcomes for people with diabetes including clinical targets and care being provided locally
- Most effective use of specialist diabetes resources (e.g. reduced referrals to the outpatient department, allowing specialist services to focus on the most complex areas)
- Improved networking between primary care and the specialist team
- Greater job satisfaction for primary care clinicians

### 3.2 Service description/care pathway

The service description for this service section outlines:

- Insulin and or GLP-1 initiation on injectable insulin and or GLP-1 therapy
- The specification is for new Initiations and on-going adjustment of insulin (i.e. not for the conversion between different insulins or GLP-1)
- A focus on adhering to the joint formulary and NICE guidance

Each practice will provide a practice based service, identifying an appropriate Clinician within the practice to provide the below:-

- Assessment of patient suitability for insulin initiation
- Educating patients and carers on self-management and self-adjustment of insulin doses
- Appropriate record keeping
- Maintain professional relations and liaison with relevant diabetes specialists
- Conduct an annual review which should include as a minimum an audit of:
  - Number of patients initiating insulin
  - Number of patients continuing on insulin at six months from initiation
  - The % of patients at different levels of IFCC HbA1c (mmol/mol)
  - Exception reporting for patients not fulfilling local guidelines for criteria for insulin initiation

The service will be provided to patients who meet the following criteria:

- Type 2 diabetic
- Not achieving HbA1c targets with maximum tolerated oral combination therapy
- No other reasons for requiring hospital assessment (e.g. complex morbidities)
- Over 18 years
- Not pregnant
- Patient/carer is capable of safely managing their insulin (including being able to undertake home BGM, insulin injection and adjusting their own dose)
- Patient has expressed an intention to start insulin, has been advised what this includes, the risks of treatment and being aware of choice of provider.
- Received specialist dietetic assessment, education and lifestyle advice prior to initiation where available.

#### **Patient Safety:**

Any patient safety incidents relating to insulin or GLP-1 initiation are reported through the CCG incident reporting process.

#### **Consent:**

Practices will be required to ensure that Informed consent is sought – this may be in the form of implicit consent (where patient chooses the Service).

#### **Prescribing:**

Participating practices must ensure prescribing is in line with NICE guidance and national recommendations and should comply with the Joint Formulary.

#### **Training and accreditation:**

Each practice should ensure and provide evidence that all staff involved have adequate experience in insulin initiation to be sufficient to provide this service.

If required the CCG will signpost the identified practice health professional to attend a relevant training programme.

#### 4. Applicable Service Standards

Providers and practitioners will adhere to the local and national guidelines or any updated versions thereof.

##### 4.1 Applicable national standards (e.g. NICE)

National Institute of Clinical Excellence (NICE) (2009): <https://www.nice.org.uk/guidance/cg87>

##### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Not applicable

##### 4.3 Applicable local standards

Not applicable

##### Equality and Diversity:

The service must conform to legislation prohibiting discrimination.

##### Complaints and commendations:

Participating practices are required to establish and operate a complaints and commendations procedure in line with NHS guidelines to deal with any complaints in relation to any matter connected with the provision of services. All complaints should be monitored, audited and appropriate action taken when required.

#### 5. Applicable quality requirements and CQUIN goals

##### 5.1 Applicable Quality requirements (See schedule 4 Parts A – D)

Each practice must ensure that any personnel involved in providing any aspect of care under this scheme has the necessary training, skill and competency to do so. A Registered Nurse will supervise any care delivered by Healthcare Assistants.

##### 5.2 Applicable CQUIN goals (See schedule 4 Part E)

Not applicable.

#### 6. Location of Provider Premises

The provider will provide this service from any location as included in the practice's GMS, PMS or APMS contract where these facilities enable the provider to ensure privacy and dignity and appropriate infection control.

#### 7. Individual Service User Placement

Not applicable

### 8. Funding for 2016-17

£178.52 per new initiation to either Insulin or GLP-1.

NB:

- Payment is available from the commencement date of this specification; you can make a single claim per patient for either a new initiation or new conversion after the commencement date to either to Insulin or GLP-1 and vice versa.
- Payment is not available for the conversion between insulins i.e. the conversion from Injectable Insulin to GLP-1 therapy and vice versa if a claim has already been made for that patient after the commencement date of this specification.

FUNDING