Care Quality Commission and diabetes: a new review of community services

The CQC is reviewing how people with diabetes are supported by community services to achieve good outcomes. Dr Ann Robinson examines the CQC processes involved, and whether they will help drive up standards and also identify areas that need more investment.

The wide ranging CQC review will focus on whether services work together to meet an individual’s specific needs, whether the nine care processes recommended by NICE are happening, and whether self-care and access to structured education are a reality or dream.

Since July 2015, CQC has also been scrutinising the care that people with diabetes get when they’re admitted to hospital. And a third important arm in the CQC’s role in ensuring good quality diabetes care, is in their guidance to care homes.

What does the CQC review want to achieve?
The CQC review of community services for diabetes will focus on people aged 18–65 with type 1 or 2 diabetes. It is particularly interested in teasing out the factors that help to deliver high quality care and the barriers that mean that not all are of the highest quality. The CQC wants to find out whether the services available work together in order to meet people’s specific needs and if the NICE recommended care processes are being carried out. The review is being guided by an expert external advisory group, made up of patient charities, clinicians, providers, commissioners and other stakeholders.

How is CQC conducting the review?
CQC is setting about this mammoth task by analysing existing data regarding diabetes outcomes and patient experience. It will explore variations in care outcomes and patient experience across clinical commissioning group (CCG) areas and then select areas for further studies; presumably those areas where variation in care is greatest and quality of care is poorest.

CQC is also carrying out field-work in 10 CCG areas, asking people about their experience of diabetes care via an online form. The 10 CCGs are Sandwell and West Birmingham, Liverpool, North East Lincolnshire, East Lancashire, Rushcliffe, South Worcestershire, Slough, South Reading, City and Hackney, and Lewisham.

CQC will canvas opinion and collect data from local organisations like Healthwatch and voluntary and community groups. Diabetes services in the 10 CCG areas will be visited to speak to patients and staff. Commissioners of diabetes services will be interviewed and focus groups made up of people with diabetes will be organised. The report’s conclusions will be based on findings from the focus groups, analysing existing data about diabetes outcomes and patient experience.

Why is a review necessary?
Everyone with diabetes should be getting a planned programme of NICE recommended processes each year, mostly provided in primary care. The nine care process are designed to identify the early signs of avoidable diabetic complications. But only a third of adults with type 1 diabetes had been offered it compared with 78% of type 2 diabetes. Identifying and treating depression is important because depression in diabetes leads to poorer control, increased complications and greater health costs. But the Diabetes UK report ‘Minding the Gap’ found that 85% of people with diabetes don’t have access to specialist psychological services, or have to face long waits for appointments.

How does CQC assess inpatient diabetes services?
Around one in six people admitted to hospital have diabetes. Some will be diagnosed for the first time on admission. The care of diabetic patients while they are in hospital is both a challenge and opportunity to optimise care. CQC has been specifically looking at the care that people with diabetes get when they’re
admitted to hospital. Since July 2015 all acute trusts in the UK have been inspected by the CQC to ensure they meet national standards of quality and safety. This is focused on what good care looks like for the patient. The JBDS inpatient group has worked hard to describe what high quality care diabetes care should be.’ And Professor Mike Sampson, Chair of JBDS, says: ‘We are very grateful to CQC for engaging so actively with this problem, and working with clinicians and diabetes nurses to improve inpatient diabetes care. We have tried to make sure that the proposed outcome measures would be recognised by diabetes specialist teams and people with diabetes as a reasonable assessment of important areas of care, and that acute trusts would also recognise as important and fair.’

Diabetes in care homes
‘All care homes should have a regularly audited diabetes screening policy, but most don’t,’ says Robin Hewings, Head of Policy at Diabetes UK. He estimates that around a quarter of people in social care settings like care homes may have diabetes though many will be undiagnosed. ‘We need to encourage the active seeking of undiagnosed cases so we can prevent problems.’ Diabetes UK is concerned that there has been little effective implementation of national guidance for improving diabetes care in UK care homes.

The National Diabetes Care Home Audit2 shows that, of those care homes that responded:
• 75% had residents with diabetes.
• 17% of homes had no system in place to check whether those who self-medicate had taken their medication.
• 64.5% had no policy for screening for diabetes.
• 36.7% had no policy for managing hypoglycaemia.
• 63.2% of homes had no designated staff member with responsibility for diabetes management.

CQC says all care homes should have a regularly audited diabetes screening policy on admission and at two-yearly intervals for each resident.

The verdict
More than 3 million people have diabetes in the UK. Many are not receiving the high quality care needed to prevent complications. Diabetes care already accounts for 10% of the NHS budget and both the cost and burden of ill health that it causes are set to rise. CQC’s role in the development, monitoring and enforcement of high quality care in community and hospital settings is to be welcomed.

Robin Hewings from Diabetes UK summarised the potential benefits of the CQC inspection: ‘In general, it’s clear that CQC inspections are a strong incentive within the system and they can help to ensure basic standards are met. That would include diabetes care. There’s clearly a balance to be struck but we think that place-based regulation has got a lot to be said for it.’

Trusted care homes and community services such as GP surgeries facing a CQC inspection may not feel entirely positive about it, but it is part of a process that is likely to drive up standards and identify areas that need more investment.

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Declaration of interests
There are no conflicts of interest declared.

References