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How evidence-based insulin prescribing enabled a redesign of diabetes services

Services for patients with diabetes in Northamptonshire were redesigned based on NICE guidance.

A multidisciplinary team (MDT) of clinicians was created to manage the support and services required. The MDT was funded through savings made by using NICE-recommended human NPH insulin for treatment, as opposed to analogue insulin.

"An increase in the use of NICE-recommended human insulin resulted in savings of more than £600,000."

Sue Smith, Head of Prescribing and Medicines Management, Nene and Corby Clinical Commissioning Groups

Remodelling services for type 2 diabetes

Information from a variety of sources suggested that services offered for type 2 diabetes could be improved in Northamptonshire. The aim was to redesign these services so that they could provide greater consistency of care, and reduce dependency on treatment in secondary care.

A clinical reference group (CRG) was set up to design and deliver a new best practice model of care, providing information, support and care to patients so they could make informed choices about their conditions.

The CRG identified the creation of a MDT, to manage the support and services associated with diabetes, as a priority action. The CRG drew up a 'wishlist' of all the services and types of professionals that an MDT might include such as consultants, specialist nurses, podiatrists, dietetics, services for psychological support, and ways of providing care closer to the homes of patients.

However, the group soon realised that there would be no extra funding available to resource such a team, and that existing resources would have to be used differently. In order to overcome the problem, it took recommendations from NICE's guidance on type 2 diabetes, and came up with a novel method of generating the income required to fund the MDT.

Using savings from implementing NICE guidance to redesign services

The CRG observed that current treatment with insulin in Northamptonshire contrasted with NICE guidance. NICE recommends that treatment should begin with human NPH human insulin, and that this should be taken at bedtime or twice daily according to need.

Yet the CRG found that treatment with human NPH insulin only accounted for 15 per cent of the total amount of long and intermediate acting insulin used; almost the opposite of what would be expected if NICE guidance was being followed.

The group identified that the first-line use of analogue insulin cost an estimated additional £1 million per year in Northamptonshire. In addition, an audit of practice nurses found that the majority had only received training in implementing analogue insulin.

It consequently set up a one-day training course for practice nurses run by diabetes specialist nurses and a medicines management pharmacist. This course runs every 6-8 weeks on an ongoing basis, and explains the practical aspects of initiating human NPH insulin and the evidence base behind its use.

Multi-disciplinary team brought several improvements

When the course started in September 2010, human insulin accounted for 15 per cent of all long and intermediate acting insulin.

By July 2012, this had grown to 25 per cent, resulting in savings of more than £600,000.

These savings were used to fund the MDT, which in turn has achieved several improvements.

These include a 48 per cent reduction in admissions, which has resulted in savings of £301,000, mentoring and support for primary care clinicians to avoid unnecessary referrals, and the use of 'diabetes specialist workers' to support hard to reach patient groups.

The MDT has also implemented greater integrated working, with 55 primary care practices and clinics involving a range of specialists, including a consultant diabetologist.

A learning point was the impact that having input from specialists from a range of disciplines had on the project. The team also believe that it was helpful for clinicians to see that the savings made from following NICE guidelines were ring-fenced and reinvested in diabetes services.

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