



Assessing the Diabetes Transformation Fund

October 2018



About the All-Party Parliamentary Group for Diabetes

The All-Party Parliamentary Group for Diabetes (APPG Diabetes) is a nonpartisan cross-party interest group of UK parliamentarians who have a shared interest in raising the profile of diabetes, its prevention, and improving the quality of treatment and care of people living with diabetes.

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Reports published by the APPG for Diabetes

- Diabetes and Podiatry (2018)
- Emotional and Psychological Support for people with Diabetes (2018)
- Next Steps for the Childhood Obesity Plan (2018)
- The Future of Inpatient Diabetes Care (2017)
- Safety and Inclusion of Children with Medical Conditions at School (2017)
- Industry Action on Obesity and Type-2 Diabetes (2017)
- Levelling Up: Tackling Variation in Diabetes Self-Care (2016)
- Taking Control: Supporting People to Self-Manage their Diabetes (2015)

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Introduction from the Chair

The APPG for Diabetes was pleased to see the Diabetes Transformation Fund introduced for 2017-2019. We believe it can be the catalyst of many positive outcomes in diabetes care. Diabetes is a major challenge for the NHS and action is urgently needed to improve care and save the NHS money through the effective treatment and prevention of long-term complications. This APPG has seen that good practice is possible, and that there are known solutions to the challenges we face – which are cost effective.

We need to put these into action. We need to ensure that those living with Type 1 and Type 2 diabetes receive the best care possible, no matter where they live.

This is the hope offered by the Diabetes Transformation Fund. This report assesses the implementation phase of the Diabetes Transformation Fund, how the money has been spent and how we can improve monitoring and reporting.

On behalf of the All Party-Parliamentary Group for Diabetes and the 4.6 million people living with diabetes today, we urge the Government to act on the recommendations with haste. We must continue to prioritise diabetes in the current NHS review of spending and priorities, and we must ensure Ministers continue to provide resources for prevention and management of diabetes.

Diabetes care and prevention is at a crossroads. We are beginning to see improvements and we are starting to make significant progress in the prevention challenge. We now need to push these forward.

A handwritten signature in blue ink, appearing to read 'Keith Vaz', is positioned above a horizontal line.

Rt Hon Keith Vaz MP

Chair, APPG for Diabetes

Key Diabetes Facts

- In the UK a total estimated 4.6 million people across the UK are living with diabetes.
- A further 1 million are estimated to have diabetes but have not been diagnosed. Every two minutes, another person is diagnosed with diabetes.
- The number of people with diabetes has more than doubled in the last 20 years.
- If nothing changes, more than five million people will have diabetes in the UK by 2025.
- Of those 4.6 million in the UK living with Diabetes it is expected that 10% have Type 1 diabetes and 90% have Type 2 diabetes.
- While Type 1 diabetes cannot be prevented, around two in every three cases of Type 2 diabetes could have been prevented with weight management.
- As almost two in every three people in the UK are currently overweight or obese, there are now 12.3 million people at an increased risk of developing Type 2 diabetes.
- People with diabetes are twice as likely to have a heart attack or stroke, and 20 times more likely to have an amputation.
- One in six hospital beds are occupied by someone with diabetes – and they have an average length of stay one to three days longer than people of the same age and gender.
- The cost of diabetes in the UK is at least £10 billion a year, equating to 10% of the NHS budget. It is estimated 80% of this is spent on largely preventable complications rather than the primary treatment of diabetes.
- Total direct and indirect costs associated with diabetes in the UK is estimated at over £23 billion – and it is predicted to rise to £39 billion by 2035.

DIABETES PREVALENCE IN ENGLAND, 2016/17

These estimates are based on analysis of GP registers of diagnosed diabetes among those aged 17+, along with data on which LSOAs those registered with GP practices live.

Some GP practices did not return data in 2016/17. Areas where more than 40% of people attend a GP practice which did not return data are excluded here.

Comparable data isn't available for Wales or Scotland.

Estimated Prevalence (%)

Less than 3.7%

3.7% - 5.1%

5.1% - 6.0%

6.0% - 6.7%

6.7% - 7.4%

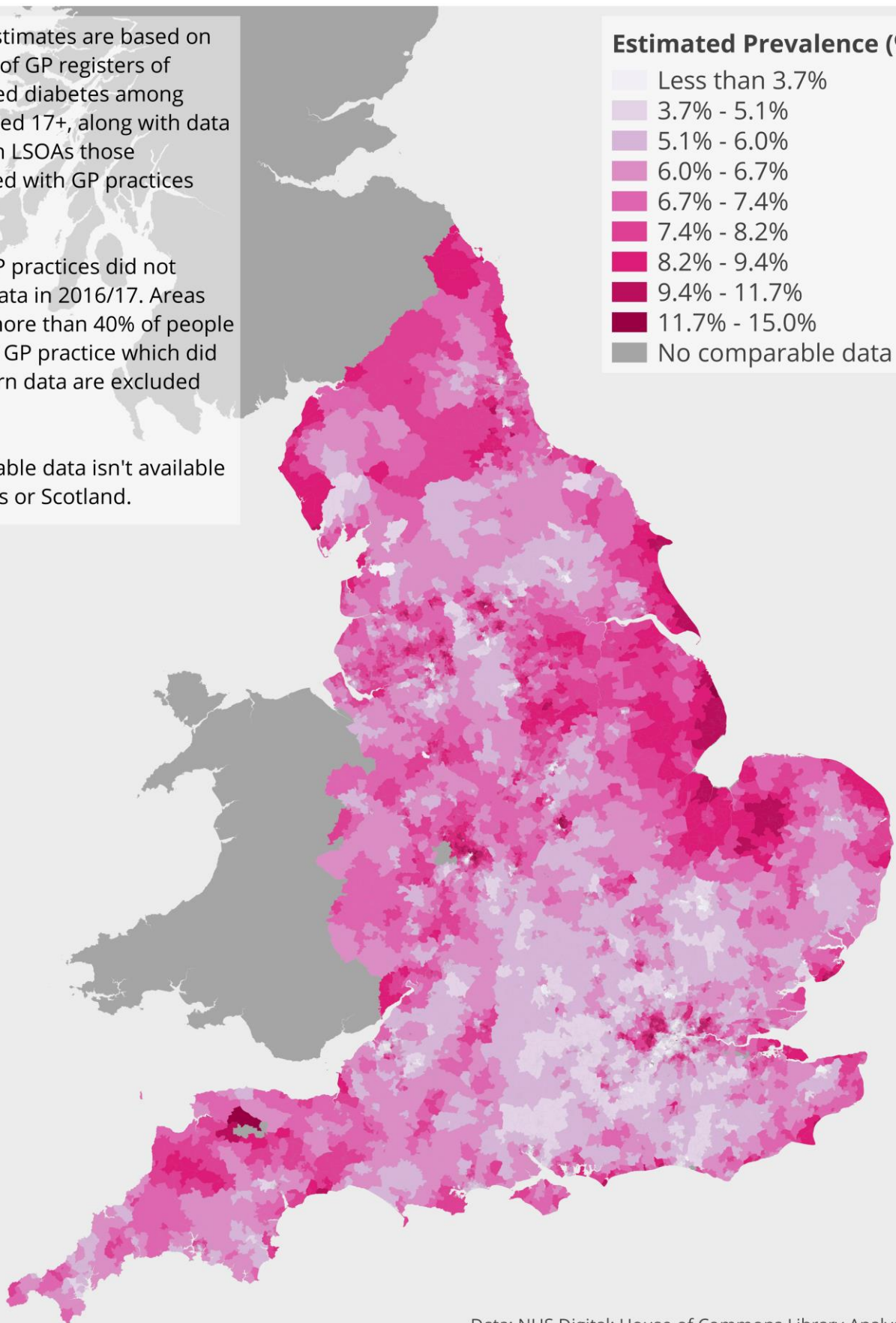
7.4% - 8.2%

8.2% - 9.4%

9.4% - 11.7%

11.7% - 15.0%

No comparable data



Data: NHS Digital; House of Commons Library Analysis
LSOA Boundaries: Contains National Statistics data © Crown Copyright
House of Commons Library (OS) 100040654

Figure 4 Source: NHS Digital; House of Commons Library Analysis

AREAS WITH THE HIGHEST DIABETES PREVALENCE, 2016/17

Ward	Local Authority	Prevalence
Mablethorpe	East Lindsey, Lincs	14%
Belgrave	Leicester	14%
Sutton on Sea	East Lindsey, Lincs	14%
Spinney Hills	Leicester	14%
Rushey Mead	Leicester	13%
North Molton	North Devon	13%
Wycliffe	Leicester	13%
North Evington	Leicester	13%
Southall Broadway	Ealing, London	13%
Dormers Wells	Ealing, London	12%
Lady Margaret	Ealing, London	12%
Milkstone and Deeplish	Rochdale	12%
Manningham	Bradford	12%
Washwood Heath	Birmingham	12%
Golf Green	Tendring, Essex	12%
East Ham North	Newham, London	12%
Lozells and East Handsworth	Birmingham	12%
Chapel St Leonards	East Lindsey, Lincs	11%
Ingoldmells	East Lindsey, Lincs	11%
Sparkbrook	Birmingham	11%

Figure 5: Source: NHS Digital; House of Commons Library Analysis

The Problem: A Growing Crisis

Diabetes is a continuous and growing concern for the health service in the UK. There is not only a financial cost but a growing human cost to diabetes. Around 24,000 people a year die from diabetes earlier than necessary¹.

In their report *The Cost of Diabetes*, Diabetes UK explains that the reason why the NHS spends £10 billion each year with diabetes is mainly because of the cost of complications. “Acting early to prevent complications developing and treating them as early as possible both limits their impact on the person’s life and saves the NHS money.”²

There are a number of factors and interventions which have proven to be successful in preventing complications, thus improving care for people with diabetes while cutting costs. However, their current unattainability adds to the growing crisis:

- **Achievement of NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol):** having a good management of your HbA1c, blood pressure and cholesterol is key to preventing complications. Unfortunately, fewer than one in five people with Type 1 and less than three in five people with Type 2 diabetes currently reach these targets, which varies greatly across the country.
- **Access to diabetes structured education:** education programmes have been shown to improve people with diabetes’ understanding of their condition and ability to self-manage, thus reducing complications. Unfortunately, on average, less than 10% of people with diabetes actually attend a course.
- **Availability of multidisciplinary foot care teams (MDFTs):** everyday there are more than 20 leg, foot and toe amputations related to diabetes in the UK, 80 per cent of which was preventable. The quicker a patient can have access to expert assessment, the better the outcomes. Yet, one in five hospital sites still do not have a Multidisciplinary foot care team.
- **Availability of Diabetes Inpatient Specialist Nurses (DISNs):** one in six hospital beds are occupied by a person with diabetes. A large number of these patients develop complications whilst in hospital that can lead to costly longer lengths of stay. Yet, more than a quarter of hospitals do not have a dedicated inpatient specialist nurse.

¹ ‘Up to 24,000 diabetics dying each year because of lack of education’, Sarah Knapton, The Telegraph (13/07/16)

² *The Cost of Diabetes*, Diabetes UK, 2014

The Diabetes Transformation Fund: A Solution to drive improvements

The Diabetes Transformation Fund was established in the NHS guidance notes 'Operational Planning and Contracting', which outlines the purpose of the fund. In October 2016, Clinical Commissioning Groups (CCGs) were asked to bid for and then received an allocation of an average amount of £40 million for diabetes treatment and care through the NHSE Diabetes Programme.

These transformation funds were established to improve diabetes care across CCGs and STPs as part of a two year programme. It invests in key interventions that evidence indicates will result in both improved outcomes for people with diabetes, as well as savings that can be reinvested in the continuance of the interventions, making them sustainable. If successful, these interventions are expected to improve the health and outcomes of people with diabetes across the country:

- **Improving the achievement of the NICE recommended treatment targets (HbA1c, cholesterol and blood pressure) and driving down variation between CCGs and between GP practices.**
- **Improving uptake of structured education by both the prevalent and newly diagnosed population.**
- **Reducing amputations by improving the timeliness of referrals from primary care to a multi-disciplinary foot team (MDFT) for people with diabetic foot disease.**
- **Reducing length of stay for inpatient's with diabetes by the provision of Diabetes Inpatient Specialist Nurses (DISNs).**

NHS England used a 'Best Possible Value' framework to allocate the funding to CCGs and Sustainability and Transformation Partnerships (STPs). This framework hoped to ensure financial decisions were made hand-in-hand with clinical decisions, establishing the best care available for patients and the best working conditions for staff. It aimed to place consideration of value to populations, patients and taxpayers at the heart of decision-making, and help identify where the potential for improvement would be the greatest.

How has the money been spent?

A total of 252 bids were received from around 95 CCGs. All bids were assessed by a panel taking into consideration: (1) whether the CCG demonstrated a good understanding of the evidence base for intervention, and (2) if the plan was credible, properly identifying risks. Extra weighting was also given to areas with greater need.

Overall, **85** of 211 Clinical Commissioning Groups (CCGs) in England were allocated a combined total of **£38.25 million** from NHS England in 2017/2018.

According to the NHS Diabetes Programme Team, changes to the specific amounts allocated to each CCG have changed, due to these amounts being reviewed and adjusted each quarter to reflect progress and actual local expenditure.

This explains contradicting reports on which areas have been allocated funding, and how much has been allocated. For example, in 2017, East Leicestershire and Rutland CCG were initially announced as having been successful in the bid process to the amount of £600,000, but the CCG and Government record suggests that £815,000 has been allocated³.

According to the NHS Diabetes Programme, any fund underspent from the original £40 million advertised was used to fund other wider enabling projects, including, for example, the South Asian Health Foundation to support participation from hard to reach groups and the West Yorkshire CCGs to develop approaches to better target patients with high blood pressure.

NHS England's Investment Committee approved the original allocations to each project and the proposed adjustments were reported to the Diabetes Programme Board each quarter for approval. However, these decisions have not been made available to the public as NHS England does not publically publish funding allocations to individual projects.

³ Parliamentary Question 118542 (19/12/2017)

How is the Transformation Fund being monitored?

In order to support the monitoring of the use of the transformation funds, Minister for Public Health Steve Brine MP revealed, in response to a Parliamentary Question in October 2017⁴, that NHS England was working on a dashboard of key indicators to monitor use of investment by local sites, progress in implementation and achievement of key treatment and outcomes with reference to the four Diabetes Transformation Fund interventions.

It is understandable that CCGs are only expected to report on clinical outcomes once they are up and running. Thus, it is expected that the impact of the Diabetes Transformation Fund will only be evident in the upcoming years through audits such as the CCG Improvement and Assessment Framework (CCG IAF), the National Diabetes Audit (NDA), the National Inpatient Diabetes Audit and Hospital Episodes Statistics.

However, it is known that CCGs are already expected to report every quarter on their progress in delivering the plans, both in terms of achievement of milestones and use of resources, such as staff recruitment and service commencement dates. Day to day monitoring of progress is carried out by NHS England regional teams and overseen by the relevant regional diabetes programme board, but is not made available to the public.

When the Department for Health and Social Care was asked⁵ what assessment has been made of the effect of the Diabetes Transformation Fund, the response was simply that 'CCGs in England which received the funds are only expected to assess the impact of these improvement in the coming years'. Despite pressing through Parliamentary Questions, the Department for Health and Social Care was not able to detail where the money to NHS Leicester City CCG had been spent so far⁶, nor the progress achieved in Leicestershire⁷.

According to the NHS Diabetes Programme Team, they expect to be able to assess the initial impact of the funding later in 2018/19. However, at the moment, the public cannot follow the progress being made from the resources allocated, nor easily understand what has indeed been allocated and why. This therefore raises crucial questions around accountability and what should be made public regarding funding allocations.

⁴ Parliamentary Question 107307 (11/10/17)

⁵ Parliamentary Question 118540 (19/12/2017)

⁶ Parliamentary Question 118540 (19/12/2017)

⁷ Parliamentary Question 118538 (19/12/2017)

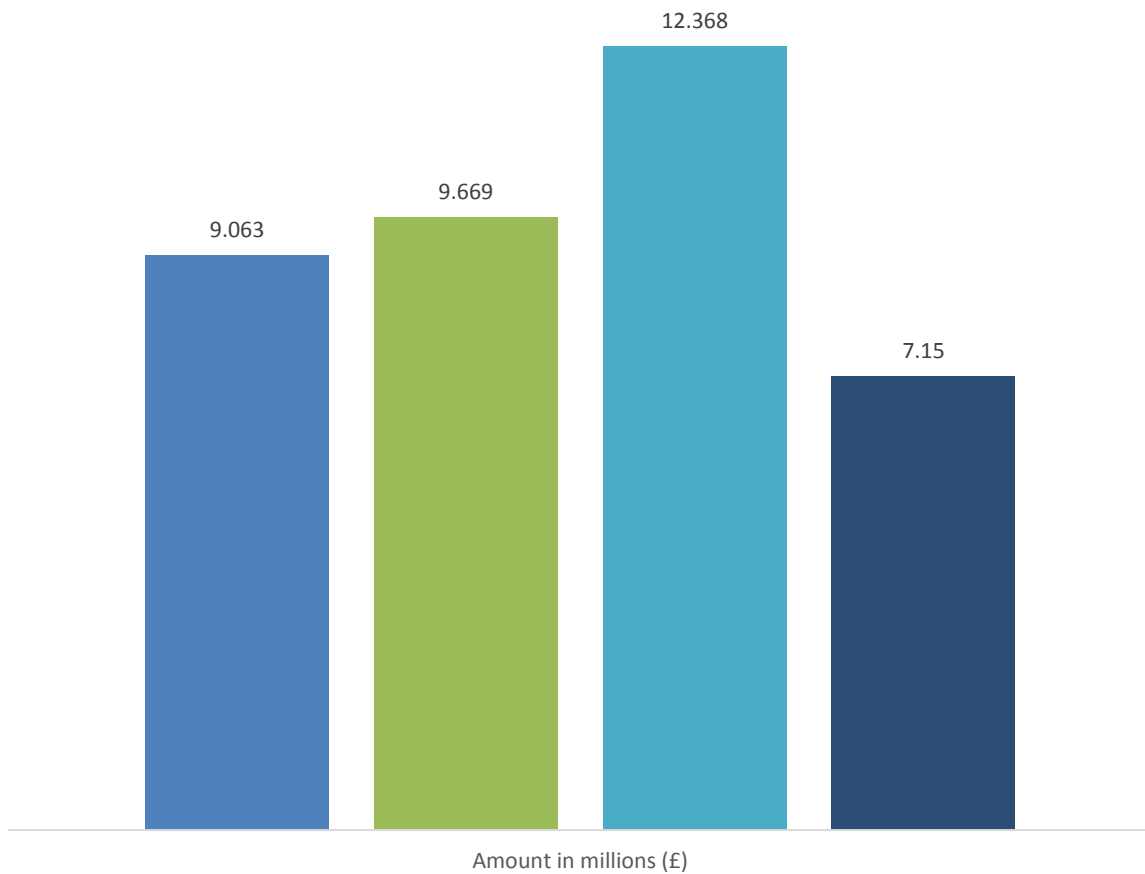
Which Areas Have Received the Funding and what for?

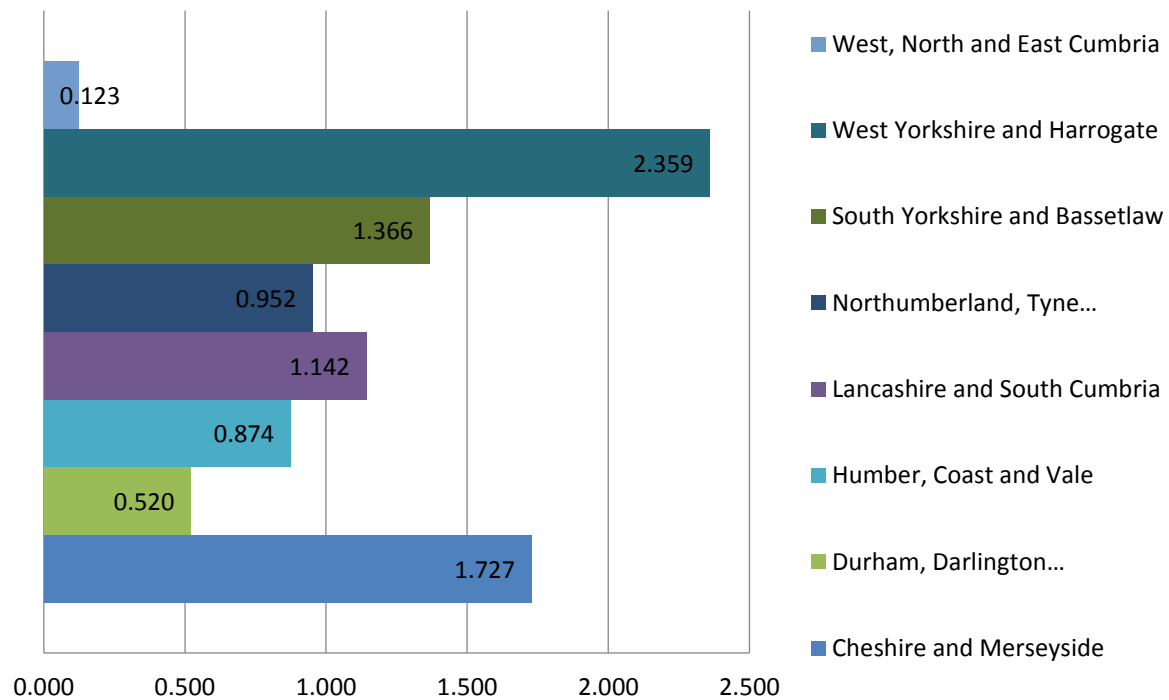
£ 38.25m

The total amount of money (in millions) the Diabetes Transformation Fund has distributed

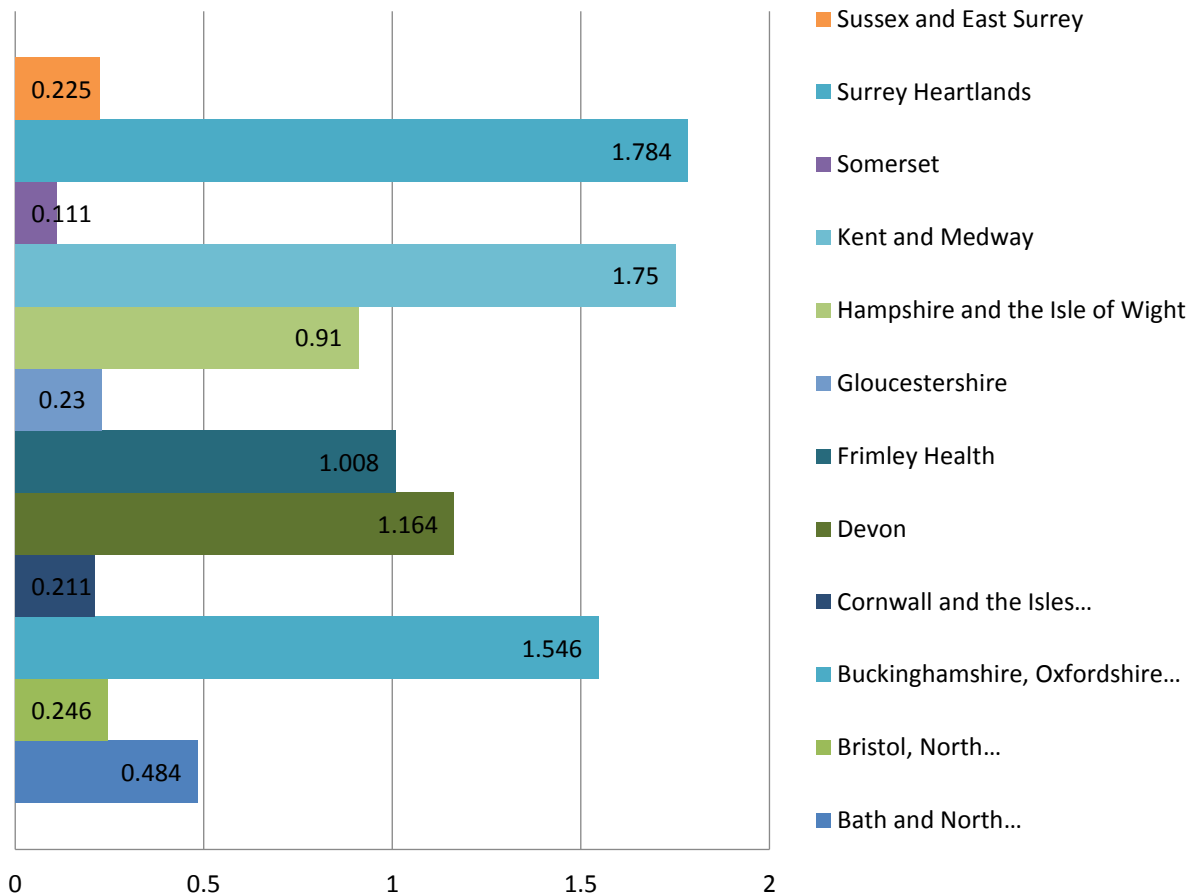
Regional Distribution

■ North England ■ South England ■ Midlands and East England ■ London

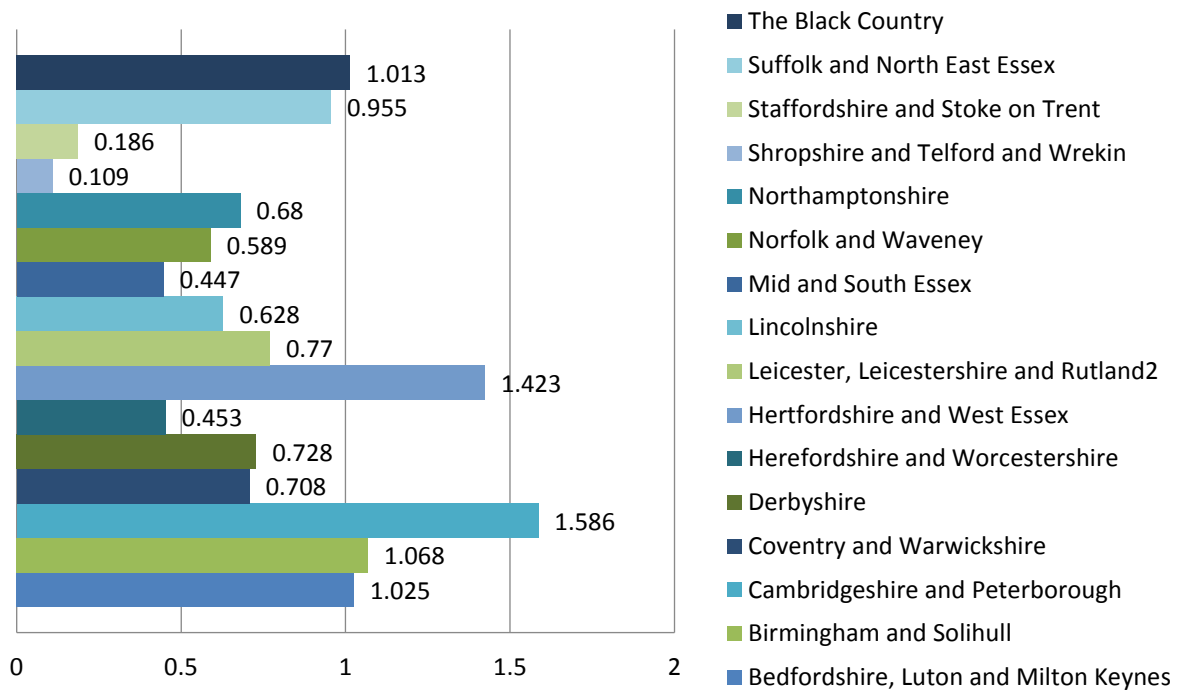


In the North

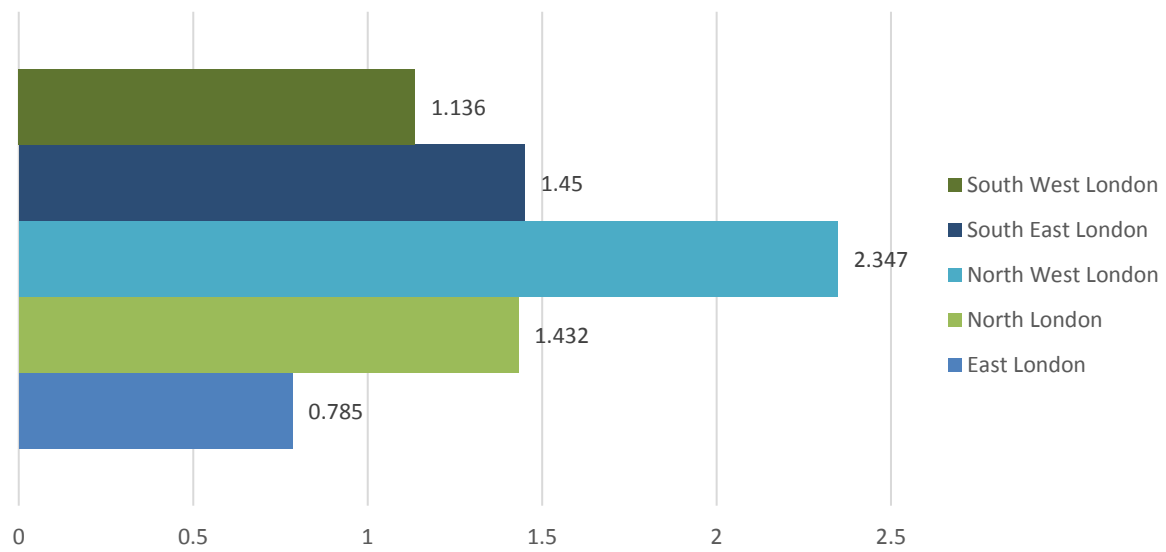
STP	Funding allocated	CCGs receiving	Improvement areas
Cheshire and Merseyside STP	£1.727m	8 CCGs	Treatment targets; structured education; MDFTs and DISN teams.
Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP	£520,000	4 CCGs	Treatment targets; structured education; MDFTs and DISN teams.
Humber, Coast and Vale STP	£874,000	3 CCGs	Treatment targets; structured education and MDFTs.
Lancashire and South Cumbria STP	£1.142m	4 CCGs	Treatment targets; structured education; MDFTs and DISN teams.
Northumberland, Tyne and Wear and North Durham STP	£952,000	2 CCGs	Treatment targets and structured education.
South Yorkshire and Bassetlaw STP	£1.366m	5 CCGs	Treatment targets; structured education; MDFTs and DISN teams.
West Yorkshire and Harrogate STP	£2.359m	6 CCGs	Treatment targets; structured education; MDFTs and DISN teams.
West, North and East Cumbria STP	£123,000	1 CCG	MDFTs.

In the South

STP	Funding allocated	CCGs receiving	Improvement areas
Bath and North East Somerset, Swindon and Wiltshire STP	£484,000	3 CCGs	Treatment targets, structured education, MDFTs and DISN teams.
Bristol, North Somerset and South Gloucestershire STP	£246,000	1 CCG	Treatment targets.
Buckinghamshire, Oxfordshire and Berkshire West STP	£1.546m	3 CCGs	Treatment targets, structured education, MDFTs and DISN teams.
Cornwall and the Isles of Scilly STP	£211,000	1 CCG	Treatment targets and DISN teams.
Devon STP	£1.164m	2 CCGs	Treatment targets and MDFTs.
Frimley Health STP	£1.008m	1 CCG	Treatment targets, structured education, MDFTs and DISN teams.
Gloucestershire STP	£230,000	1 CCG	Structured education and MDFTs.
Hampshire and the Isle of Wight STP	£910,000	3 CCGs	Treatment targets and MDFTs.
Kent and Medway STP	£1.750m	2 CCGs	Structured education and MDFTs.
Somerset STP	£111,000	1 CCG	DISN teams
Surrey Heartlands Health and Care Partnership	£1.784m	1 CCG	Treatment targets, structured education and DISN teams.
Sussex and East Surrey STP	£225,000	1 CCG	MDFTs.

In the Midlands and East

STP	Funding allocated	CCGs receiving	Improvement areas
Bedfordshire, Luton and Milton Keynes STP	£1.025m	3 CCGs	Treatment targets, structured education, MDFTs and DISN teams.
Birmingham and Solihull STP	£1.068m	1 CCG	Treatment targets and structured education.
Cambridgeshire and Peterborough STP	£1.586m	1 CCG	Treatment targets, structured education and MDFTs.
Coventry and Warwickshire STP	£708,000	2 CCGs	Treatment targets, structured education and MDFTs.
Derbyshire	£728,000	1 CCG	Treatment targets, structured education, MDFTs and DISN teams.
Herefordshire and Worcestershire STP	£453,000	1 CCG	Treatment targets and MDFTs.
Hertfordshire and West Essex STP	£1.423m	3 CCGs	Treatment targets, structured education, MDFTs and DISN teams.
Leicester, Leicestershire and Rutland STP	£770,000	1 CCG	Treatment targets, structured education and DISN teams.
Lincolnshire STP	£628,000	2 CCGs	Treatment targets and MDFTs.
Mid and South Essex STP	£447,000	1 CCGs	Treatment targets and structured education.
Norfolk and Waveney STP	£589,000	1 CCG	Treatment targets and structured education.
Northamptonshire STP	£680,000	1 CCG	Structured education and MDFTs.
Shropshire and Telford and Wrekin STP	£109,000	1 CCG	Treatment targets and structured education.
Staffordshire and Stoke on Trent STP	£186,000	1 CCG	Structured education.
Suffolk and North East Essex STP	£955,000	3 CCGs	Treatment targets and structured education.
The Black Country STP	£1.013m	4 CCGs	Treatment targets, structured education, MDFTs and DISN teams.

In London

STP	Funding allocated	CCGs receiving	Improvement areas
East London STP	£785,000	2 CCGs	Treatment targets and structured education.
North London STP	£1.432m	1 CCG	Treatment targets, MDFTs and DISN teams.
North West London STP	£2.347m	1 CCG	Treatment targets, structured education and MDFTs.
South East London STP	£1.450m	2 CCGs	Treatment targets, structured education and MDFTs.
South West London	£1.136m	1 CCG	MDFTs and DISN teams.

What is the future of the Diabetes Transformation Fund?

Diabetes is a major challenge for the NHS. The Diabetes Transformation Fund was a welcome and needed action to improve care and save the NHS money. But to bring about the long-term changes needed, this funding needs to be sustained.

Fortunately, at a speech at Diabetes UK Professional Conference in March 2018, Chief Executive of NHS England, Simon Stevens, confirmed that based on the progress witnessed so far, £40m will be available for the second year of transformation funding.

Beyond 2019, the Diabetes Transformation Fund has an unknown future, which is frustrating for clinicians, managers and people with diabetes alike.

The Department for Health and Social Care has committed to improving the care of those with diabetes⁸. Areas which did not receive funding in the first round of bidding are often likely to be areas with significant need to improve diabetes care. These areas would welcome the opportunity to bid again in further rounds of funding. Unfortunately, there has been no commitment to future rounds of investment to be open for new bids from areas.

⁸ Parliamentary Question 107200 (16/10/2017)

Recommendations

1. The progress being made with the Diabetes Transformation Fund needs to be embedded, sustained and expanded. There is a need to explore alternative ways the funding can be used to improve existing target areas, such as investing in online education and community foot protection services. And it should also be explored how the Diabetes Transformation Fund can benefit new target areas, such as emotional and psychological support for people with diabetes. **We recommend a second round of Transformation Funding for 2019-2020 to be open for new bids on established and new target areas.**
2. The Diabetes Transformation Fund went initially to areas that were ready and able to make a big change to the quality of their services through investment in projects that will save money through better care. This means areas with the greatest need were often areas who had the least capacity to improve. **NHS must explore ways to support areas with the greatest need so that they are in a position to radically improve services and bid on potential future rounds of the fund.**
3. It is important that all CCGs receiving any Diabetes Transformation Fund in the future are held accountable to the Government with their spending. Although outcomes are not necessarily expected in the short-term, there has to be publicly available accountability of the spending. **The diabetes programme should publish annual, accessible and easy to understand data about its progress, showcasing updated funding allocation lists, the progress in spending, challenges and progress to come.**
4. Goals set by NHS England to improve diabetes care should be specific to the CCG area and attainable for that area, in line with funding received. **We recommend an emphasis on measurable, evidence based outcomes, such as: weight loss, HbA1c, blood pressure, cholesterol, attendance at structured education courses, as well as patient satisfaction and engagement.**
5. It is important to know more about the diabetes workforce on a local and national basis. An accurate record of DSNs ensures that numbers are carefully monitored, before and after the Diabetes Transformation Fund. This must come alongside a national accreditation framework and core job description for DSNs, establishing consistency within the role across the UK. **The Department of Health and Social Care and NHS England must launch a pro-forma to every CCG to collate the figures of DSNs, updated on an annual basis and published on the NHS website.**