



Diabetes Care Accreditation Programme - DCAP Pilot progress

Background

Diabetes inpatient care varies considerably across hospitals, regions and nations, and people with diabetes often express concern about the management of their condition in hospital. The Diabetes Care Accreditation programme (DCAP) was established to provide assurance that national standards for diabetes care in hospital were being met equally across hospitals in the United Kingdom. The current standards for inpatient diabetes care have primarily been developed by the Joint British Diabetes Societies Inpatient Group (JBDS-IP) supported by the Association of British Clinical Diabetologists (ABCD), the Diabetes Inpatient Specialist Nurse (DISN) UK group and Diabetes UK. DCAP also includes representation from people living with diabetes. Their work has been informed by international consensus documents, the National Diabetes Inpatient Audit (NaDIA) and, in England, the Getting it Right First Time (GIRFT) project. The accreditation standards have evolved and combine recommendations from the 'Making hospitals safe' report, NaDIA, GIRFT and JBDS guidelines. They cover all the aspects of high-quality diabetes inpatient care.

Developing the programme

The Royal College of Physicians' Accreditation Unit were chosen as partners to deliver this work due to their expertise and experience in delivering many other accreditation programmes. Work to develop the Diabetes Care Accreditation Programme started in 2019. Four years on, we are now at the pilot stage with the aim to launch the accreditation programme in Spring 2023. At present, inpatient diabetes care is monitored by regulatory bodies within each of the nations and against few specific diabetes standards. In the past, measuring the quality of diabetes inpatient care relied heavily on NaDIA data which have been included in hospital reports produced by the Care Quality Commission (CQC). It is worth acknowledging that 'NaDIA' audited diabetes inpatient care in England and Wales only and these audits are no longer undertaken.

Aim

The aim of DCAP is to identify and support areas for improvement, driving quality of diabetes care. To achieve this, we will provide a cycle of hospital assessments across the UK to improve inpatient care by setting quality standards for inpatient diabetes services to achieve and evidence. The Accreditation Unit has the expertise to provide this and a proven track record of delivering programmes leading to clinical improvement using this methodology. DCAP aims to improve inpatient care by setting quality standards and measuring how services perform against them. This will be done through an external peer assessment, thereby driving continuous improvement.

Diabetes is a key feature of NHS England's long-term plan and we know that improvements in care for inpatients can lead to a reduction in harm, reduced length of stay and better patient experience. DCAP will need to work closely with the Joint British Diabetes Societies Inpatient Group to ensure that standards are continuously current and appropriate. As it launches, the programme will begin to collect a large database

comparing the quality of diabetes care across hospitals. Consideration will need to be given to how this data can be used to further improve care. This also influences how the data should be stored to allow easy access and analysis.

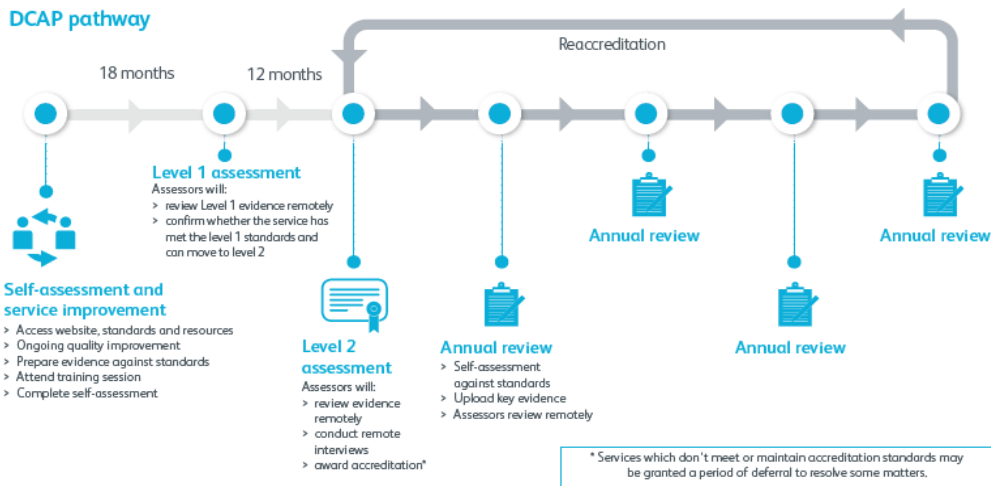
Further aims include:

1. To make measuring the quality of inpatient diabetes care a routine part of daily work in UK hospitals.
2. To help hospitals understand how they are performing against national standards and against their own internal standards
3. To provide a uniformly high level of diabetes care and reduce inequity of care across hospitals in the UK.
4. Work with national regulatory bodies to include measures of diabetes care in overall hospital reports
5. Be a continuous structured cycle of evaluation and improvement for future inpatient diabetes services.

The first 12-18 months of the accreditation pathway are about quality improvement and where most of the hard work is completed. A service will benchmark themselves against the standards and work towards improving quality until the standards have been met. The service will then need to upload evidence to the DCAP website to demonstrate their compliance and once this is completed, they will be able to request an assessment. As we know there is considerable variation in levels of service provision, we have therefore proposed a level 1 and 2 tier approach to support services. This will involve:

- Level 1 - These are the initial standards to improve service quality
- Level 2 - These standards serve as an enhancement for the initial standards. Accreditation assessments are based on services meeting all the level one and two standard evidence requirements

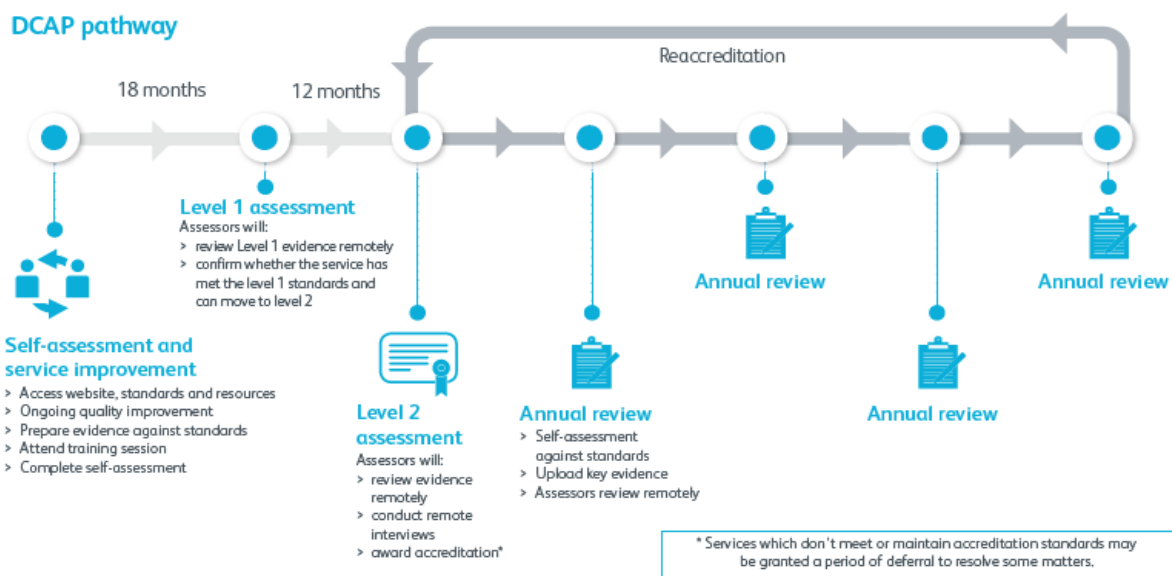
Once accredited, services will need to complete an annual review submission every year online which will ask for key pieces of evidence to show continued compliance with the standards. After 5 years the process comes full circle and services will require a full assessment again. This will follow the same format as the original assessment. It is proposed that the assessment process will be delivered entirely remotely. The accreditation pathway is illustrated below:



Aims of the pilot

The primary aim of the pilot is to test the proposed accreditation pathway, standards and supporting documentation. Although the pilot is not assessing the sites against the full standards, it is hoped that by preparing for a pilot assessment, this will encourage sites to develop their evidence for eventual accreditation.

The timelines for preparing and delivering a pilot assessment are much shorter than for a full accreditation assessment. Hospital teams have worked extremely hard to prepare for their pilot assessment within short timeframes. Feedback so far indicates this has been a useful exercise for sites to identify gaps within their service and has undoubtedly helped the operational group in understanding the areas for future development. The pilot pathway is illustrated below:



Pilot progress

The pilot programme assesses hospitals in the East of England and Wales. As we know from earlier work, there is substantial variation between hospitals in their approach to managing diabetes care. A key contributing factor to this is the considerable variation in staffing levels and skill mix, and senior management team commitment to delivering high quality diabetes care. To fully capture this, we have had to alter some of the data being collected and the questions that are asked during the pilot assessments. Examples of learning so far are listed below:

- The evidence provided by the hospital needs to give some background about the challenges faced overall by the hospital and how the diabetes services fits within that. Evidence that might be helpful would include regulatory reports for the whole hospital
- Development of a structured proforma for the lead assessor to fill in, in preparation for the feedback meeting to the service at the end of the assessment
- Interviews with junior doctors should be included within the process
- Consultant input should be clarified (eg hours per week) in delivering inpatient specific diabetes care and developing the service
- Non-diabetes team interviews should be included to test the experience of ward staff, ensuring that processes are understood, and work as expected
- The list of patient interviews should be increased to ensure all types of diabetes and a variety of experiences across the hospital are considered
- Standard audit and governance questions need to be included within each standard. As well as providing evidence that guidelines are in place, teams need to evidence that they are being followed
- Services need to upload evidence of how the accreditation standards are being met with a 5-year cycle of audits eg enteral feeding
- More robust questions around training for insulin should be included e.g. staff having access to a mandatory e-learning package would not be enough for meeting a standard without adequate staff numbers and evidence of resulting improvement
- DCAP should make services aware that presentations should be 40-45 mins and allow 15 mins for Q&A session
- DCAP to send out meeting invites and interview questions early to allow clinical teams to free time in their diary
- Ensure that questions relating to dietary provision, foot care and prescribing safety are formulated and asked in the absence of dietetic, podiatry or pharmacy colleagues on the day of the assessment Careful consideration should be given for larger trusts/health boards that include several hospital sites, with development of criteria that will need to be met in order to be assessed as one service

Service feedback

‘It was a good experience that went so smoothly as it was organised so well!’

‘Many thanks for all of your support and assistance with the DCAP process. We are all very grateful for your help and assistance with the process.’

‘Really useful process and thank you for yours and the teams feedback...Look forward to receiving the report’

Participating services

The tables below summarise participation in the pilot and progress with recruitment of assessors to assist with both the pilot and eventual programme. All sites will receive a report with key actions, congratulations and recommendations which can be shared with senior management.

| Pilot sites in EOE | Total |
|---|-------|
| No. of sites that agreed to participate | 9 |
| No. of sites with booked assessments | 4 |
| No. of sites who have asked for a delay | 1 |
| No. of sites who have not yet responded | 1 |
| No. of assessments postponed due to assessor availability | 2 |

| Pilot sites in Wales | Total |
|---|-------|
| No. of sites that agreed to participate | 6 |
| No. of sites with booked assessments | 2 |
| No. of sites who have asked for a delay | 1 |
| No. of sites who have not yet responded | 2 |
| No. of assessments postponed due to assessor availability | 0 |

No. of assessors that have agreed to participate in the pilot:

| Specialty | No. |
|-------------------------------|-----------|
| Doctors | 10 |
| Specialist nurses | 7 |
| Pharmacists | 5 |
| Podiatrists | 1 |
| Dieticians | 0 |
| People with diabetes | 6 |
| Total no. of assessors | 29 |

No. of assessors that have signed up to assessments

| Specialty | No. |
|----------------------|-----|
| Doctors | 8 |
| Specialist nurses | 5 |
| Pharmacists | 5 |
| Podiatrists | 1 |
| Dieticians | 0 |
| People with diabetes | 6 |

| East of England | Assessment date |
|----------------------------|-----------------|
| Ipswich Hospital | 08/11/22 |
| Southend Hospital | 22/11/22 |
| James Paget Hospital | 24/11/22 |
| Addenbrooke's Hospital | 01/12/22 |
| Norfolk & Norwich | 2023 |
| Peterborough City Hospital | 2023 |
| Milton Keynes Hospital | 2023 |
| Lister Hospital | 2023 |

| Health board | Wales | Assessment date |
|---|-------------------------------------|-----------------|
| Aneurin Bevan University Health Board | The Grange Hospital | 09/12/2022 |
| Swansea Bay University Health Board | Singleton & Morriston/NPT Hospitals | 14/12/2022 |
| Hywel Dda University Health Board | Prince Philip hospital, Llanelli | 2023 |
| Cardiff and Vale UHB | Llandough & Cardiff Hospitals | 09/03/2023 |
| Cardiff and Vale UHB | Princess of Wales Hospital | 2023 |
| Betsi Cadwaladr University Health Board | Wrexham Maelor Hospital | 2023 |

Governance structure:

Operational management group - The core group organising and project managing the accreditation process - (Daniel Flanagan/Esther Walden/Eva Lynch/Klea Isufi/Anna Ewa Suraj)

Steering group - A group of dedicated diabetes healthcare professionals responsible for reviewing the standards and accreditation process, providing feedback, expert advice, and guidance. Each member of the group represents a wider group of individuals across areas of consultancy, nursing, allied health professions and diabetes organisations. Steering group members are updated and engaged via email and meetings (at least x2 a year)

People with diabetes - A core group of people living with diabetes who have experienced diabetes care in hospital. They are responsible for helping develop the standards, informing the process and delivering the assessments.

Wider stakeholder group - A wider group of healthcare professionals and people living with diabetes with an interest in DCAP, and who want to be engaged in the accreditation process.

We have also received pharmaceutical funding for a 'resource development group' which will likely be smaller than the steering group, and the membership will be flexible depending on what resources are being developed.

Next Steps:

Resource workshop: March 2023

DCAP are going to be holding a workshop in 2023 to develop some key resources for diabetes services as they go through the accreditation process.

Full programme launch: Spring 2023

Each hospital has provided us with valuable learnings which has enabled us to make improvements in how we structure our review processes. The sites have also helped us to improve and develop more structured advice for our assessors on how to review the evidence prior to an assessment and how to facilitate the interview process. It has become obvious that having the input of a specialist pharmacist and podiatrist is extremely valuable, but we do not have enough assessors to provide this for every assessment (there are not enough people nationally). The current proposal is to ask these specialists to review the evidence for each hospital and from this define which hospitals would benefit from including these specialists on their assessment. We aim to have a steering group meeting early next year to review progress and discuss the changes needed for the full programme rollout.