

Joint Working Agreement - Executive Summary

1. Project Name:	Lewisham Diabetes Optimisation Project
2. Organisations involved with this Joint Working Project are:	OneHealthLewisham Eli Lilly and Company
3. The objectives for this project are:	<p>OneHealthLewisham (OHL) is a GP federation comprising of all 37 practices within Lewisham Clinical Commissioning Group (CCG) working collaboratively to ensure high quality, equitable, and sustainable primary care across Lewisham.</p> <p>Early indications are that this new care model is more effective at delivering the outcomes required. This project would now look to expand the reach of this care model beyond the initial pilot to across 37 practices in all 4 neighbourhoods (with specialist care delivered in 2 community “hubs”) in order to increase the validity of the outcomes data. EMIS-Hub extracts real-time clinical data and populates a Red Amber Green (RAG) rated dashboard of achievement to the 3 treatment targets in order to further support and inform DSN intervention.</p> <p>To ensure sustainability, local primary care clinicians would be conducting joint clinics with the DSN in the hubs in order to improve their ability to manage a variety of aspects of diabetes care with an initial focus on appropriate prescribing and medicines optimisation. This would further embed learning available the Cambridge Diabetes Education Programme, registrations for which were purchased with funding from the original bid.</p> <p>Project Objectives:</p> <ul style="list-style-type: none"> • Improve the attainment of patients with diabetes achieving the 3 treatment targets (HbA1c, blood pressure, cholesterol) • Improve medicines optimisation by ensuring patients achieve NICE treatment targets for individual medications • Reengage patients who have become lost to the system and increase patient engagement in structured education • Provide care in the most appropriate setting and through the most appropriate channel • Realise resource savings through reducing inappropriate secondary care referrals of uncontrolled patients • Reducing unnecessary prescribing costs through de-prescribing and optimisation aligned to NICE criteria and local guidelines • Develop an efficient referral pathway between the independent DSN, community diabetes team and specialist hospital team based around the Portsmouth “Super 6” model • Use the outcomes of the project to better inform future commissioning decisions for a sustainable model of multi-disciplinary community based care

Joint Working Agreement - Executive Summary

4. Roles and Responsibilities, including any funding

The role of Lilly UK within the project will be to:

- Sit on the steering group providing advice on scope and design of the project using Prince 2 project methodology via a Lilly Key Account Manager (KAM) and Quality Improvement Consultant (QIC)
- Provide expert advice on the joint Working Process in line with ABPI requirements
- Lead on the development of project documentation. Be responsible for the project plan ensuring adherence to tolerances around time and costs
- Facilitate quarterly project update meetings in order to update the core project team on outcomes vs targets
- Monitor all project tolerances and, if exceeded, coordinate any necessary interventions (with particular attention being paid to the equitable clinical coverage)
- Provide data via the PriDia2*1 tool if required to supplement data already available via EMIS-Hub

*1PriDia2 is a tool that has been created to help Health Care Professionals to access, create and analyse data along the entire Type 2 diabetes patient pathway, enabling areas for improvement, innovation and efficiency to be highlighted. PriDia2 is a secure online tool that empowers quick data extraction and puts it into a graphical dashboard as well as allowing further analysis of patient data.

- Data analysis – benchmarking and measurement of secondary care activity via Vantage tool*2

*2 The Vantage Health Intelligence Platform is a web-based tool that enables real world healthcare insight across a range of datasets, including Hospital Episode Statistics (HES), prescribing data and QOF. The tool utilises a range of interactive dashboards as well as the production of custom reports. The data used is non-identifiable and non-sensitive. Lilly has no access at any time to raw data.

- Process Improvement via Lilly QIC including:
 - Gap analysis of current service provision, if required
 - Facilitation of workshops to streamline the referral pathway between OneHealthLewisham, Community Diabetes Team and Secondary Care as required by any of the current service providers
 - Capacity and demand analysis to ensure sustainability and future costings
- Writing up project outcomes and sharing best practice with colleagues local and nationally via internal communication platforms and potential submission of write up to clinical or trade press

At no point during the project will Lilly have access to any patient identifiable data.

Joint Working Agreement - Executive Summary

	<p>Lilly UK to pay £40,000 to OneHealthLewisham as 50% of the total annual cost of contracting an independent DSN for 4 days per week for 52 weeks. Lilly Time (HDM and QIC) 2 days/month duties outlined in roles and responsibilities.</p> <p>OneHealthLewisham to pay £80,000 (£40,000 contribution from Lilly plus £40,000 from OneHealthLewisham) to the independent DSN as 100% of the total annual cost of the contract for 4 days per week for 52 weeks</p> <p>OneHealthLewisham to continue to pay for the contracted hours of the diabetes consultant (currently 4 hours/month)</p> <p>OneHealthLewisham to continue to pay for the contracted hours of the GP lead (currently 32 hours/month)</p> <p>OneHealthLewisham to continue to pay for the contracted hours of administrative support (currently £1,000/month)</p> <p>OneHealthLewisham to continue to pay for the contracted hours of the clinical pharmacist</p>
<p>5. The expected benefits for patients on delivery of this project are:</p>	<ul style="list-style-type: none"> • Improvements in glycaemic control, contributing to the prevention of diabetes related complications • Improvement in other clinically significant treatment targets (including, but not limited to, blood pressure and cholesterol) • Re-engagement with the local diabetes service and an improved understanding of the service provision options • Care in the most appropriate community setting – closer to home • Increase in patient satisfaction • Improvement in self-management
<p>6. The expected benefits for the partner organisation(s) on delivery of this project are:</p>	<ul style="list-style-type: none"> • Medicines optimisation may lead to savings in prescribing costs which can be reinvested into the diabetes service • Improvement in attainment of QOF targets and associated payments to participating practices • Release secondary care capacity to deal with the most complex patients • Efficiency savings realised across the whole system • Support self-management of people with diabetes reducing unnecessary burden on existing services i.e. reduction of A&E / GP attendances and associated costs • Reduce local variation in the provision of care – equity of care • Ensure financial sustainability by reducing cost per patient with diabetes
<p>7. The expected benefits for Lilly UK on delivery of this are:</p>	<ul style="list-style-type: none"> • Medication reviews may lead to an increase in the prescribing of Lilly medications in line with existing local formulary and NICE guidelines • Demonstrate partnership working with the NHS which will be replicable elsewhere • Real-world experience on the efficacy of pro-active intensification of hyperglycaemic agents in a hard to reach urban population • Publication of outcomes in relevant trade or clinical press