#### **SECTION B PART 1 - SERVICE SPECIFICATIONS**

Mandatory headings 1 – 5. Mandatory but detail for local determination and agreement.

Optional heading 6. Optional to use, detail for local determination and agreement.

### All subheadings for local determination and agreement.

Service Specification No.	BL/BTH/72
Service	DAFNE Type 1 Diabetes Education Pilot
Commissioner Lead	Pete Smith (FWCCG), Michelle Ashton (BCCG)
Provider Lead	Paula Garstang, Directorate Manager, BTH
Period	1 April 2017 – 31 March 2018
Date of Review	N/A

#### Population Needs

#### 1.1 National/local context and evidence base

Fylde and Wyre CCG have committed to improving patient education as part of its, "2030 Vision for Health and Care in Fylde and Wyre." In order to meet this commitment the CCG will need to invest funding into patient education programmes.

DAFNE is cited as an example of high quality structured education in NICE guidance on the use of patient education programmes in diabetes<sup>1</sup>. DAFNE is a skills based structured education programme in intensive insulin therapy and self-management for patients with type 1 diabetes.

The DAFNE programme has been included as a Quality Innovation, Productivity and Prevention (QIPP) case study since the NHS Evidence Database was launched in 2009. Case studies on the database are evaluated by NICE based on quality improvements, savings, evidence and implementation and are peer reviewed, with the top scoring (10%) case studies being recommended.

A recent update and review of the DAFNE case study by NICE has seen the programme retain its place on this database, demonstrating efficiency savings, estimated at £48 million per year nationally or £93,133 per 100,000 population, and improvements in quality. In addition the updated DAFNE case study has achieved recommended status<sup>2</sup>.

#### 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

<sup>&</sup>lt;sup>1</sup> NICE Technical Appraisal Guidance 60

<sup>&</sup>lt;sup>2</sup> http://www.dafne.uk.com/Evidence Base-I371.html

Ensuring people feel supported to manage their condition

2.1 Proportion of people feeling supported to manage their condition

Reducing time spent in hospital by people with long-term conditions

2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions, ii unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

#### 2.2 Local defined outcomes

- Improvement in patient education
- Empowerment of patients to self-manage

#### 3. Scope

## 3.1 Aims and objectives of service

The aims and objectives of the service are as follows:

- Deliver type 1 diabetes education in accordance with NICE guidance
- Empower patients to self-manage their type 1 diabetes
- To improve blood glucose control in patients with currently poorly controlled type 1 diabetes
- Improve patient satisfaction and engagement

In addition to the service deliverables there is a need to understand the impact of DAFNE, specifically for patients of Fylde and Wyre CCG. As part of the service, evaluation of the efficacy of DAFNE in improving outcomes for diabetes patients will be carried out.

# 3.2 Service description/care pathway

- Pre-course screening for suitability to complete the DAFNE course will be completed.
- DAFNE courses are delivered by two DAFNE accredited in-house facilitators (diabetes specialist nurse and dietician) and a Consultant Diabetologist is present for one session per course.
- Patients attend either a 5 day (1 week) course or 5x1 day course over 5 weeks totalling 37.5 hours. There is also 5.5 hours preparation required per course.
- Patients are provided with DAFNE accredited course materials.
- Patients are invited to follow up sessions during the 12 months following initial course completion. Patients can contact facilitators at any point during this 12 month period.

## 3.3 Population Covered

For the purposes of this pilot, patients over the age of 18, with type 1 diabetes, who have been referred for an insulin pump are covered by this service.

### 3.4 Any acceptance and exclusion criteria

For the purposes of this pilot, patients over the age of 18, with type 1 diabetes, who have been referred for an insulin pump are accepted onto the service.

#### 3.5 Interdependencies with other services

This service is interdependent with secondary care diabetes services.

### 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g. NICE)

Technical Appraisal Guidance 60

- 4.2 Applicable standards set out in Guidance and/or issued by a competent body
- 4.3 Applicable local standards

#### 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

- Number of patients completing full course of 5x1 day (plus breakdown of patients not completing/DNAs)
- Number of patients able to fully self-manage following completion of course
- Number of patients requiring an insulin pump following completion of course
- Improvement in blood glucose control:
- Measured at start of course and after 12 months by HbA1C
- Assessed by patient self checks of blood glucose- recorded in a DAFNE diary and assessed at 6 weeks, 6 months post course.
- Comparison of incidence of hypoglycaemia before and after the course
- Patients feeling supported to manage their diabetes (via DAFNE Evaluation form)

# 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

#### 6 Location of Provider Premises

The service will be delivered as a local hospital or community venue, according to patient need.

# 7. Individual Service User Placement

[Insert details including price where appropriate of Individual Service User Placement]

N/A