

**LOCAL ENHANCED SERVICE FOR  
Conversion of People with Type 2 Diabetes to Insulin Therapy**  
(Cannock Chase Commissioning Consortium)

**Service Level Agreement**

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## INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

## SERVICE AIMS

This agreement is to cover the period commencing 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010.

The numbers of people with Type 2 Diabetes needing conversion to insulin therapy are growing as the diabetic population of the United Kingdom increases. Traditionally insulin conversion has been managed by Diabetes Specialist Nurses.

One of the objectives in the Diabetes NSF supports the principle of the transition of appropriate diabetes management from secondary care into the primary care setting. In addition, both the NSF and the QOF support the principle of treating to target.

### **Aims of the service**

- To facilitate the effective management and advice for people with Type 2 Diabetes to achieve glycaemic targets within primary care.
- To initiate and adjust insulin therapy safely and effectively within primary care.
- To identify causes, signs and symptoms of hypoglycemia and advise on appropriate treatment within primary care.
- To enhance the continuity of the patient care pathway through the primary/ secondary care interface.
- To improve patient access and facilitate timely and convenient care.
- To facilitate the management of patients within the primary care environment in line with the NSF.

## CRITERIA

This Local Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCT.

- (i) Service Delivery
- (ii) Data Collection
- (iii) Training
- (iv) Liaison/Shared Care
- (v) Review/Audit

## Criteria One: Service Delivery

### Details

- **Call and Recall.** Practices will be able to ensure the systematic recall of all patients who have undergone insulin conversion, with systems in place for ensuring regular contact during the initial stages for dose adjustment.
- **Individual Management Plan.** Practices will ensure that all patients have an individual management plan. The Insulin For Life (IFL) Treatment Plan is available for GPs and Practice Nurses to use. This plan records the rationale for conversion, progress/targets and a plan of titration.
- **Education.** Practices will ensure that all patients converted to insulin (and/or their carers) receive appropriate education and advice on the management of insulin treated diabetes. This will include written information.
- **Prescribing.** Practices will ensure that copies of the prescribing sheets (14a) are provided to District Nurses involved in the administering of insulin to patients after their conversion onto insulin therapy.

## Criteria Two: Data Collection

### Details

- **Production of an up-to-date register of conversions undertaken.** Practices will produce and maintain an up to date register of all patients converted to insulin.
- **Periodic reviews at least annually,** which could include an audit of:
  - a) The register of patients converted to insulin
  - b) Complications or significant events

## Criteria Three: Training

### Details

- Professionals undertaking this service should have undertaken **appropriate training**.
- Practices will need to have undertaken the local two-day Warwick accredited Insulin for Life (IFL) training course. In addition to attending the two-day training it is a requirement of the course that the practice converts ten patients on to insulin and provide a reflective diary, which is evaluated by Warwick prior to accreditation.
- Practices who have not completed the IFL training but are currently providing conversion onto insulin for their patients will have to demonstrate that they have experience of diabetes management and preferably hold a relevant post basic diabetes qualification.
- Practices who have not completed the IFL training but are currently providing conversion onto insulin for their patients will have to demonstrate that they have experience of diabetes management and preferably hold a relevant post basic diabetes qualification. GPs need to satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service.

## Criteria Four: Liaison/Shared Care

### Details

- Practitioners undertaking this local enhanced service will work closely with colleagues and other healthcare professionals and undertake to share locally agreed protocols where they exist.
- The IFL trainer will provide annual updates relating to diabetes management and care.
- For the first ten conversions supervision and mentoring will be provided by the independent Ashfield Diabetes Specialist Nurses (DSNs) and the local IFL trainer. NB: The Ashfield Diabetes Specialist Nurses are independent nurses paid for through the IFL sponsorship who are available for practices to use for support during the programme.
- Practitioners undertaking the conversion will need to ensure that systems are in place to ensure the patient's practice has a full record of the conversion and that arrangements for ongoing reviews are in place.

## Criteria Five: Review/Audit

### Details

- The services delivered by this LES will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract and as part of review of this LES
- The audit to include:
  - The number of conversions performed
  - Referrals to secondary care
  - Treatment outcomes
  - Adequate records of the services provided
  - Achievements in line with the Quality and outcomes Framework

## ONGOING MEASUREMENT & EVALUATION

The ongoing measurement is outlined in the various criteria in the previous section. **The services provided and scope of this LES will be reviewed with the practice as part of the annual contract monitoring process.**

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year.

## FINANCE

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2009.

Practices will receive: -

£101.40 per patient

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THE PRACTICE  
SIGNATURE SHEET**

## SIGNATURE

The practice will need to sign a combined single signature sheet for all Enhanced Services provided. This will constitute the agreement between the practice and the PCT in respect of all Enhanced Service, as specified within each individual Service Level Agreement.