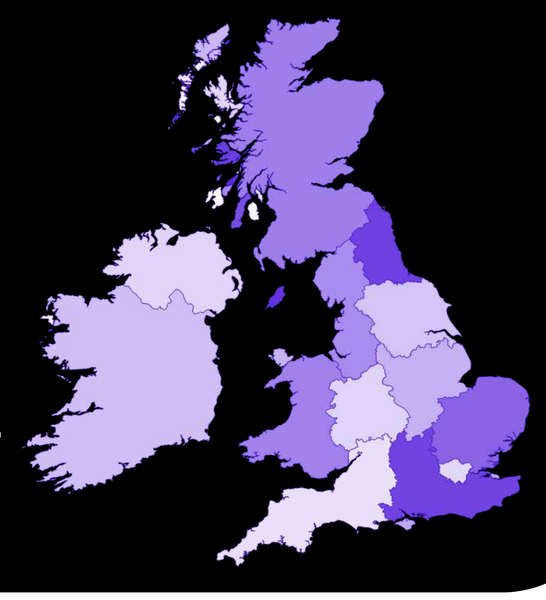
The Royal Wolverhampton NHS
NHS Trust

The Best Practice Tariff for Paediatric Diabetes Care in England: A District General Experience



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Background

The Best Practice Tariff (BPT) was introduced in England in 2011-2012 to incentivise the delivery of high quality care to all children with diabetes.

- An enhanced amount is paid per child per year based on the attainment of 14 standards, see table 1. This is currently set at £2895.
- Wolverhampton New Cross Hospital is a large District General Hospital which serves a diverse population.

Aims

- We describe the experience of a large District General Hospital working with the new Tariff.

Methods

- We observed the changes to the local service.
- We recorded average HbA1c levels in the unit annually.
- We conducted a retrospective audit with 2 cohorts
  - Group A, diagnosed 2008-2009 (before the BPT was introduced). We collected data from this group before (April 2010-March 2011) and after (April 2014-March 2015) the BPT was introduced.
  - Group B, diagnosed 2012-2013 (after the BPT was introduced). We collected data from this group April 2014-March 2015.
- We collected data on clinic appointments, HbA1c readings, annual screening and hospital admissions.

Exclusion Criteria

Patients were excluded if they were transitioned to adult care during the audit, or if they had a non-HbA1c method of monitoring glycaemic control.

Results

Changes to the diabetes service

In 2010-2011 there were 214 children looked after by the team. The team consisted of 3 nurses, 1 dietician and 2 paediatricians. The average unit HbA1c was 9.1%.

In 2014-2015 there were 209 children looked after by the team. The team consisted of 3 nurses, 2 dieticians, 2 paediatricians and 1 family support worker. A clinical psychologist was being recruited. The average unit HbA1c was 8.5%.

With many thanks to the Wolverhampton Paediatric Diabetes Team.

None of the authors have any conflicts of interest to declare.

Cohort demographics

- Group A had 19 patients. The average age was 8.7 years during the first data collection period and 12.7 years during the second. All had type 1 diabetes. Sixteen percent were using a pump in 2010-2011, 53% were using a pump in 2014-2015.
- Group B had 32 patients. The average age was 10.6 years during the data collection period. 91% type 1 diabetes, 9% had type 2. Thirteen percent were using a pump during the data collection period.

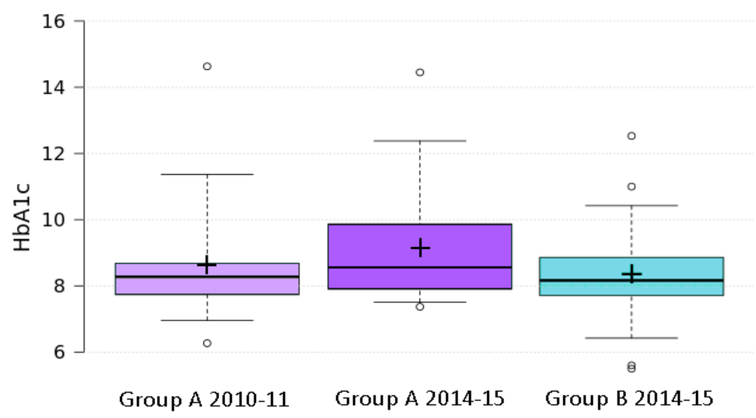
Achievement of Best Practice Tariff

	Group A (diagnosed 2008-09)		Group B (diagnosed 2012-13)
	2010-11	2014-15	2014-15
Minimum 4 MDT appointments offered	74%	100%	100%
Additional 8 contacts	0%	63%	72%
Additional dietician appointment	16%	100%	100%
Structured education programme	0%	100%	97%
Assessment of need for psychology	5%	100%	100%
Thyroid function checked	95%	89%	91%
Markers of coeliac disease checked	95%	89%	88%
From 12 years, blood pressure checked	77%	54%	75%
From 12 years, urine checked for microalbuminuria	77%	91%	100%
Four HbA1c readings per year	47%	58%	72%

Outcomes

	Group A (diagnosed 2008-09)		Group B (diagnosed 2012-13)
	2010-11	2014-15	2014-15
Acute hospital admissions related to diabetes	No data	21%	16%
Average HbA1c	8.64%	9.18%	8.37%
HbA1c <7.5%	21%	0%	12%
HbA1c 7.5-9.5%	63%	64%	75%
HbA1c >9.5%	16%	32%	12%

Box and Whisker plot of HbA1c data



Conclusions

- The Best Practice Tariff has led to more resources being available to hospitals within England.
- As a result, we have seen improvement in the standard of care delivered to children, and a corresponding improvement in glycaemic control, both overall and in newly diagnosed patients. It is hoped that this will also translate into improved long term outcomes.
- Unfortunately despite these extra resources we have still seen a worsening over time of HbA1c in those diabetic patients who are growing up with their disease.

The Best Practice Tariff criteria
a) On diagnosis, the young person is to be discussed with a senior member of paediatric diabetes team within 24 hours.
b) All new patients must be seen by a member of the paediatric diabetes team the next working day.
c) Each patient should received a tailored education programme, at diagnosis and continuing.
d) Each patient is offered at least four clinic appointments per year with a multidisciplinary team (MDT)
e) Each patient is offered at least 8 additional contacts by the diabetes specialist team per year
f) Each patient is offered at least one additional appointment per year with a paediatric dietician with training in diabetes.
g) Each patient is offered at least four HbA1C measurements per year.
h) All patients must be offered annual screening as recommended by current NICE guidance.
i) Each patient must be assessed annually by the MDT as to whether input to their care by a clinical psychologist is needed
j) Each provider must participate in the annual Paediatric National Diabetes Audit.
k) Each provider must participate in (and contribute to the funding of) the local Paediatric Diabetes Network, and participate in peer review.
l) Each provider unit must provide patients and fellow health professionals with 24 hour access to expert advice and support.
m) Each provider unit must have a clear policy for transition to adult services
n) Each unit must have an operational policy, which includes a 'high HbA1C' policy and a was not brought policy.

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Diabetes

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