

Our Reference North East and North Cumbria ICB\
FOI ICB 24–145

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By Email

31 July 2024

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received by North of England Commissioning Support (NECS) on 3 July 2024 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000.

The ICB covers the areas of County Durham, Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley (which covers the five local authorities of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees).

Please find the information you requested on behalf of the ICB as follows.

Your Request

Please confirm the ICB holds the following data and where it is held; please provide the data as requested. I would like to receive this information by email.

1. Please outline how adult (>18-years-old) Type 2 diabetes care is structured in the ICB, including how primary care, community care and secondary care services interact and the roles / responsibilities they each take. I am particularly interested to know when and why patients are referred into consultant-led care. This can be a written summary by the commissioning lead for Type 2 diabetes, in a commissioning policy or a service map.
2. Please provide a list of each provider and service for all elective, consultant-led services for adult (>18) Type 2 diabetes that require a GP referral to access.
3. Please provide the service specification (whether standalone or not) for each service listed in question 2.
4. Please provide the number of patients referred to each service in NHS Financial Year 2023-24 (e-RS data is fine).
5. Please provide the number of patients that started treatment in NHS Financial Year 2023-24.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB holds some of the information you have requested.

In line with your rights under section 1(1)(a) of the Act to be informed whether information is held, we confirm the ICB does not hold all of the information requested. Questions 1, 2 and 3 are answered by each ICB place, below. For questions 4 and 5 we have determined that the information is held by the acute hospital NHS foundation trusts (FTs) within the North East and North Cumbria region.

In accordance with our duty under s.16 of the FOIA to provide reasonable advice and assistance to an individual requesting information, we have provided the FOI email addresses for those acute hospitals to make your request.

NENC Acute Hospital FTs	Email
County Durham and Darlington NHS FT	cdda-tr.cddftfoi@nhs.net
Gateshead Health NHS FT	ghnt.foi.enquiries@nhs.net
North Cumbria Integrated Care NHS FT	foirequest@cumbria.nhs.uk
North Tees and Hartlepool NHS FT	foi@nth.nhs.uk
Northumbria Healthcare NHS FT	foi@northumbria.nhs.uk
South Tees Hospitals NHS FT	foi@stees.nhs.uk
South Tyneside and Sunderland NHS FT	stsft.freedomofinformation@nhs.net
The Newcastle upon Tyne Hospitals NHS FT	nuth.freedom.information@nhs.net

You may also find the NHS England Digital and Public Health England websites below useful to source diabetes information.

- The Quality and Outcomes Framework indicators are a good source of information for diabetes prevalence (up to data to 2022/23): [Quality and Outcomes Framework – NHS England Digital](#)
- Public Health England (Fingertips): [Public health profiles – OHID \(phe.org.uk\)](#)

County Durham place (to include Darlington and Durham)

1. Type 2 Diabetes Care for adults (aged 18 years and over) is provided by an integrated model in County Durham and Darlington, which is delivered by multiple providers from primary and secondary care.

The integrated model is clinically led by primary and secondary care clinicians. It provides a framework to enable secondary and primary care clinicians to work together with a shared responsibility for improved patient health and system outcomes.

The integrated model provides a framework to deliver the following objectives:

- Co-ordinate the specialist services and generalist services for patients with diabetes so that they fit around the needs of the patients.
- Provide high quality diabetes care to all patients.
- Provide a holistic approach to the management of diabetes for all patients.
- Reduce the number of years of life lost for patients with diabetes.
- Reduce the risk of complications for patients with diabetes.
- Reduce duplication and gaps in the current diabetes service provision.

- Deliver person-centred outcomes in a timely manner.
- Implement locally agreed care planning template/s for the high-quality management of patients with multiple co-morbidities that could be applied to other disease areas within the NHS in England.
- Through personalised care planning, empower patients to self-manage their diabetes.

Nominated 'diabetes leads' from each GP practice work together with named secondary care Consultants. Specialist Medical Practitioners and Diabetes Specialist Nurses plan and co-ordinate the local delivery of community diabetes services to deliver the aims and objectives of the service.

Across County Durham and Darlington all patients whose Diabetes needs fall outside the 'super six' conditions will be seen within their GP Practice or community setting.

All patients who require care above the diabetes level of care provided by their GP practice are to be referred to the local Diabetes Co-ordinator in Secondary Care who will liaise directly with the Consultant aligned to the relevant Diabetes Locality Group. The Consultant or Specialist Medical Practitioner will determine whether the patient's need can be met within the community.

The Consultant or Specialist Medical Practitioner will take responsibility for communicating the outcome of the referral to the Diabetes Specialist Nurse who will make arrangements for the patient to be seen and ensure that an appropriate care plan is put in place to meet the patients' diabetes needs.

2. In County Durham and Darlington, the Type 2 Diabetes Services for adults (aged 18 and over) are provided by an Integrated Model delivered collaboratively by Primary Care clinicians and Secondary Care clinicians. The secondary care organisations who are involved in the County Durham and Darlington Diabetes Integrated Model are:
 - County Durham and Darlington NHS Foundation Trust
 - North Tees and Hartlepool NHS Foundation Trust
 - South Tyneside and Sunderland NHS Foundation Trust
3. Please find attached service specification for the 'County Durham and Darlington Integrated Diabetes Service'.

Newcastle Gateshead place

1. GPs provide routine care as per NICE guidance for non-complex type 2 DM and there is also a Local Enhanced Service for both Newcastle and Gateshead for some of the more complex care to be undertaken in primary care if the team is competent to do so (attached).

Retinal screening is provided by the North of Tyne & Gateshead Diabetes Eye Screening Programme to which any newly diagnosed person would be referred by their GP. In Gateshead weight management services are available through the NHS Digital Weight management programme for anyone with diabetes with a BMI >30 (or >27.5 if Black, Asian or Ethnic minority background).

If a practice does not provide services under the ES or if things were too complex for the skill level of the primary care team (which will vary from practice to practice) they would be referred

to secondary care. There are no set referral criteria so this would be something dependent on specifics for each patient depending on the practice they were registered at. People can have care moved between these services as need dictates via GP referrals or discharge from secondary care. Secondary care has consultants and DSNs as well as a diabetes specialist pharmacist in their team and triage to the most appropriate person when a referral is received.

2. Please find details of services below:

- Queen Elizabeth Hospital Diabetes Centre (QEH)/ Newcastle Diabetes Centre. The provider will hold any service specification and patient data – we do not have access to this information.
- Gateshead : Type 2 Diabetes Path to Remission project – information available here: [Medical Adjustment Guidance \(momentanewcastle.com\)](https://www.momentanewcastle.com) As at January 2024 23 patients had been referred to this service.
- EMPOWER programme for T2 Diabetes Structured Education: [EMPOWER - Spirit Health \(spirit-health.co.uk\)](https://www.spirit-health.co.uk)
This is an interim contract and the service is currently out for procurement. As at end May 2024 100 patients had been referred to this service.
- National Diabetes Prevention Programme for patients with NDH at risk of developing T2 diabetes: [NHS England » NHS Diabetes Prevention Programme National Service Specification](#) Between July 2022 and March 2024 1108 patients were referred to this service.
- Minuteful Kidney/Healthy i.o. to date (31/7/2024) 1436 Gateshead patients referred to this service.

3. Copies of service specifications are attached.

North Cumbria place

1. Please refer to Health Pathways Guidance attached.
2. North Cumbria Integrated Care NHS Foundation Trust.
3. Please find the service specification attached.

North Tyneside and Northumberland places

1. Primary care referral by GP is the usual route to access consultant led services.
2. Northumbria Healthcare NHS FT is the main provider of the service.
3. Please find the service specification attached.

South Tyneside and Sunderland places

1. Referrals into the service are made via the GP.
2. South Tyneside and Sunderland NHS FT.
3. Service specifications (attached).

Tees Valley place

1. Across the Tees Valley, Adult (18+) Type 2 Diabetes care is provided across primary, community and secondary care settings depending on the level of need of the individual.

When a patient is diagnosed with Type 2 Diabetes they are initially cared for in a Primary Care setting. This would encompass low risk management and would include but not be limited to:

- Three intensifications as per NICE guidance
- Follow-up and monitoring of 3 clinical targets and 9 Care Processes
- Review renal & liver function / immunisations / impotence
- Review self-management care plan
- Aim for HBA1c 48 or 53 mmol/mol if taking hypoglycaemic medication

Referrals from Primary Care to (Tier 2) Community Services (where applicable) would take place when more specialist support is required. This can be a two-way pathway so if a patient's needs reduce, they can be stepped down to continue their care within the primary care setting. An example Diabetic Specialist Nurse provision in the community would be:

- Active management of patients with more complex needs to achieve targets
- Poorly controlled Type 2 Diabetes (HbA1c equal to/ > 58 after 3 intensifications)
- To support Housebound / Care Home / Frail elderly (in partnership with primary care)
- To manage patients with more complex needs such as Learning disability / Mental Health
- To initiate Insulin (supporting primary care)
- Pre-op optimisation (in partnership with primary care)

Referral for Patients with Type 2 Diabetes from Primary Care into Acute Care (secondary) is rarely a direct referral, the majority of referrals for patients with T2 diabetes would be initiated from the Tier 2 Community Service. Secondary care (high risk management) would typically include:

- In-patient Diabetes management
- Diabetes technologies (Insulin Pumps, continuous glucose monitoring, flash glucose monitoring)
- Active Diabetic foot disease (ulceration/ Charcot)
- Where support with complications is required, such as ischaemic heart disease, diabetic nephropathy, individuals on dialysis or with progressive decline of renal function
- Support with diagnostic uncertainty or secondary diabetes (pancreatic insufficiency)

In addition to direct Diabetic care, Diabetes Education and Training is also commissioned in a community setting.

The ICB also actively seeks to support transformation where possible which encompasses primary, community and secondary care support.

The above breakdown is relevant for Hartlepool, Middlesbrough, Stockton-on-Tees and Redcar & Cleveland localities. The model of care is different in Darlington in that the primary and community offer is integrated and delivered in a primary care setting as part of a collaborative approach.

2. NENC ICB in Tees Valley place does not routinely gather this level of information We would advise you to redirect your query to acute hospital trust providers. The acute hospital foundation trusts (FTs) in Tees Valley are North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT.
3. Please refer to the response to question 2.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log.

Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by the North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.org.uk

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk . This will not affect your initial information request.

Yours sincerely

S Davies

S Davies
Information Governance Officer