

## QUALITY IMPACT ASSESSMENT

PROJECT TITLE:	Diabetes new model of care		
PROJECT REFERENCE:	PCDIA1		
PROJECT MANAGER:	Deborah Causer		
PROJECT SPONSOR:	Mike Sexton		
Date of submission:	19-Oct-18		
Date for review:		Reviewed by:	

**Project description:**  
 The principal aim of the new model is to ensure that services become fully integrated across the system. It has a focus on shared clinical leadership across the tiers of care, embedding community based specialists in GP network areas and supporting those network areas to work at scale. See fact sheet for more details.

Please include full justification for your impact rating in the "Comments (Project Manager)" column.  
 Please contact [andrea.davis@nhs.net](mailto:andrea.davis@nhs.net) or the PMO to discuss.

No.	Specific Risk	Impact Score (1 - 5)	Likelihood Score (1 - 5)	RAG Rating	Risk Score	Summary of impact (Project Manager)	Comments (Quality Assurer)
<b>PATIENT SAFETY</b>							
<b>Will this project have an adverse impact on:</b>							
1	The organisation's ability to protect children, young people and adults?	3	1	G	3	No impact envisaged. All providers will be under NHS standard contract provisions.	
2	Patient safety?	2	1	G	2	The model of care is designed to enable health and care teams from across the system to work as team, with a particular emphasis on upskilling and increased support for primary care. Contracts will incentivise improved clinical outcomes and experience of care. Supported by technology such as shared records we expect fewer people to 'fall through the gaps', e.g. identifying people at risk of amputation before it is too late and ensuring they are seen by the specialist foot team.	
3	Preventable harm?	2	1	G	2		
4	Systems and processes for ensuring that the risk of healthcare acquired infections to patients is reduced?	3	1	G	3	No impact envisaged. All providers will be under NHS standard contract provisions.	
5	The reliability of any other safety systems?	3	1	G	3	No impact envisaged. All providers will be under NHS standard contract provisions.	
6	Clinical workforce capability and skills?	1	1	G	1	The model of care better supports primary care and community health and care teams to manage diabetes care by the introduction of specialist community based teams, with consultant input, and improved access to a range of formal professional education and day-to-day support.	
7	On partner organisations and any aspect of shared risk?	1	1	G	1	See above	
<b>CLINICAL EFFECTIVENESS</b>							
<b>Will this project have an adverse impact on:</b>							
1	Eliminating inefficiency and waste?	1	1	G	1		
2	Evidence-based best practice?	1	1	G	1		
3	Clinical leadership?	1	1	G	1		
4	Variation in care provision?	1	1	G	1		
5	Encouraging people to staying well?	1	1	G	1	The principal aim of the new model is to ensure that services become fully integrated across the system. It has a focus on shared clinical leadership across the tiers of care, embedding community based specialists in GP network areas and supporting those network areas to work at scale. The focus of the model is on • The prevention or delay in incidence of diabetes and development of complications- A significant reduction in short and long term complications has been reported by similar, integrated models. • Improving the management of diabetes within primary care and reducing variation, where 90% of diabetes care takes place, through the integrated support of specialists and empowering patients through better care planning.	
6	The promotion of self-care for people with long term conditions?	1	1	G	1		
7	Delivering care in the most clinically and cost effective setting?	1	1	G	1		
8	Improvements in a care pathway?	1	1	G	1	The contract/s delivering the new model will be outcomes focussed; aligning incentives across the system to keep people well.	
<b>PATIENT EXPERIENCE</b>							
<b>Will this project have an adverse impact on:</b>							
1	Access to services for any particular race, gender, age, disability, sexual orientation, religion and belief?	1	1	G	1	See EIA . By expanding the range of structured education available and working with the community	

Impact Score	Impact description (can refer to injury/harm, service delivery, financial, litigation or publicity)
1	No. this project is intended to produce a positive improvement to patient quality, safety, effectiveness and experience
2	No. This project is intended to produce a partially positive improvement to patient quality, safety, effectiveness and experience
3	Possibly. This project is intended to have a neutral impact on patient quality, safety, effectiveness and experience
4	Yes. This project will have an partially adverse potential impact on patient quality, safety, effectiveness and experience. Possible media interest. Need for clinical cabinet to agree rating of adversity
5	Yes, definitely. This project will have a adverse potential impact on patient quality, safety, effectiveness and experience. Probably media interest. High risk to the CCG. Clinical cabinet to agree rating of adverse impact

Likelihood Score	Likelihood description (can refer to injury/harm, service delivery, financial, litigation or publicity)
1	Extremely unlikely
2	Not likely
3	Possibly
4	Most Likely
5	Not likely

2	The self-reported experience of patients and service uses? (Response to national/local surveys/complaints/PALS/incidents/PROMs)	1	1	G	1	and voluntary sector to develop social prescribing for people with diabetes the model aims to support people from all of Croydon's communities better prevent and manage diabetes.
3	The choice agenda?	2	1	G	2	People requiring outpatient elective care will continue to have a choice as to where they are referred. The aim
4	The compassionate and personalised care agenda?	1	1	G	1	The model will embed a care planning process that puts people with diabetes firmly in the driving seat of their care