**National Diabetes Treatment and Care Programme Application Form- Part B**

The application form is composed of two parts:

1. An Excel document, largely for the collection of numerical and data-based information.
2. A Word document where textual information is collected. Further details of the application process are contained within the Excel and Call to Bid documents.

As a minimum, bids should be on a Clinical Commissioning Group (CCG) footprint. CCGs are **encouraged to collaborate and submit joint bids, ideally on Sustainability and Transformation Plan (STP)**. **Bids must be submitted via STPs**. Bids should be collaboratively developed with relevant providers. Where bids are for Multi-disciplinary Footcare Teams (MDFTs) or Diabetes Inpatient Specialist Nursing (DISN) services and a single MDFT or DISN team is/will be provided across the footprint of several CCGs, it would be expected that, as a minimum, bids are agreed across those CCGs.

Bids should be jointly agreed with relevant providers and should be jointly developed with key clinical leads and with people with diabetes. A key principle of use of the funding is that it should be expected to generate savings through reduction in the rate of development of complications and other deterioration in people with diabetes and that such savings should be reinvested in the services in order to help make them self-sustaining. Joint agreement between commissioners and providers to commit to such reinvestment will be a key factor in considering whether to approve bids for funding.

**All applicants are required to complete:**

1. **Diabetes Application Form Part A (the excel document),**
2. **The overall details section below (on page 2 to 4 of this document), and**
3. **The relevant sections below (on page 5 to 20) which are applicable for the interventions that you wish to bid for.**

**Note: You do not need to complete the whole form unless you are applying for all interventions.**

1. **Bids must be via STPs**

The guidance notes on the “Introduction” tab in the Excel document should be read in conjunction with answering the questions below.

| **Overall details** |
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**Please expand the boxes below as required for your answers.**

| 1. Please list all CCGs included in this bid |
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| 1. Please list all providers included in this bid |
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| 1. Please list other partners included in this bid |
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| 1. Confirm STP lead(s) support for this bid |
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| [to insert name, title and email address] |

| 1. Lead contact details for the bid | |
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| **Name of lead contact** |  |
| **Job title** |  |
| **Email address** |  |
| **Telephone number** |  |

| 1. Where the application covers multiple CCGs and/or providers or other partners, the application should have been agreed via the appropriate governance processes in each partner for bidding process of this nature and a lead CCG identified. The chief officer of the lead CCG should confirm below that this has taken place.   **I confirm that all organisations which are partners to this bid have agreed to support it though their relevant governance processes for bids of this nature** | |
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| **Name** |  |
| **Job title** |  |
| **CCG** |  |

| 1. A Senior Responsible Officer (SRO) for the bid, together with a clinical lead and implementation lead, should be identified with their details set out below. These may be from any organisation that is a portion to the bid.   **Appraisal dashboard criteria reference(s)**: All - clinical outcomes, safety/quality and sustainability | | | |
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|  | **SRO** | **Clinical Lead** | **Implementation Lead** |
| **Name** |  |  |  |
| **Job title** |  |  |  |
| **Organisation** |  |  |  |
| **Email address** |  |  |  |
| **Telephone number** |  |  |  |

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| 1. Please set out below what priorities for diabetes are included within local strategic plans, including Sustainability and Transformation Plans (STPs) and how they relate to this bid.   **Appraisal dashboard criteria reference(s)**: All - clinical outcomes, safety/quality and sustainability |

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| 1. Please set out details of you engagement with each of the following during development of this bid |
| 1. Please set out what engagement with primary and secondary care clinicians (taking adult and children’s services in account as appropriate), has taken place during the development of bids within each intervention area selected and whether they are supportive of the improvements and actions proposed.   **Appraisal dashboard criteria reference(s)**: All – relationship risk   1. Please set out what engagement with provider organisations has taken place during the development of bids within each intervention area selected and whether they are supportive of the improvements and actions proposed.   **Appraisal dashboard criteria reference(s)**: All – relationship risk   1. Please set out what engagement with relevant local patient groups has taken place during the development of bids within each intervention area selected, whether they are supportive of the improvements and actions proposed and any plans for continuing engagement if this bid is successful.   **Appraisal dashboard criteria reference(s)**: All – patient experience |

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| 1. Describe how local governance, oversight and implementation arrangements will oversee and support delivery of each of the priorities and key outcomes within the timescales described above, including:  * How they will monitor progress and take corrective actions as necessary. * How there will be ongoing input from relevant clinicians and from people with diabetes to the governance arrangements.   Please specifically refer to how the governance, oversight and implementation arrangements will operate with regard to the each of the priorities for which funding is sought.  **Appraisal dashboard criteria reference(s)**: All - clinical outcomes, safety/quality and sustainability |

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| 1. Describe how you plan to increase participation by GP practices in the in the National Diabetes Audit to ≥ 90% by 2018/19 and when you aim to achieve this by (In CCGs where <25% of practices participated in the 2014/15 NDA, the plan should also include how participation will be increased to significantly above 25% by 2017/18).   **Appraisal dashboard criteria reference(s)**: All – patient experience |

| Complete this section as part of your application for funding to increase attendance at structured education |
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**Please expand the boxes below as required for your answers.**

Please use this sheet to describe your detailed implementation plans to increase attendance at structured education. Where there is more than one CCG covered by this aspect of the bid and the analysis of issues and proposed actions differs between CCGs (or groups of CCGs), please duplicate and complete separate copies of the this section for each CCG/Group of CCGs as appropriate.

Please note: the modelling of the costs and savings have been developed from the evidence base on face to face structured education.

| 1. Please set out the CCGs that are bidding for funding with respect to this priority. |
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| 2. What is your understanding of the reasons for low uptake of, and where relevant low completion of, structured education for Type 1 and Type 2 diabetes and for adults, and for children/young people, in your area, including:   * Identification of specific population groups and GP practices from which attendance is low and consideration of the reasons why. * Feedback from patients on reasons for non-attendance and what could help improve attendance?   **Appraisal dashboard criteria reference(s)**: Structured Education (SE) – clinical outcomes, patient experience and safety/quality |

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| 1. Describe the current funding arrangements for this service (e.g. Do the courses have bespoke funding or are they funded via a wider contract? Is payment of providers linked to attendance/near completion of attendance or to coded reporting of attendance to GPs? Is there the ability to flex the no. of places provide up or down according to demand?)   **Appraisal dashboard criteria reference(s)**: SE – sustainability and resources |

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| 1. Describe how you plan to improve reporting of attendance and completion of courses including any plans to:  * Support accurate recording of attendance, such as by requiring coded reporting of attendance for use on primary care information systems. * Link payment of providers to attendance or near completion of attendance at structured education, including coding reporting of attendance.   **Appraisal dashboard criteria reference(s)**: SE – cohort size, clinical outcomes and resources |

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| 1. Describe your proposed implementation plan including;  * Describing the initiatives you plan to put in place to increase uptake of structured education and completion of attendance at the course, across all relevant ages addressing the issues identified in Q1 above and taking into account relevant other evidence. * Consideration of how to support GPs and providers to work with patients to maximise attendance. * Whether you plan to focus on the newly diagnosed or prevalent diabetes populations across all ages (or a combination). * Why you consider the proposed levels of increase in structured education attendance will be sufficient to reflect the number of diabetes patients that need to attend the course. * Whether there will be the ability to flex the number of places provided up or down according to demand. * Describing how you plan to develop the workforce involved in delivering structured education so that the expansion of education provision does not reduce the capacity of existing specialist diabetes clinical staff to deliver other key duties associated with their role.   (It should be noted that the potential for developing digital structured education options are being separately considered. This bid should focus on face to face structured education.)    Please also use the table below to outline the specific actions, who will be responsible for delivering these and the expected timescales for completion.  **Appraisal dashboard criteria reference(s)**: SE – clinical outcomes, safety/quality and resources |

| 1. Please set out the specific actions you propose to take to improve uptake of structured education.   **Appraisal dashboard criteria reference(s)**: SE – clinical outcomes | | |
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| Actions | Responsible organisation / individual | Timescale for completion |
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| 1. Please set out what risks to successfully increasing attendance at structured education you have identified, the likelihood of these occurring and mitigating actions you propose to take.   This risk assessment should include:   * Risks to implementation. * Risks arising from relationships with stakeholders. * Risk that interventions are not well targeted. * Risks based on inter-relationships with other strategic plans.   **Appraisal dashboard criteria reference(s)**: SE – risks |

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| 1. In addition to the costs set out in the Excel application form please set out: 2. Any non-financial resources you will need in order to carry out these actions and how these will be provided? 3. Any capital requirements to ensure delivery of this bid? This should include the amount required and confirmed plans for how these will be successfully addressed outside of this bid.   **Appraisal dashboard criteria reference(s)**: SE – sustainability and resources |

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| 1. Taking into account the evidence on structured education being cost-saving in the medium term, please confirm whether there is commitment from CCGs and providers to continue to maintain the expanded level of structured education provision set out in this bid after bespoke national funding ceases, using savings generated in order to fund this.   **Appraisal dashboard criteria reference(s)**: SE – sustainability |

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| 1. Do you have a specific service specification for structured education?   If so, does it require structured education providers to adhere to relevant NICE guidelines and quality standards?  If not, will these form a core requirement of your service specification from 2017/18?  **Appraisal dashboard criteria reference(s)**: SE – safety/quality |

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| 1. Will the structured education courses provided under this funding: 2. Be externally accredited by nationally recognised accreditation body (state which). 3. Be externally accredited by non-nationally recognised accreditation body (state which). 4. Be internally accredited against published criteria. 5. Have quality standards to meet, but will not be accredited.   **Appraisal dashboard criteria reference(s)**: SE – safety/quality |

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| 1. What do you consider to be the key learning that could come out of your proposal that could inform improvement in other localities?   In answering, please take into account whether your proposal is dependent upon other specific local services that may not be available elsewhere, whether it is focussed on specific populations and whether it would take a short (less than one year) or longer (more than one year) period to implement elsewhere.  **Appraisal dashboard criteria reference(s)**: SE – replicability of model |

| Complete this section as part of your application for funding to enable an increase in achievement of the 3 NICE recommended treatment targets (including one – Hba1c- for children) |
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**Please expand the boxes below as required for your answers.**

Please use this sheet to describe your detailed implementation plans to increase achievement of the 3 NICE recommended treatment targets for adults with Type 1 diabetes and adults with T2 diabetes, together with increasing achievement of one treatment target – Hba1c – for children. Where there is more than one CCG covered by this aspect of the bid and the analysis of issues and proposed actions differs between CCGs (or groups of CCGs), please duplicate and complete separate copies of the this section for each CCG/Group of CCGs as appropriate.

| 1. Please set out the CCGs that are bidding for funding with respect to this priority. |
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| 1. The average national achievement level of the treatment targets is 40.2% of patient with diabetes. Please set out below your analysis of where achievement of the treatment targets at CCG or GP practice level may be lower than this, drawing on data sources such as the NDA, NPDA, NaDIA and HES, and local data sources and intelligence as appropriate, and the reasons for it including consideration of : 2. The separate levels of achievement of each of the three treatment targets and one for children – Hba1c. 3. Different cohorts within local diabetes populations. 4. Whether there are differential achievements against the treatment targets within these groups. 5. The possible causes of underachievement.   **Appraisal dashboard criteria reference(s)**: Treatment Targets (TT) – cohort size, clinical outcomes |

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| 1. Please set out the specific actions you propose to take across the pathway, including as appropriate where primary and secondary care will work together, to secure improvement against the treatment targets including as relevant actions for Type 1 diabetes, Type 2 diabetes and children and young people and specific communities where action is required. This should include as appropriate: 2. Commissioning and quality improvement actions. 3. Promoting improvement. 4. Incentives and other levers. 5. Identification of actions focused on the identified areas requiring improvement.   Together with why you consider these actions to be appropriate, taking account of any relevant evidence.  For each key action, please also set out in the table below who will be responsible for implementation and the timescales for completion of them.  **Appraisal dashboard criteria reference(s)**: TT – clinical outcomes | | |
| Actions | Responsible organisation / individual | Timescale for completion |
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| 1. Please set out what risks to successful improvement of the treatment targets you have identified, the likelihood of these occurring and mitigating actions you propose to take.   This risk assessment should include:   * Risks to implementation. * Risks arising from relationships with stakeholders. * Risk that interventions are not well targeted. * Risks based on inter-relationships with other strategic plans.   **Appraisal dashboard criteria reference(s)**: TT – risks |

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| 1. In addition to the costs set out in the Excel application form please set out: 2. Any non-financial resources you will need in order to carry out these actions and how these will be provided? 3. Any capital requirements to ensure delivery of this bid? This should include the amount required and confirmed plans for how these will be successfully addressed outside of this bid.   **Appraisal dashboard criteria reference(s)**: TT – sustainability and resources |

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| 1. Taking into account the evidence on the wider benefits from improved achievement of the treatment targets, what do you anticipate to be the savings/reductions in the increase of expenditure on diabetes that will arise as a result of your plans?   **Appraisal dashboard criteria reference(s)**: TT – sustainability |

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| 1. Please set out which of the proposed actions are considered to be only necessary over the short/medium term to promote improvement and which are considered necessary to maintain over the longer term. Where actions are required to continue over the longer term, please set out what commitment there is from the CCGs and partners to sustain these as transformation funding reduces.   **Appraisal dashboard criteria reference(s)**: TT – sustainability |

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| 1. What do you consider to be the key learning that could come out of your proposal that could inform improvement in other localities?   In answering, please take into account whether your proposal is dependent upon other specific local services that may not be available elsewhere, whether it is focussed on specific populations and whether it would take a short (less than one year) or longer (more than one year) period to implement elsewhere.  **Appraisal dashboard criteria reference(s)**: TT – replicability of model |

| Complete this section as part of your application for funding for a multidisciplinary foot care team (MDFT) |
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**Please expand the boxes below as required for your answers.**

Please use this sheet to describe your detailed plans to put in place a new or expanded MDFT. (If there is more than one MDFT covered by this bid, please duplicate and complete separate version of this section for each MDFT). Please note that the core aspect of this funding is for MDFTs. Such bids may include proposals to augment Foot Protection Teams (FPTs) as part of the overall bid where it will promote appropriate use of MDFTs and facilitate greater capacity within them. However, bids should not be focussed solely or primarily on FPTs. There is the ability to make bids with respect to FPTs within the Pathway funding in section (5) of this form.

Please attach your footcare pathway, including setting out how patients will be referred to the MDFT in accordance with the times set out in NICE guidance NG19 and as referred to below.

| 1. Name of provider that will operate the new/expanded MDFT. |  |
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| 1. Are you bidding for a new or expanded existing MDFT service?   **Appraisal dashboard criteria reference(s)**: MDFT – cohort size, clinical outcomes |  |
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| 1. If you currently have an MDFT service, please describe its current role and approach in terms of:  * Criteria for which patients are referred to MDFTs. * How referral processes operate so as to ensure timely, appropriate referrals. * How the service enhances the diabetes skills of other staff. * What other services offer specialist support to patients with diabetes with footcare needs (e.g. consultant diabetologist, podiatry) and how these services work together to offer an integrated diabetes service. * What the current funding arrangements for the MDFT service.   **Appraisal dashboard criteria reference(s)**: MDFT – cohort size, clinical outcomes, patient experience, sustainability and resources |

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| 1. Do access and referral/assessment times for the MDFT and related services reflect recommendations within NICE guidance NG19?   (e.g. If a person has a limb-threatening or life-threatening diabetic foot problem, refer them immediately to acute services and inform the MDFT so they can be assessed and an individualised treatment plan put in place. For all other active diabetic foot problems, refer the person within 1 working day to the multidisciplinary foot care service or foot protection service for triage within 1 further working day.).  If these criteria are not currently used, how will you ensure compliance with this as part of implementation of the bid? Please also set out what arrangements you will have in place to promote speedy referrals to MDFTs where appropriate.  **Appraisal dashboard criteria reference(s)**: MDFT – safety/quality |

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| 1. What services are available for patients at risk of developing active foot disease who do not satisfy the criteria for accessing the MDFT, such as Foot Protection Teams? Please set out any changes you plan to make to these services.   **Appraisal dashboard criteria reference(s)**: MDFT – cohort size, clinical outcomes |

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| 1. Describe your: 2. Gap analysis of the service change required. 3. Proposed implementation plan including the expected number of staff you will need in order to deliver this. (Use the table below to outline key actions, who will be responsible for delivering these and the expected timescales for completion). 4. Reasons for considering that the actions proposed will address the gap set out, including how the evidence on improving footcare outcomes has been taken into account. 5. How the proposal takes into account the assessment of the differing needs of the various local diabetes populations and the approaches needed to address these. 6. How the service will work with other groups, such as community organisations, to promote improved footcare outcomes.   **Appraisal dashboard criteria reference(s)**: MDFT – cohort size, clinical outcomes | | | | | | | |
| Actions | | | | Responsible organisation / individual | | Timescale for completion | |
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| 1. Please set out the current and planned future make-up of your MDFT by WTE nurses, podiatrists etc. (Where a MDFT does not currently exist, please set out these details with respect to existing posts that will in the future form part of the MDFT). Where a bid also covers FPTs please add separate versions of these tables to reflect staffing within these.   **Appraisal dashboard criteria reference(s)**: MDFT – resources | | | | | | | |
| Staff Type and Banding (Nurse, Podiatrist etc.) | 2016/17 | 2017/18 | 2018/19 | | 2019/20 | | 2012/21 |
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| 1. Of the above, please set out how many of each type are/will be on duty on a Saturday or Sunday.   **Appraisal dashboard criteria reference(s)**: MDFT – resources | | | | | |
| **Saturday** | | | | | |
| Staff Type and Banding (Nurse, Podiatrist etc.) | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2012/21 |
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| Staff Type (Nurse, Podiatrist etc.) | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2012/21 |
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| 1. Do you anticipate any difficulties recruiting appropriate staff within short timescales for these improvements? If so, please set out your recruitment and training strategy for this service including:  * Any plans to provide existing employees with additional training to carry out this function. * Engagement with LETBs. * Whether training arrangements have been confirmed (subject to the outcome of the bid). * What actions you will take to secure successful delivery should there be delays in recruitment?   **Appraisal dashboard criteria reference(s)**: MDFT – resources |

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| 1. In addition to any difficulties recruiting appropriate staff within short timescales set out above, please set out what risks to successful implementation of a new or expanded MDFT service you have identified, the likelihood of these occurring and mitigating actions you propose to take.   This risk assessment should include:   * Risks to implementation. * Risks arising from relationships with stakeholders. * Risk that interventions are not well targeted. * Risks based on inter-relationships with other strategic plans.   **Appraisal dashboard criteria reference(s)**: MDFT – risks |

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| 1. In addition to the costs set out in the Excel application form please set out: 2. Any non-financial resources you will need in order to carry out these actions and how these will be provided? 3. Any capital requirements to ensure delivery of this bid? This should include the amount required and confirmed plans for how these will be successfully addressed outside of this bid.   **Appraisal dashboard criteria reference(s)**: MDFT – sustainability and resources |

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| 1. How will you measure patient satisfaction with the MDFT service and what steps will you take to increase satisfaction year on year?   **Appraisal dashboard criteria reference(s)**: MDFT – patient experience |
| 1. Describe how the proposed additional or extended MDFT function will fit into the wider local diabetes treatment pathway and interface with other services such as the inpatient specialist nursing service and primary care, so as to help ensure that actions agreed with patients are reflected in the patient's overall care plan and the actions taken by other professionals.   **Appraisal dashboard criteria reference(s)**: MDFT – patient experience and safety/quality |

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| 1. Describe how the funding of the service will operate over the longer term so that savings made from reductions in lengths of stay and complications are reinvested so as to make the service self-sustaining in funding.   Have the CCG and provider agreed that savings will be re-invested so as to make the service self-sustaining and to continue to fund the service to at least the expanded levels funded under the bid after specific NHS England funding is withdrawn?  How will the savings be monitored in order to ensure that they are devoted towards funding the service?  **Appraisal dashboard criteria reference(s)**: MDFT – sustainability |

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| 1. Does the service fully or partially adhere to NICE guidelines and quality standards? (If partially please set out how the service does not conform with NICE) If the service does not fully conform, please confirm whether this will form a core requirement of your service specification from 2017/18.   Also, has there been any external (for example, peer review) or internal assessment of whether the service meets NICE guidelines and quality standards:   1. Within the last two years or 2. More than two years ago (Please state when)   If not, has there been any formal internal consideration as to whether the service meets NICE guidelines and quality standards?  If your answer is no to the above options, do you plan to introduce an assessment? If so, please state what type of assessment and timescales.  **Appraisal dashboard criteria reference(s)**: MDFT – safety/quality |

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| 1. When do you expect the service/expanded service to commence? |
| Complete this section as part of your application for funding for a diabetes inpatient specialist nursing service (DISN) | |

**Please expand the boxes below as required for your answers.**

Please use this sheet to describe your plans to put in place a new or expanded DISN service. (If there is more than one DISN service covered by this bid, please duplicate and complete separate version of this section for each DISN service).

| 1. Name of provider that will operate the new/expanded DISN service. |  |
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| 1. Are you bidding for a new or expanded existing DISN service?   **Appraisal dashboard criteria reference(s)**: DISN – cohort size, clinical outcomes |  |

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| 1. If you currently have a DISN service, please describe its current role and approach in terms of:  * Criteria for which patients are referred to DISNs. * How referral processes operate so as to ensure timely, appropriate referrals. * How the service enhances the diabetes skills of other inpatient staff. * What other services offer specialist support to inpatients with diabetes (e.g. consultant diabetologist, podiatry) and how these services work together to offer an integrated diabetes inpatient service. * What the current funding arrangements for the DISN service.   **Appraisal dashboard criteria reference(s)**: DISN – cohort size, clinical outcomes, patient experience, sustainability and resources |

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| 1. Does the service fully or partially adhere to NICE guidelines and quality standards? (If partially please set out how the service does not conform with NICE) If the service does not fully conform, please confirm whether this will form a core requirement of your service specification from 2017/18.   Also, has there been any external or internal (please state which) assessment of whether the service meets NICE guidelines and quality standards:   1. Within the last two years or 2. More than two years ago (Please state which?).   If not, has there been any formal internal consideration as to whether the service meets NICE guidelines and quality standards?  **Appraisal dashboard criteria reference(s)**: DISN – safety/quality and clinical outcomes |

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| 1. Please describe the future role and approach of the DISN service (whether enhancing an existing team or introducing a new team) in terms of:  * Analysis of required staffing year by year to 2020/21. * Why you consider that the staffing set out in Q5 below will be sufficient to meet this need. * How your knowledge of the needs of differing cohorts of local diabetes populations and their communities/services have influenced this model. * Criteria for which inpatients will be referred to DISNs. * How referral processes when in hospital will operate so as to ensure timely, appropriate access. * The impact upon length of stay and the reasons for this. * How reductions in harms in diabetes inpatients across the hospital, such as from medication errors and from hypoglycaemic and hyperglycaemic episodes, will be supported, including in terms of reviewing such episodes and promoting change in clinical practice. * How the service will enhance the diabetes skills of other inpatient staff.   **Appraisal dashboard criteria reference(s)**: DISN – cohort size, clinical outcomes and safety/quality |

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| 1. Describe your proposed implementation plan. Arrangements for clinical supervision of DISNs should also be set out.   Use the following table to outline key actions, who will be responsible for delivering these and the expected timescales for completion, including for recruitment and/or training of DISNs.  **Appraisal dashboard criteria reference(s)**: DISN – clinical outcomes | | |
| 1. Please set out the specific actions you propose to take | | |
| Actions | Responsible organisation / individual | Timescale for completion |
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| 1. Please set out the current and planned future make-up of your diabetes inpatient specialist team by WTE, including DISNs, podiatrists, consultants etc. (Where a DISN service does not currently exist, please set out these details with respect to existing posts that will in the future form part of the DISN).   **Appraisal dashboard criteria reference(s)**: DISN – resources | | | | | | | | | | |
| Staff Type and Banding (Nurse, Consultant, Podiatrist, etc.) | | 2016/17 | | 2017/18 | | 2018/19 | | 2019/20 | | 2012/21 |
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| 1. Of the above, please set out how many of each type are/will be on duty on a Saturday or Sunday.   **Appraisal dashboard criteria reference(s)**: DISN – resources | | | | | | | | | | |
| **Saturday** | | | | | | | | | | |
| Staff Type and Banding | 2016/17 | | 2017/18 | | 2018/19 | | 2019/20 | | 2012/21 | |
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| **Sunday** | | | | | | | | | | |
| Staff Type and Banding | 2016/17 | | 2017/18 | | 2018/19 | | 2019/20 | | 2012/21 | |
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| 1. Do you anticipate any difficulties recruiting appropriate staff within short timescales for these improvements? If so, please set out your recruitment and training strategy for this service including:  * Any plans to provide existing employees with additional training to carry out this function. * Engagement with LETBs. * Whether training arrangements have been confirmed (subject to the outcome of the bid). * What actions you will take to secure successful delivery should there be delays in recruitment?   **Appraisal dashboard criteria reference(s)**: DISN – resources |

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| 1. In addition to any difficulties recruiting appropriate staff within short timescales set out above, please set out what other risks to successful implementation of a new or expanded DISN service you have identified, the likelihood of these occurring and mitigating actions you propose to take.   This risk assessment should include:   * Risks to implementation. * Risks arising from relationships with stakeholders. * Risk that interventions are not well targeted. * Risks based on inter-relationships with other strategic plans.   **Appraisal dashboard criteria reference(s)**: DISN – risks |

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| 1. Describe how the proposed additional or extended DISN service will support the wider treatment pathway, including how actions agreed with patients will be reflected in the patient's overall care plan and so followed up by others treating the patient after discharge.   **Appraisal dashboard criteria reference(s)**: DISN – patient experience and safety/quality |

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| 1. Describe how the funding of the service will operate over the longer term so that savings made from reductions in lengths of stay and complications are reinvested so as to make the service self-sustaining in funding, together with the rationale for the expected levels of savings. Have the CCG and provider agreed that savings will be re-invested so as to make the service self-sustaining?   **Appraisal dashboard criteria reference(s)**: DISN – sustainability |
| 1. When do you expect the service/expanded service to commence? |

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| 1. In addition to the costs set out in the Excel application form please set out: 2. Any non-financial resources you will need in order to carry out these actions and how these will be provided? 3. Any capital requirements to ensure delivery of this bid? This should include the amount required and confirmed plans for how these will be successfully addressed outside of this bid.   **Appraisal dashboard criteria reference(s)**: DISN – sustainability and resources |