The Super Six Model of Diabetes Care
Summary

The Super Six model of care has been in place for over 5 years with the aim of improving diabetes care in the city of Portsmouth in the south of England. This model creates uniformity across primary care trusts and provides support for the majority of diabetes management to take place in primary care settings.

Five years on, the authors have surveyed patient and practitioner satisfaction of the service provided, and calculated the estimated clinical events avoided as a result of the Super Six model. Patient and practitioner satisfaction is high and there have been reductions in diabetes-related hospital admissions and vascular events as a result of the Super Six model.

The estimated cost savings associated with the introduction of the Super Six model are approximately £1.9 million.

Key words
- Diabetes care model
- Integration
- Level of care
- Specialist diabetes team
- Healthcare innovation

Introduction

The consultant team in the specialist unit had two main roles – that of medical 'specialist' and ‘educator’.

To determine how effective the Super Six model has been in improving clinical outcomes for people with diabetes 5 years after implementation, outcome measures were set.

The measures comprised patient and primary care practitioner satisfaction; diabetes-related hospital admissions (diabetic ketoacidosis, hypoglycaemic events and hyperosmolar hyperglycaemic state); and long-term vascular events (myocardial infarction, cerebrovascular accident and amputations).

Awards in recognition of the Super Six model of diabetes care
- Shortlisted for the British Medical Journal Awards 2015 (Clinical Leadership Team of the Year)
- Highly commended for the HSJ Awards 2014 in acute sector innovation
- Runner up for the Guardian Healthcare Innovations Awards 2013
- Shortlisted for the Nursing Times Award 2013 (Young Person Services)
- Winner of Care Integration Awards 2012
- Quality in Care Award 2012; Best Network Initiative
- Quality in Care Award 2012; Best Innovative Commissioning Initiative
- Quality in Care Award 2011; NHS Diabetes Team of the Year (silver award)
- Winner of the Healthcare and Social Care Awards 2010

The Super Six Model of Diabetes Care

The Super Six model of diabetes care in South East Hampshire and Portsmouth defined with local GPs, commissioners and specialists which services should remain within an Acute Trust setting, the multidisciplinary team and/or greater expertise.

The 6 defined services were:
- Inpatient diabetes
- Foot diabetes (with predefined criteria)
- Poorly controlled Type 1 diabetes, including adolescents
- Insulin Pump services
- Low eGFR or patients on renal dialysis
- Antenatal diabetes

This resulted in any other patients with diabetes being managed in the community by a combination of remote consultation (emails/phones) and GP surgery visits.

The GP surgery visits were used primarily for education with options given to GPs and practice nurses such as:
- Virtual clinics (case-based discussions)
- Review of database to discuss patients in regard to quality and outcome targets
- Review of diabetes acre audits completed by surgery
- Choice of educational sessions on area(s) of diabetes management
- Patient review (in conjunction with GP or practice nurse)

Results

It is estimated that the Super Six model has reduced the rate of diabetes-related hospital admissions and macrovascular events from its implementation in 2010/11 to 2014/15.

The Super Six model has allowed the specialist team to deliver timely, high-quality care in areas where their expertise is better suited within acute trusts.

Discussion

The reported achievements of the Super Six model have relied on the strong relationships that have been built across primary and secondary care.

On reflection, the basis for success in Portsmouth has been in redefining the role of the consultant to that of a specialist who is also capable as an educator to provide a support framework for primary care.

In an era where technology and new therapeutics steal the headlines, it is easy to forget the importance of the fundamentals of diabetes care – good communication and good education.

This model of care has potential to deliver the same impact in other clinical specialties.