

9 key care processes & the Annual review

For people living with diabetes

Beth Kelly, Amanda Epps &
Alison Cox
Diabetes Specialist Nurses
@_diabetes101

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What evidence base & guidelines do we have for undertaking these?



UKPDS STUDY (T2) 1998



DCCT TRIAL (T1)



ADVANCE, ACCORD,
VADT (large scale CVD
trials)



NICE GUIDELINES (T1 &
T2) 2012



EASD/ADA consensus
guidelines 2018 & 2019

Annual Diabetes Reviews

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- People with all types of diabetes are eligible for an annual review every year
- These should include the 9 key processes as per NICE guidelines
- This differs from the Quality Outcome Framework (QOF) targets that GP's work with

Annual reviews are:



a great opportunity for you to:

- Meet the team who look after your health
- Discuss any worries you have about your diabetes
- Ask for further support from the wider team (psychology/podiatry/specialist team)
- Ask for medications to be reviewed – discuss side-effects
- Ask about your risk of heart or kidney problems
- Ask about any new changes to diabetes care since you last saw them

Annual reviews are not:



- An opportunity for the HCP to tell you off
- A chance for you to tell the HCP off
- A tick box exercise
- A waste of anyone's time

So... What is QOF?



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○ Quality Outcomes Framework

- This is how your checks in primary care are measured
- Targets are set nationally
- They are related to each condition – e.g asthma/diabetes
- They can change year to year based on what is important to the population

So... What is NICE?



- National Institute for Clinical and Health Excellence
- National body which set targets & pathways based on what research shows is the best for people with diabetes
- NICE guidelines Type 1 & 2 Diabetes available
- Pump guidelines, CGM guidelines also
- Worth a read as they give HCPs standards and targets to aim for

Note: Diabetes guidelines are being rewritten as we speak

9 key care processes;

these should be done 'at least' annually but can be repeated

The logo for 'Team Diabetes 101' is displayed on a white rectangular background with rounded corners. A horizontal yellow band is positioned across the middle of the rectangle. The text 'team diabetes' is written in a black, lowercase, cursive font, with 'team' on the top line and 'diabetes' on the bottom line, both centered. The number '101' is written in a bold, black, sans-serif font, centered below the yellow band.

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- Blood pressure
- Cholesterol
- HBA1C
- Urinary ACR
- Retinal eye screening – usually by outside agency
- Foot check
- BMI (if you are ok with this)
- Smoking cessation/Lifestyle support
- Renal function blood tests
- Referral for specialist education – e.g. DAFNE/DESMOND or other

Where are these done?

- Most will attend GP/Practice Nurse
- Some are seen in MDT consultant clinics (young adult/pump)
- Some are housebound (district nursing team)

- Type 2 – generally with GP services (not always)
- Type 1 – mixture of the above
- Some of the key care processes may need to be repeated if we are keeping a closer eye



Hba1c

QOF TARGET	NICE Target
Measured on having: <ul style="list-style-type: none"> • HbA1c < 59mmol/mol • HbA1c <65 mmol/mol • HbA1c <76mmol/mol 	48mmol/mol - ideal 53mmol/mol – for people on hypoglycaemic drugs (su/insulin) >58mmol/mol – should intensify meds Think about individuals (age/pregnancy)

- Measuring the average blood glucose level over past 3 months
- Should be measured 3-6 monthly until hba1c is stable on unchanging therapy
- Think about “time in range” – hba1c is not always indicative of Quality of life/hypoglycaemia

Blood pressure

QOF TARGET	NICE TARGET
BP 140/80 or less.	130/80- if also have Diabetes Kidney Disease (DKD) 140/90 – Without DKD

- BP is integral for diabetes health (see previous tweetorials)
- Some people may take medication to help this
- It is important to keep an eye on your blood pressure to help us prevent cardiac problems in the future

How to do this at home?

- Buy BP measuring devices that go on your wrist or arm
- Take regular measurements at home and record them
- Send to your healthcare teams who can record in your notes
- This sometimes helps reduce the stress factor of having a Dr/Nurse doing it for you



Cholesterol

QOF Criteria	NICE GUIDELINES
<ul style="list-style-type: none"> • Aged 40 years or over, NO history of cardiovascular disease – % on statins • History of cardiovascular disease – % on statins 	<p>TC - <4mmol/L</p> <p>Depends on whether primary (prevention of first cardiac event) or secondary prevention (preventing further events)</p>

- The usual blood test will measure the total (TC), Low-density (LDL) & high density (HDL) cholesterol
- For primary prevention in T1D (offer statin in >40 years age or had diabetes>10 years, or if have kidney problems or “other CVD risk factors”)
- T2D (if 10 year risk of developing CVD is >10%)
- For secondary prevention all should be offered a statin
- In terms of target for Primary & secondary prevention it is a >40% reduction in non-HDL cholesterol
- See our previous tweetorials re this

BMI



QOF TARGET	NICE guideline
Not in 2020/21 QOF	Healthy BMI 18-25 People are offered personalised & ongoing support to be at a healthy weight Offered specific expertise in nutrition Access to carbohydrate counting info

- Body weight is an important factor in managing diabetes
- A great chance to talk about exercise programmes in your local area
- As your weight increases, you can become more resistant to the effect of insulin and the treatment(s) you are given can become less effective
- Recent research has shown that losing a significant amount of weight in type 2 diabetes can help with remission of type 2 diabetes and outcomes

Urinary ACR

NICE guideline	QOF
uACR > 3 mg/mol for > 3/12 would be deemed as indicative of DKD	If persistently abnormal treat with ACEi/ARB

- A simple urine specimen is given to your GP to test
- See previous tweetorial on kidney health and uACR
- This test is a better marker for kidney problems than a venous blood test for renal function
- If uACR is raised you may be started on some medications
- If becomes too high, then referral to renal consultant might be needed

Education

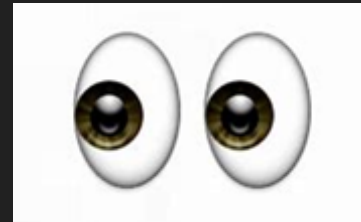


QOF TARGET	NICE GUIDELINES
<ul style="list-style-type: none">• Offered when newly diagnosed – document if declined	<ul style="list-style-type: none">• “to be offered structured education at time of diagnosis. With annual emphasis and review”

- Patients with type 1 & 2 can attend education courses at any stage throughout diabetes journey
- Always encouraged – practical tips for managing every day life with diabetes
- Evidenced based structured curriculum with specific aims and objectives
- More specific subjects such as carb counting

How to do this at home?

- Diabetes 101 website
 - BERTIE online
 - DIGIBETE
 - NHS website
 - Access T1 resources website
 - Diabetes UK
 - JDRF
-
- Always go to trusted & well known resources for your info!
 - Don't believe everything you see on social media or Dr Google



Sexual Issues



QOF TARGET	NICE GUIDELINES
No longer a requirement in QOF	To be discussed at every opportunity

- 1/3 to half of men with diabetes known to suffer with it
- Women also affected – vaginal dryness (see previous tweetorials)
- Useful opportunity to open up this discussion – lots of ways we can help you
- Blood tests can be performed to see if hormone supplements may help

Foot check

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QOF TARGET

- That it has been done within past 12m

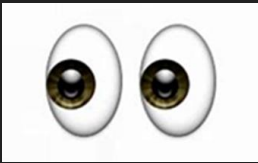
NICE guideline

Needs to be done annually and whenever foot problems are expected , can be repeated yearly – no minimum qualifications req to perform one. Can be done by private podiatrist – need to be HCP reg.

- See previous tweetorials on foot care
- Requires palpation pulses
- Potential need to check with doppler
- Monofilament sensation test 1/10 scoring system
- You should expect to be told your “risk level”
- General advice on foot wear and care
- Referral to podiatry if necessary or med-high risk

How to do this at home?

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Hopefully one of your friends or family can do this bit with you.

Take a look at the Ipswich Touch the Toes Test [Touch-the-toes-test.0812.pdf](https://diabetes.org.uk/Touch-the-toes-test.0812.pdf) (diabetes.org.uk)

It's a simple test that is designed to test the sensitivity of your feet at home!

DIABETES UK
CARE. CONNECT. CAMPAIGN.

TOUCH THE TOES TEST

About the test	1
Reference guide	1
Step-by-step instruction	2
Recording the results	3
What the results mean and what to do	3

ABOUT THE TEST

The **Touch the toes test*** is quick and easy, designed to assess sensitivity in your feet, and can be done in the comfort of your own home.

Why is sensitivity important?

Sensitivity is an important way that the body can alert you to other problems. Sensations, like sharp pain or throbbing, can tell you when you may have damage to a part of your body. In the case of feet, pain could be due to a burn, blister or cut and because you feel it you can take prompt action and appropriate treatment.

If sensation is impaired you may not realise if minor damage has occurred and left unknown and untreated the risk of infection is increased. Infections and ulcers are also painful – but not if that part of the foot also lacks sensation.

Knowing if you have impaired sensitivity requires you to rely more on regular visual checking for discoloration or swelling for instance.

It is important to remember that impaired sensation itself **does not cause** infection and ulceration.

Please note that the **Touch the toes test** is not a substitute for your annual foot review by an appropriately trained person.

REFERENCE GUIDE

Subject's right foot, your left side

Subject's left foot, your right side

*Officially known as the Ipswich Touch Test which was designed by Gery Fayman and the team at Ipswich Hospital



Retinal screening



QOF TARGET	NICE GUIDELINES
Not in QOF	Patient should be attending structured eye screening annually

- High blood glucose levels can cause small leaks of blood in the retina.
- Should be referred at diagnosis by GP or PN to this service
- Usually done at outsourced location from GP or hospital
- Not the same as having an eye test with high street ophthalmologist
- See previous tweetorials from Becky on eye health

Immunisations



QOF	NICE GUIDELINES
Done annually and documented if declined	Similar to above – that it is offered to all PWD annually

- Influenza immunisation – offered annually
- Pneumococcal immunisation – once in a lifetime, unless spleen removed
- Shingles immunisation- relative to age
- Keep your eyes out for your COVID19 vaccination invite!
- You can get this done at your local pharmacy also

Further appointments

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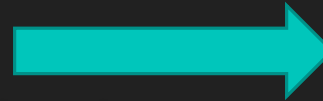
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- Your HCP usually has just **20 minutes** per year with you to do your essential checks
- It's a great idea to book further appointments to talk through the rest at another date
- Thinking ahead is great...
- E.g. If you know you have a holiday planned – book an appt to discuss travelling with diabetes a good 2 months before so you can have help required in good time

Sick day rules



- Do you know what to do when you are poorly?
- Do you have access to ketone test strips
If needed?
- Do you have sick day rules on
Your fridge?
- Talk to your family & friends about
How they can support you too



- Get all the links here <https://www.england.nhs.uk/london/london-clinical-networks/our-networks/diabetes/diabetes-covid-19-key-information/>

NHS
London
Clinical Networks

Sick day rules for patients on multiple daily injections (MDI): how to manage type 1 diabetes if you become unwell with coronavirus

If you become unwell with coronavirus and require advice specifically for coronavirus, please refer to the following websites:

- Diabetes UK https://www.diabetes.org.uk/about_us/news/coronavirus
- JDRF <https://www.jdrf.org/coronavirus/>
- NHS <https://www.nhs.uk/conditions/coronavirus-covid-19/>

If you are unable to follow sick day rules or need further help, please telephone your local diabetes team.

Please note: to follow this advice, it is important you know your most recent weight in kilograms or your total daily dose (TDD) of insulin (meal time + total long acting insulin) so that you can give the correct insulin dose to correct ketones. It would be useful to do the calculations and know your 10% and 20% Of TDD beforehand so that you know what to do if you become unwell.

Supplies you need access to at all times (as part of your kit box if you have one):

Please ensure you have access to following at all times, not just when you are unwell.

- 1-month supply of all insulins – long acting and quick acting
- Blood glucose meter with 1-month supply of test sticks/strips and lancets – check the sticks/strips/lancets have not expired
- If you use continuous or flash glucose monitoring systems (Dexcom/ Freestyle Libre) ensure you have access to back up blood glucose meter and test strips
- Ketone test kits – either urine or blood – check the ketone test strips have not expired

Hypoglycaemia

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- Hypo education - see our previous detailed tweetorials on this !
- Do you have symptoms of hypos?
- Do you know your hypo signs & symptoms?
- Do you know how to treat a hypo?
- Do your friends and family know?
- Do you have access to (enough) blood testing strips?

How to do this at home?



You can get all the HYPO knowledge you need in our previous tweetorials...

<https://www.diabetes101.co.uk/tweetorials>

Adult hypo treatments:

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1 bottle (60 mls)
Lift Glucose shot



1 ½ - 2
tubes Glucogel



5-6 Dextro energy
sweets



200-250 mls
fresh orange
juice



3-4 Bassetts
Jelly Babies
(different brands may vary)



4-5 Lift Gluco
tabs/chews

Injection Technique

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- Check injection sites with your HCP
- Discuss injection technique
- Are you using the right needle?
- A chance to talk about needles and pens
- Check that your pen devices are working and suit you
- Do you need a new pen device?
- Are your sharps bins ordered?

How to check for 'lipos' at home?



A great way to check for these is:

- Grab some Lubricant/shower gel
- Stand up – this is really important!
- Remove or loosen clothing
- Use lube or shower gel and using a flat open palm, have a really good feel around all your sites using your fingertips

For more in-depth information we have a whole tweetorial on injection technique on our website www.diabetes101.co.uk



Driving

- Chance to talk about and review the DVLA guidelines
- Do you know how long you have to wait if you hypo whilst driving?
- Do you hold a class 1 or 2 licence?
- Do you monitor blood sugars whilst driving?



Things to think about/discuss...



- Cultural needs – Do you partake in Ramadan?
- Am I at risk of Heart problems? – do I know my risk?
- Am I getting more frail? – would I benefit from some support?
- Do I take lots of tablets? Do I forget some?
- Am I planning to travel this year? Do I know how to prepare for this?
- Am I due for some surgery soon, does this need a plan?
- Am I planning a Pregnancy this year?
- Do I have any sexual issues I would like to discuss?
- Is anything with my diabetes stressing me out?

Language Matters



- NHS England document– June 2018
- All about how language matters within our consultations!
- Specifically about people with diabetes
- Think about the language we all use with each other & how this affects our time with each other
- <https://www.england.nhs.uk/publication/language-matters-language-and-diabetes/>

The logo for 'Team Diabetes 101' is centered at the top of the slide. It consists of the words 'team', 'diabetes', and '101' stacked vertically in a black, handwritten-style font. The word 'diabetes' is positioned over a solid yellow horizontal bar. The entire logo is set against a white background.

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THANKS for joining us tonight

We will stick around to
answer any questions

@_diabetes101