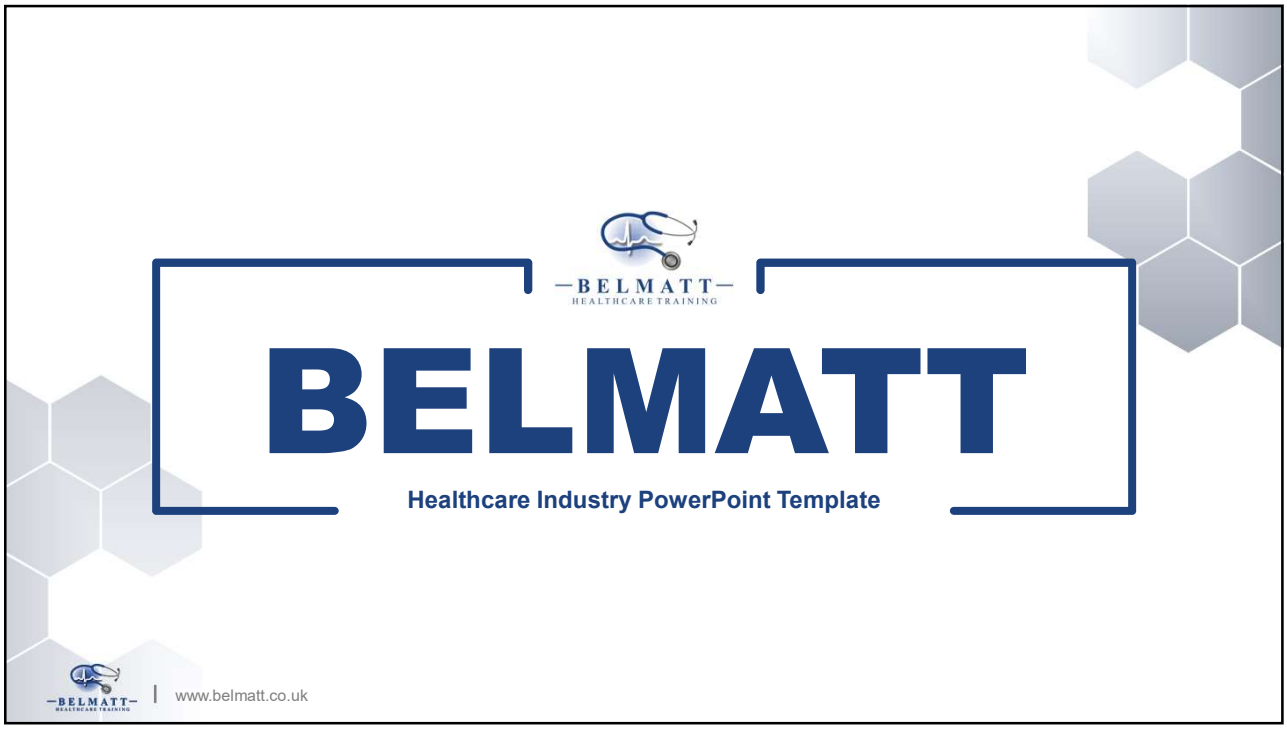


1

Type 2 Diabetes Management in Primary Care The Annual Review

Gill Dunn
Diabetes Specialist Nurse

BELMATT

2

Objectives:

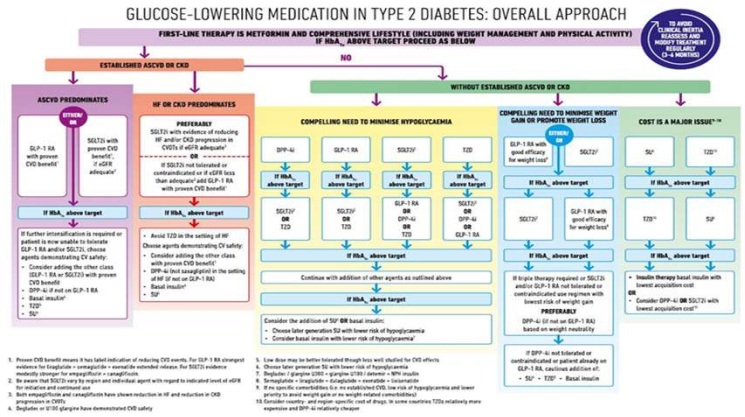
- Understand the HCP role in diabetes management
- Explore the purpose of annual review
- Complications of diabetes
- Discuss the relationship between diabetes and Covid-19
- Team Approach to the Annual review

NICE NG28 Guidelines

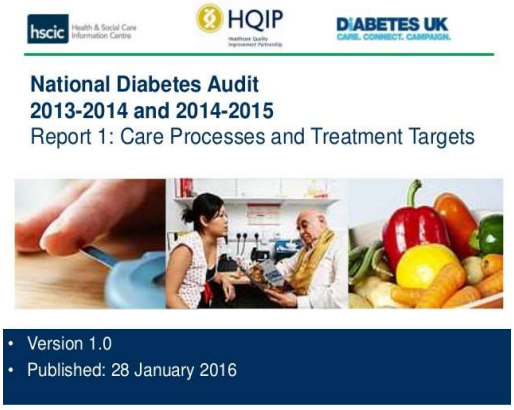
People with diabetes…..

- *'Participate in annual care planning'*
- *'Receive an annual assessment for the risk and presence of the complications of diabetes'*
- *'Receive a structured education programme with access to ongoing education'*

ADA/EASD-Patient-Centred Care



The Annual Review- Data collection



- National Diabetes Audit
- Quality Outcome Framework(QOF)
- Local Enhanced Services
- Practice/PCN level
- HCP

Getting the Right People

- Disease Registers
- Coding
- Learning Disability / Frailty / SMI Registers
- Gestational diabetes
- Non-diabetic hyperglycaemia
- Remission
- LTC Reviews

Do you know what information is collected at the annual review?

The 8 care Processes

Part 1- 8 Care Processes

- Bloods- **HbA1c Serum creatinine** (u&e's) **Lipids**
- Height/weight/**BMI**/*waist circumference*
- **BP**
- Urine- **albumin/creatinine ratio** (ACR)
- **Foot check**
- **Smoking**
- Retinopathy (not included in NDA)

Care Processes	Type 1			Type 2 and other		
	Bexley	Banding	England	Bexley	Banding	England
All Eight Care Processes	33.7	As Expected	34.4	49.4	As Expected	47.7
Blood Pressure	89.8	As Expected	90.6	94.9	As Expected	96.4
BMI	79.5	As Expected	75.8	83.9	As Expected	83.3
Cholesterol	79.5	As Expected	80.8	91.6	As Expected	93.1
Foot Surveillance	72.3	As Expected	70.1	85.2	Higher	79.4
HbA1c	84.8	As Expected	84.9	93.7	As Expected	95.3
Serum Creatinine	74.1	Lower	83.3	93.4	As Expected	95.1
Smoking	76.5	As Expected	79.8	85.8	As Expected	85.7
Urine Albumin	51.8	As Expected	51	58.4	Lower	65.6

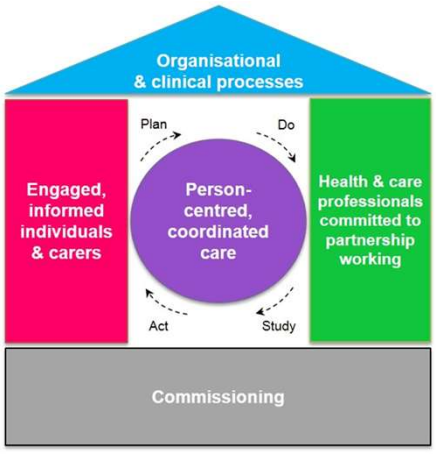
Ask Assess Action

- Family History
- Occupation
- Driving
- Pregnancy Planning
- Sexual Health
- Periodontal
- Frailty/Dementia
- Learning Difficulties
- Social Support/well-being
- Health Beliefs

Surveillance and Prevention

- Less than 10% of patients being offered **All** NICE recommended tests in some areas
- Clinical variation
- Inequalities
- QOF alert box
- Whole team approach

Two-Part Process



Part 1

- Preparation
- Gathering Information

Part 2

- Conversation
- Goal setting and Action Planning

Part 2 Consultation:

- Action planning and goal setting
- Reviewing targets
- Well-being
- Lifestyle
- Medication review
- Complications
- Vaccinations

Remote/Virtual Clinics

Preparation:

- Health check questionnaire
- Face to face for metrics
- Foot check
- Information about remote part two

Part Two:

- Patient selection
- Clear IT instructions
- Language
- Choice
- Send copy of Action Plan

Effective Communication

T.E.A.C.H

- **T**- Time
- **E**-Environment
- **A**-Attitude
- **C**- Communication
- **H**-Help

MECC

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Patients' Needs and Concerns

MECC and C&SP	Assessing and supporting self-management	Assessing mental health and coping
Sign-posting	Resources	Social prescribing

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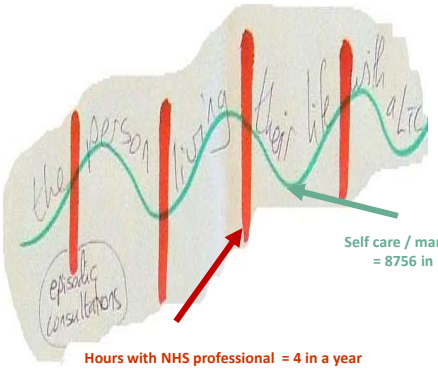
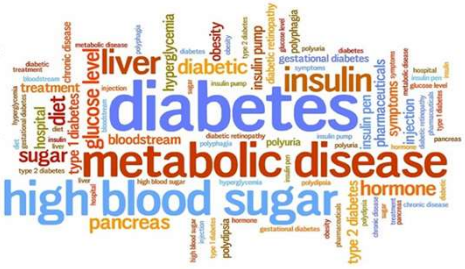
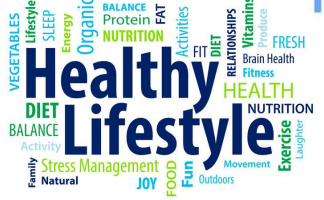
Patient Structured Education



- Local programmes
- National programmes
- Practice level
- Resources

Promoting Self-Management





Monitor Clinical Targets

HbA1c	48-53mmol/mol (diet control/1st drug) < 58mmol/mol (therapy)
BP	140/80 0r 130/80 with CV risk factors
Lipids	Total cholesterol <4mmol/L LDL <2.0mmol/L HDL> 1.0mmol/L Triglycerides <1.7mmol/L Non-HDL >40% from baseline
Microalbuminuria Albumin/creatinine ratio (ACR)	<2.5mg/mmol (men) <3.5mg/mmol (women) Proteinuria >30mg/mmol

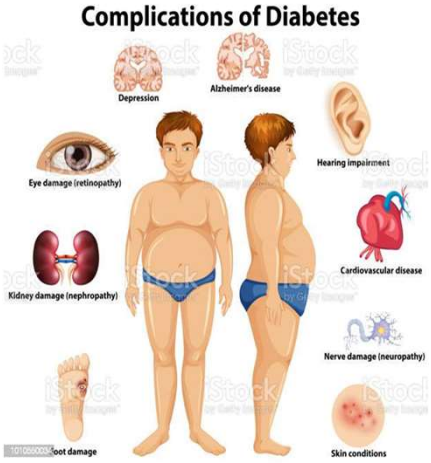
Complications Worldwide

- Leading cause of CVD, blindness, kidney failure and lower limb amputation
- Risk of developing CVD is 2x-4x more likely in people with diabetes
- CVD is the major cause of death, accounting for around 50% of deaths

1. International Diabetes Foundation. http://www.idf.org/complications-diabetes. Accessed May 2017
3. http://www.world-heart-federation.org/cardiovascular-health/cardiovascular-disease-risk-factors/diabetes/. Accessed May 2017
4. https://www.diabetes.org.uk/Documents/Position%20statements/Diabetes%20UK%20State%20of%20the%20Nation%202016.pdf Accessed May 2017

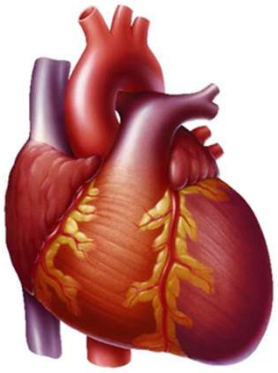
Complications

- 8 billion spent on treating diabetes each year



CVD Prevention

- Establish risk factors- Family history/lifestyle
- Qrisk3 score
- Manage hypertension
- Self-monitoring
- Lipid Profile: Statins
- Weight management
- Appropriate medication



Diabetic Kidney Disease

- Indicator of CVD Risk
- Importance of screening and identification
- Urine ACR eGFR
  Serum Creatinine
- Addressing lifestyle
- Optimising glycaemia and CVD risk factors
- Role of therapies and de-prescribing
- Safety- AKI/ Hypoglycaemia

Prognosis of CKD by GFR and Albuminuria Categories: KDIGO 2012

GFR categories (ml/min/ 1.73 m²) Description and range				Persistent albuminuria categories Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol
G1	Normal or high	≥90				
G2	Mildly decreased	60-89				
G3a	Mildly to moderately decreased	45-59				
G3b	Moderately to severely decreased	30-44				
G4	Severely decreased	15-29				
G5	Kidney failure	<15				

Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red, very high risk.

ACR Collection

- Nationally less than 40% of patients have an ACR
- ‘Any Wee Will Do’
- Home ACR Testing app now available

Foot Examination

- Review of feet
- Assess risk
- Education
- Early Referral
- Podiatry Service

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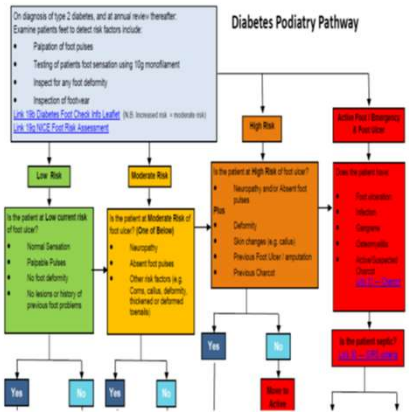
Podiatry Service



- Pathway
- Always contact if in doubt
- Familiarize with referral process
- Satellite clinics
- MDT clinics

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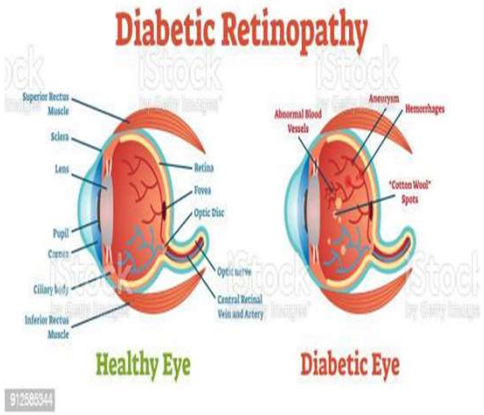
Retinopathy Service

- NICE Eye screening at diagnosis and annually [1]
- Centrally organised
- Satellite clinics/mobile units
- Referral at diagnosis



1.https://www.gov.uk/guidance/diabetic-eye-screening-programme-overview

Medication Review

- Is the medication still appropriate
- Does dose need increasing
- Side-effects
- Benefits
- Patient understanding/ education
- Compliance
- AKI/ Sick-day rules
- Prescribing in renal impairment www.medicines.org

Blood Glucose Testing

HbA1c

- Blood test
- Looks at Hb cell and glucose attachment
- Provides information of previous 3 months
- Useful for assessment of overall control

Capillary Testing

- Finger prick testing
- Gives immediate results
- What is happening now
- Affected by technique of tester using meter
- Essential if using sulphonylureas or insulin

Referrals

- E-referrals
- Community Diabetes Specialist Nurses
- Podiatry
- Diabetes Consultants
- Renal Specialist
- Cardiology

Top Tips for Successful Annual Review

- Establish Core Team: Admin/Nurse/GP/Pharmacist Lead
- Good recall- linked to patients birth date
- Check coding/registers
- Annual review template
- Communication
- Relationship with patient
- Accessibility to clinics

Group Clinics

- Visit to do all metrics
- Follow-up with group clinics
- Could be remote/virtual clinics
- EIC Patnership and Redmoor Health Training
- Annual reviews Part 2
- Insulin
- Injectable Therapies
- Dose Adjustment

Diabetes and COVID-19

- High risk category
  Age/ethnicity/weight
- Risk stratification for reviews- red flags
- Post covid- getting back on track
- Long-covid

Digital Transformation

- Video consultations- eConsult
- Group consultations
- Messaging platforms
- Accurx- patient triage
- Practice websites- FootFall
- Sensely AskNHS

ardens HEALTHCARE INFORMATICS

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Primary Care Networks

- New ways of working
- Sharing resources
- Sharing expertise
- Peer Support
- MDT clinics

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Resources and Support

- Local resources
- Diabetes UK
- T.R.E.N.D
- Journals- Diabetes Times/ Diabetes Care
- Better Health
- Local training

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In Summary

- Support the patient in self-care management
- Set patient education as a priority
- Organised clinic administration
- Personalised care approach including individual target setting
- Identify risks and problems for individual
- Optimise all care
- Appropriate quick referrals
- Utilise digital support
- Audit practice and clinical care through NDA/local data

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15 minute Break

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