

## The diabetes screening checklist

	Checked	Within agreed target	Outside agreed target. Report
Frailty: mild, moderate or severe (age 65 and over)			
Eye screening. Date last attended			
Foot assessment			
Blood pressure			
Weight			
Recent height			
Body Mass Index			
Smoking status			
Weekly alcohol consumption			
Blood tests*			
HbA1c (diabetes control)			
eGFR (kidney function)			
Total cholesterol			
Non-HDL cholesterol			
Urine test			
Albumin Creatinine Ratio			

\*Other blood tests that may be requested for specific patients

- Liver function
- Full Blood Count
- Vitamin B12
- Thyroid function (note: all people with type 1 diabetes need to have an annual Thyroid Function)

Think about the consultation you may have with a patient once they have been told he has type 2 diabetes (individually or in a group setting)

### Step 1: set the scene.

- Introduce yourself. Ask him why he thinks he has been asked to attend today, to confirm he is aware of the diagnosis. Follow on by saying the purpose of the appointment is to discuss Type 2 diabetes.
- Highlight the length of the appointment (ideally 20-30 minutes)
- Any questions he would like to ask?

### Step 2: explore feelings about the recent diagnosis.

Ask how did he's feeling about his new diagnosis? Listen and then try and summarise what you've heard

### Step 3: explore symptoms related to high blood glucose levels

Not everyone will have symptoms, so ask if he has experienced any symptoms related to diabetes e.g. tiredness, dry mouth, thirst, passing more urine than normal, thrush infections, poor healing wounds, blurred vision.

### Step 4: explore their understanding of their diagnosis and then fill in the gaps

Type 2 diabetes is diagnosed using one of these blood tests.

1. HbA1c. A laboratory blood test, showing your blood glucose control over the previous 3-months.  
If symptomatic - one result of 48mmol/mol or more  
If no symptoms present – two results of 48mmol/mol or more
2. Fasting blood glucose. A laboratory blood test after fasting for 10 hours  
If symptomatic – one result of 7mmol/l or more  
If no symptoms present – two results of 7mmol/l or more
3. Random blood glucose. A laboratory blood test taken during the day, not in the fasted state  
If symptomatic – one result of 11.1mmol/l or more  
If no symptoms present – two results of 11.1mmol/l or more

Your diagnostic test was a ..... Your result(s) are .....

This means the level of glucose in your blood stream is higher than it should be (normal level 4-7mmol/l). It is important to invest time learning why your blood glucose is raised and how you can work to reduce it. This will help reduce your symptoms (if any present), and in the long term, protect you from cardiovascular disease, potential eye and kidney complications and diabetes foot-related problems.

For the best protection, achieving a HbA1c below 48mmol/mol is the goal (or fasting blood glucose below 7mmol/l), but any improvement is helpful.

### Step 5: Explore current understanding about type 2 diabetes.

Order copies to hand out or send AccuRX links to the Diabetes UK shop to order their own copy of 'Your Guide to Type 2 diabetes', 'What care to expect if you have type 2 diabetes', 'Eating well with Diabetes'.

<https://shop.diabetes.org.uk/collections/information-for-you>

### Step 6: Orientation to the year ahead and other diabetes-related services.

The Diabetes UK 'What Care to Expect' patient leaflet is a useful resource here. Ensure the patient understands:

- The need for annual screening tests, namely; blood tests for HbA1c, Cholesterol and Renal, urinary ACR test, Blood Pressure, Body Mass Index, foot assessment, smoking status.
- The need for an appointment to discuss the results of the screening tests

- The importance of engaging with structured education for people with type 2 diabetes (ideally book them on the course within the consultation or have a leaflet with all options available and how to book). Ensure consent is obtained to make the referral or record in their notes if declined structured education.
- The diabetes eye screening service will contact separately with an appointment. If they cannot make 9-4pm weekday appointments, to contact the service and request a Saturday morning. Highlight this is different to their appointment they attend for eye check at the opticians and will require drops to dilate their pupils. They must not drive to this appointment.

## Step 7: Complete a timeline

Weight loss is the cornerstone to improving blood glucose levels long-term. In the **majority** of cases, Type 2 diabetes is linked to a positive calorie balance (eating and drinking more calories than are burnt). This can lead to changes in insulin action and fatty deposits in your liver and pancreas that affect insulin production. However, pre-diabetes is reversible with weight loss and other lifestyle changes. So it's key to explore someone's current eating pattern and then have an open discussion

It would be useful to discuss your current eating pattern, activity level and sleep pattern and how everything fits into your daily routine. Would you be happy to discuss this further?

Draw a line on a piece of paper and ask the patient to talk you through a typical day. Make notes about timing and content of meals, drinks, work schedule and type of job (i.e. desk job, how they travel to work), snacks between meals, activity, hobbies, alcohol, social habits (eating out/takeaways/pub over the weekend), sleep habits. Make notes along the timeline as they feedback to you and try not to comment as they open up. This normally takes approximately 5 minutes

Then you can discuss the contents on the timeline and explore what they might be prepared to change. If you do not have time then consider asking the patient to keep a food diary for 7 days or take photos of their meals, to discuss at a later appointment. Reinforce the benefit of activity that is appropriate for the individual, avoiding sedentary behaviour and a healthy diet.

## Step 8: Setting an initial goal and action plan (guided by the patient and their priorities)

- May involve something you have highlighted having completed the timeline (around sleep quality, moving more, reducing stress levels, smoking, reducing snacking, reducing alcohol, reducing high sugar drinks)
- May be a weight-loss goal, with an action plan to help achieve the goal. Consider local services that may help. Everyone with type 2 diabetes can be offered a referral to the NHS Digital Weight management Service where they choose from a list of providers to follow a 12-week plan for free [www.england.nhs.uk/digital-weight-management/](http://www.england.nhs.uk/digital-weight-management/)
- May be goal about engaging with the services – the practice, eye screening and structured education, having time to consider how they want to tackle changes to their lifestyle
- May be a goal about getting used to their new repeat prescription medication they they've never had before
- May involve working towards remission. Type 2 diabetes is reversible and they have the best chance of achieving this in the first 6 years. Is your area involved in the NHS path to remission programme? [www.england.nhs.uk/diabetes/treatment-care/diabetes-remission/](http://www.england.nhs.uk/diabetes/treatment-care/diabetes-remission/)

## Step 9: Agree a review date to discuss progress

This may be related to:

- an agreed goal review
- a review with a member of the practice team having starting diabetes medications
- their annual screening tests
- their flu jab

## Step 10: any questions