

Rotherham Guide for Diabetes Specialist Advice Clinics for Primary Care Practices

1. Introduction

This document explains the requirements to have a Diabetes Specialist Advice Clinic within your practice with the Diabetes Specialist Team.

The aim is to make the sessions as useful as possible and the information in this document has been requested by a number of practices who would like to clarify what to prepare and expect at sessions.

2. What are Diabetes Specialist Advice Clinics?

A Diabetes Specialist Advice Clinic (DSAC) involves case discussions between diabetes specialist(s) and the primary care clinicians. It is equivalent to holding a diabetes clinic with patients present and it should be regarded as a clinical session, not just a meeting. Accordingly, practices need to protect and provide adequate time for the clinics to be most effective (i.e. a meeting over lunch would not be appropriate).

The main component of the DSAC is case discussions with the aim of improving outcomes for patients with diabetes. This focus should therefore be on patients identified with poor glycaemic control and complications of diabetes. However it is also an opportunity to discuss “hot” or “complex” cases that the practice has identified.

A substantial part of the work of community nurses involves diabetes care, most often the administration of insulin, the vulnerable and housebound patients. Accordingly, and going forward, community nursing teams should have the opportunity to be involved in the DSAC too.

These sessions are part of the new Rotherham model for Diabetes and support the practice’s delivery of excellent diabetes care.

The DSAC can also provide time for teaching. Practices can have specific topics covered, some of which could also be supported / aligned with the CCG medicine management team, examples include:

- Achieving good HbA1c in type 2 diabetes
- Basic insulin management and titration
- Oral hypoglycaemic agents
- Renal disease in diabetes
- Obesity management
- Home blood glucose monitoring & hypoglycaemia
- Pregnancy and antenatal care
- Hypertension / lipid control (reducing cardio-vascular risk)

3. How many sessions are offered?

The diabetes team and Rotherham CCG recognise that practices may require different levels of support dependent on skills within the practice team and performance in diabetes care processes and outcomes.

All practices will be offered **one** DSAC for the year, and will be offered additional educational support from the Diabetes Specialist Nurses if it is determined that your practice may benefit from more support.

- The session will be held with a Consultant Diabetologist from TRFT.
- Practices will also be able to access additional support from the community team, such as contact with the DSN-on-duty, e-mail and phone support, and shadowing opportunities within the community clinic.
- **Morning or afternoon session timeslots will be made available – lunch time sessions will not be offered.**

4. Who is expected to attend the Diabetes Specialist Advice Clinic?

Any practitioner who has a patient who will be discussed with the specialist team and is responsible for their diabetes care, this includes:

- GPs
- Practice Nurses
- Community / District Nurse (for any housebound patients)**

The minimum to make a DSAC worthwhile is that the lead GP and PN for diabetes care in the practice attend. Many practices invite the larger clinical team, particularly if a teaching session is planned during the DSAC.

** Going forward there will be an expectation that the session will also discussion around patients with diabetes who are housebound. The Community / District nurse will therefore be required to attend the DSAC.

5. What is expected to prepare in advance?

- 1) Communicate the DSAC session date to all relevant parties in practice and confirm attendance (including the community / district nurse).
- 2) Prepare the relevant series of searches for patients with diabetes.

Examples of searches include:

- Patients with poor glycaemic control and on suboptimal therapy
 - Patients with foot risk classification of active, high or moderate
 - Patients with diabetic retinopathy
 - Housebound patients with diabetes
 - 8 or 9 care processes
- 3) Select the patients to discuss within the combined clinic based on search results. It is really useful if patients selected for discussion have had up-to-date investigations performed. For example HbA1c values should ideally be within the past 3 months.

6. How will the DSAC session be conducted?

- The specialist(s) will review the patients that have been identified and have had their details prepared for discussion.
- If not the first session, time will also be allocated to review the patient progress from the last DSAC held in practice.
- A clear action plan for each patient discussed will be outlined for the practice team and documented in the electronic patient record
- A discussion will occur about the next session date(s) and educational topics for the next sessions. Dates may be provisionally selected with the specialists present.

7. What are the expectations after the DSAC?

- Community teams and practices will complete the Checklist found in **Appendix A** to confirm the DSAC was conducted appropriately.
- If another session is agreed, the community service team will respond within a reasonable timeframe to confirm the next date of the DSAC after the session.
- Practice will carry-out actions for patients as agreed within the combined clinic, and contact / recall patients discussed as appropriate.
- Practices will be able to follow-up / contact community specialists for any additional support / queries in between clinics.
- Practices should be able to provide an update on patients discussed at

the next DSAC (if applicable).

APPENDIX A:

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|-----------------------------------|
| Checklist for DSAC Session |
|-----------------------------------|

Date: _____

Practice: _____

Community Specialist Team Session Lead: _____

| Requirement | Achieved? |
|--|-----------|
| 1. Relevant practitioners to patients discussed were informed and invited to the DSAC with advance notice by the practice (note the Community / District nurse) | |
| 2. Relevant practitioners to patients discussed attended the session (note the Community / District nurse) | |
| 3. Practice prepared the list of patients to discuss in advance, and captured action / treatment plan for each patient discussed | |
| 4. (If not first session) Practice provided an update about the progress of patients that were discussed at previous session | |
| 5. Next DSAC session dates and topics were discussed and provisionally agreed at the end of the session | |

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| Additional cohorts of patients discussed and / or educational topics covered |
| |

List of Attendees from Practice:

| Name | Role / Position |
|------|-----------------|
| | |
| | |
| | |
| | |

Signatures:

| Signed by | Print Name |
|-------------------------------|------------|
| <u>Community Team:</u> | |
| | |
| <u>Practice Team:</u> | |
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