

Protocol for Type 2 Diabetes

Guide for healthcare assistants and/or other appropriately trained staff

Introduction

The following provides suggested wording to be used by healthcare assistants and/or other appropriately trained staff to contact people who have been identified as having low risk or well-controlled type 2 diabetes. Please note that this is a guide and can be adapted as required.

We suggest you call or have a video conference, with the aim of:

1. Offering support to people during this time.
2. Checking how confident people are in managing their condition.
3. Ensuring they know what to do if there is a problem or their condition deteriorates.

How to use this guide:

Each question is numbered to help guide you through the content.

- Questions for you to ask are in black print.
- The wording in **red** is there to provide directions, as to which questions you should ask next or as general information for you. The wording in **red** is **not** intended to be read to the patient.
- The Diet and Exercise section is the key area to tackle first. These are highlighted in **green**.
- NB: Sections of the proposed wording will need to be locally agreed and adapted, e.g. how to confirm patient identity, how and where to record information provided and local arrangements for repeat prescriptions. These sections are highlighted in **yellow**.

Useful tips

Here are some tips to make the most of this conversation:

- Some people may be going through a very difficult time right now due to loneliness, illness, financial difficulty or bereavement. Use this opportunity to demonstrate care and empathy – putting ourselves into the shoes of others - and allow these emotions to come through in your conversation through a calm, soft tone of voice and a steady pace.
- Keep the conversation simple, build a relationship with the patient, and better health outcomes will follow.
- Avoid distractions during the conversation, patients will notice if you are pre-occupied.
- Listen attentively. If the patient raises a question or a concern, repeating their concern to check you understand it will reassure them that you are listening (e.g. *'so, you would like to know if the dose of your medication needs increasing? I will pass this onto the pharmacist for you'*).

Remember you do not need to have all the answers – if the patient has a question about their condition, please write it down and pass it onto a suitable member of the team to respond (i.e. a doctor, nurse, pharmacist or physician's assistant).

Practice!

We suggest you practice the wording below with a colleague before you contact your first patient. UCLPartners will also provide virtual training on delivering these calls and there will be an opportunity to practice the following during these sessions.

Suggested wording:

Section 1: Beginning the conversation

1a. Hello, my name is [first name] and I am calling from the [insert practice name] practice.

1b. Can I confirm I am speaking to [insert patient's name]?

1c. You should have received a letter or a text message, advising that I would be contacting you about your diabetes. Did you receive this message from us?

(If patient says no, please ask:)

Are you happy to carry on talking today, the call should take approximately 20 minutes?

- Yes – Great, thank you. Continue to question 1d.
- No – when would be a better time to call you? (Note down date/time on the patient's record and set a reminder to call this patient back.)

1d. Could you confirm your date of birth or address for me please?

(If talking to a member of the family, you will need to ask for consent from the patient to do so: are you happy for me to talk to your [insert who?])

1e. I am a healthcare assistant/ (insert role) which means I support (Dr or nurse name if possible) to care for patients.

I am here to talk to you about your diabetes and listen to any concerns you have. If you have any medical questions then I will make sure a doctor, nurse or pharmacist will contact you to discuss them further.

1f. If at any point I am talking too fast or you would like me to repeat anything, please let me know.

1g. We are keen to ensure your diabetes remains well-controlled and you feel supported with what to do if you feel your diabetes gets worse. We are contacting you because we are aware that it may be more difficult to attend appointments to manage your diabetes because of COVID-19.

1h. The aim of today's call is primarily to have a chat about your diabetes and how to manage it. I will also confirm that you have enough medication.

The information that I am going to give to you today has been provided by your doctor.

- 1i. I have some specific questions to ask you about your diabetes, but please do ask me any questions or raise any concerns that you may have.

Section 2: COVID-19

- 2a. We will not be covering any specific information about COVID-19 today, but if you feel that you have any of the symptoms of COVID-19, please follow government advice on self-isolation and continue to take your medicines as advised by your doctor.

If you have any concerns regarding your symptoms, please visit the NHS website (<https://www.nhs.uk/conditions/coronavirus-covid-19/>), call NHS 111 or contact your GP practice.

Section 3: Diabetes management

Turning to your diabetes...

- 3a. Do you know what type 2 diabetes is? [Pause to let patient respond and depending on what they describe either read out the following explanation or move to 3c]

If yes go to question 3c. If no, read the following:

- 3b Can I offer you an explanation?

- Type 2 diabetes is a condition where the insulin your pancreas (an organ connected to the gut) makes doesn't work properly, or your pancreas can't make enough insulin.
- People need insulin to live as it helps to carry the glucose from food, into our cells and fuel our bodies.
- With type 2 diabetes, the body still breaks down carbohydrates from food and drink and turns them into glucose or sugar. But because the insulin can't work properly, blood sugar levels keep rising and more insulin is required.
- If left untreated, high sugar levels in your blood can seriously damage parts of your body, including your eyes, heart and feet. These are called the complications of diabetes.
- But with the right treatment and care, the effects of diabetes and high blood sugar levels can potentially be reversed and certainly managed.

3c. Are you familiar with the Diabetes UK website?

Yes – Great, you will already know about the vast amount of information available for people with diabetes. It would be worth re-visiting the website for any updated information.

No - It has a lot of clear information about diabetes and I can send you links to these pages after this conversation.

3d. Do you manage your diabetes with diet and exercise? or do you also take medication? **If the patient is managed with diet and exercise alone, then they will not have a blood sugar monitor and it is important to concentrate on the diet and exercise sections (4). If the patient takes diabetes medication, they may have a blood sugar monitor, go to 3e.**

3e. Some people with diabetes are advised to test their blood sugar but not everyone needs to do this. Have you been advised to check yours by your GP?

Have you got a blood sugar monitor? (if no, go to section 4, if yes, please ask 3f)

3f. Do you know how to use it?

- **Yes (continue onto section 4)**
- **No – Ok no worries, I can talk you through step-by-step how to use it.**

- **After washing your hands, insert a test strip into your meter.**
- **Use your lancing device on the side of your fingertip to get a drop of blood.**
- **Touch and hold the edge of the test strip to the drop of blood and wait for the result.**
- **Your blood glucose level will appear on the meter's display. Note: All meters are slightly different, so always refer to your user manual for specific instructions.**

3f. Is your blood sugar monitor is in date? If it is out of date, make a note and let the patient know you will raise this with the Diabetes lead in the practice.

3g. Do you have enough sticks? If you require more, we can arrange a prescription for you.

3h. Stick to taking your blood sugar readings at intervals recommended by the diabetes specialist who issued the monitor. Are you having any difficulty keeping your blood sugar to target? If so I will ask the practice diabetes clinician to contact you. (Make a note and review with diabetes lead).

Section 4: Diet “what can I eat?”

4a. How confident do you feel in managing your diabetes with food choices? (Pause to let patient respond and then offer information as appropriate below)

There is no such thing as a special diabetic diet. No two people with diabetes are the same.

But it is most important to learn how to make healthier choices, to eat treats occasionally and in small portions.

The ‘Top Tips’ section included on the Diabetes UK website is a good place to start when looking for diet advice.

It includes advice on:

1. Cutting down on unhealthy carbohydrates – e.g. White bread / Pastries /White pasta/ Processed breakfast cereals
2. Reducing salt intake
3. Eating more fruit and vegetables and understanding which fruits are naturally high in sugar and should be eaten in small amounts.

4b. Can I make a note of your height and weight? (please note this in the patient record)

Section 5: Exercise

5a. How do you like to stay active?

5b. It can be difficult to know which activities to do to keep fit, however there are several helpful resources and tips that you can do at home or at your local park.

Do something active every day, something is better than nothing. Even 10 minutes is a good start. Aim for 150 minutes per week in chunks of 10 minutes or more (for example 30 minutes a day, 5 days a week). For more information and tips on exercise see <https://www.nhs.uk/oneyou/for-your-body/move-more/>

5c. Regular physical activity can help to strengthen your muscles and benefit your heart and blood pressure too. It can also help you to lose weight.

Section 6: Blood sugar

6a. Do you know the signs of **high blood sugar**? (Pause for response and depending on their knowledge levels, add in the information below)

These include passing more urine than normal (especially at night), being very thirsty, headaches, tiredness, and lethargy. **You should contact your GP practice if you experience these symptoms. (If patient says they have these symptoms now, you should let the GP or nurse know immediately).**

Low blood sugar advice

6b. Do you know what happens when your blood sugar is too low? (pause to let patient respond)

A low blood sugar, also called hypoglycaemia or a "hypo", is where the level of sugar (glucose) in your blood drops too low. It mainly affects people who are on medication for diabetes, especially if you take insulin. A low blood sugar can be dangerous if it's not treated promptly, but you can usually treat it easily yourself.

6c. Are you familiar with the symptoms of low blood sugar? (pause to let patient respond)

A low blood sugar causes different symptoms for everybody. You'll learn how it makes you feel if you keep getting it, although symptoms may change over time.

Early signs of a low blood sugar include:

- feeling hungry
- sweating
- tingling lips
- feeling shaky or trembling
- [dizziness](#)
- feeling tired

If this happens you should have a small glass of a sugary drink immediately and then follow this with a meal or a piece of fruit. Contact your GP, if you remain unwell.

Section 7: Daily foot checks

7a. How confident are you in checking your feet for sores, cuts or blisters? (pause to let patient answer and then provide as much as needed of the below)

People with diabetes can get foot problems because there is too much glucose/sugar in the blood over a long period of time. This high glucose level damages the delicate nerves of the feet and leads to reduced sensation and numbness. If you have patches of numbness on your feet, sometimes you can injure your foot without realising.

Check your feet every day, whether it's when you're putting your socks on or just before bed. Pay special attention to the bottoms of your feet and between your toes. If you see any colour changes, swelling, pain, cuts or bruises, build-up of hard skin, or notice numbness or pins and needles in the feet or anything unusual, please contact us.

Section 8: Eyesight

8a. How is your eyesight?

Keeping your blood sugars controlled is also important for your eyesight as poorly controlled diabetes may affect your eyes. Therefore, you are invited to regular eye screening appointments. I realise due to COVID-19, these are probably harder to attend.

However, if you do experience any changes to your eyesight, for example:

- Seeing floaters – these look like wispy clouds, floating in and out of your vision.
- Cobwebs in your vision.
- Dimmer vision – like you're wearing sunglasses all the time.
- Struggling to see when it's dark.

Or if you're struggling to see as clearly as normal, give us a ring, do not wait until your next screening.

Your eyesight can also go a bit blurry if your blood sugar goes higher than usual, even for a short time. This is temporary and is a symptom of high blood sugars. Get your sugar levels back to your target level and when they've settled, your vision should go back to normal. If not, please contact us.

Section 9: Medication

9a. Are you taking any medication?

If they say yes – That's great, please request further supplies 7-10 days before you run out of medication. You can request repeat prescriptions through (please mention options that apply to your practice which might include):

- The NHS app
- Your nominated pharmacy
- Contact us directly at [insert name of GP practice]
- Online prescription requests

If they are unsure - Could you please double-check while I wait on the phone?

9b. Do you currently have medication to last seven or more days?

If the patient says they have less than 7 days' supply of their medication, please note this down. Please say:

I will request a prescription from your GP or if you collect with your pharmacist, please contact them today.

Section 10: Smoking Status

10a. Do you smoke?

- No – Continue onto section 11
- Yes - Can I ask how many cigarettes you smoke on average per day? (Document number on patient record).
 - Yes – ex smoker (check when they stopped smoking).
 - Yes, less than 10 cigarettes a day
 - Yes, 10-19 a day
 - Yes, more than 20 a day

10b. Have you thought about giving up?

- Would you like some help with this?
- You can get started with free expert support, stop smoking aids, tools and practical tips from the 'One You' website (<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>). It also contains a free downloadable app to support you. I'll send you the link to this.

Section 11: Alcohol

11a. Do you drink alcohol?

Yes – Being at home for longer or changes to routines means that some people might drink more alcohol than usual. Just remember, both men and women are advised not to regularly drink more than 14 units a week.

- A small 125ml glass of wine, for example is 1.5 units and there are around 10 units in the average bottle of wine.
- An average pint of beer is around 2 units depending on how strong it is. For a very strong pint of beer this rises to 3.5 units.

A single gin and tonic is approximately 1 unit.

- You can access more information about this on the 'One You' website: (<https://www.nhs.uk/oneyou/for-your-body/drink-less/>)
- No – **Move onto next section.**

Section 12: Ending Conversation

12a. Thank you for your time today. I hope this has been helpful.

12b. Do you have any questions or concerns about anything we talked about? **(If yes, please note down and pass onto GP/experienced PA/nurse/pharmacist to respond).**

12c. During our discussion I mentioned some websites and apps that you may want to have a look at. They have a lot of useful information. I will send these over **(depending on whether phone or video session this could be by text message/ email/ via the post).**

12d. Also, if you are feeling particularly anxious about the current situation, I would recommend having a look at the NHS Mental Well-being website **(see below).**

Section 13: Resources

Confidential diabetes helpline: 0345 123 2399*, Monday to Friday, 9am to 6pm

Living with Type 2 Diabetes

NHS UK video library - <https://player.vimeo.com/video/215821359>

Healthy eating with Diabetes

www.diabetes.org.uk/preventing-type-2-diabetes/ten-tips-for-healthy-eating

NHS UK video library - Fats and Oils <https://player.vimeo.com/video/215816344>

Type 2 Diabetes and exercise

NHS UK video library - <https://player.vimeo.com/video/215817415>

www.diabetes.org.uk/preventing-type-2-diabetes/move-more

Public Health England Resources to support exercise at home:

<https://campaignresources.phe.gov.uk/resources/campaigns/50-resource-ordering/resources/5118>

www.diabetes.org.uk/Preventing-Type-2-diabetes/Waist-measurement

www.nhs.uk/oneyou/for-your-body/move-more/

Foot care

www.diabetes.org.uk/guide-to-diabetes/complications/feet/taking-care-of-your-feet

Blood sugar – how to test:

www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/testing

NHS diabetes prevention programme: Supports people to understand pre-diabetes and reduce their risk of developing type 2 diabetes by making sustainable improvements to their diet, activity and weight. Based on international research and psychological theories of behaviour change, it empowers participants with the knowledge, skills and support that they need to improve their health.

- North Central London: <https://preventing-diabetes.co.uk/north-central-london/>
- North East London: <https://preventing-diabetes.co.uk/north-east-london/>
- Mid and South Essex: <https://preventing-diabetes.co.uk/essex/>

Digital tools- these will require local commissioning so please check they are available

Healthy.io: Albumin-creatinine ratio (ACR) home urine test kits utilising the smartphone camera

My Diabetes My Way: structured education integrating with the GP record

Oviva Diabetes Support: Digital structured education and behaviour change programme including 1:1 remote dietician support

Low Carb Program: Digital support for people with type 2 diabetes to achieve a lower carbohydrate lifestyle

What health checks do you need when you have Diabetes

NHS UK video library <https://player.vimeo.com/video/215816727>

Support from others living with Type 2 Diabetes:

<https://healthunlocked.com/>

Mental Well-being

www.nhs.uk/oneyou/every-mind-matters/

Smoking cessation:

'One You' website: www.nhs.uk/oneyou/for-your-body/quit-smoking/