Post COVID-19 recovery:

Primary care support for Type 2 Diabetes management

UCLPartners
September 2020
UCLPartners has developed a series of frameworks for local adaptation to support proactive management of long-term conditions in post-COVID primary care.

- Led by clinical team of GPs and pharmacists
- Supported by patient and public insight
- Working with local clinicians and training hubs to adapt and deliver

Core principles:

1. Virtual by default
2. Mobilising and supporting the wider workforce (including pharmacists, HCAs, other non-clinical staff)
3. Step change in support for self-management
4. Digital innovation including apps for self management and technology for remote monitoring
UCLPartners Long Term Condition Frameworks for Local Adaptation

**Principles:**
- Virtual first
- Wider 1° care workforce
- Step change in self management
- Digital technologies

**Stratify (clinical, ethnicity, social factors)**

- Low risk
- Medium risk
- High risk

1. Prioritise – highest risk first
2. Use wider workforce to share delivery of care
3. Innovation to support remote care and self care

**High Risk – early specialist review**
- GP/ spec nurse/ spec pharmacist

**Med Risk – phased review**
- Nurse/ pharmacist

**Low Risk – holistic proactive care**
- (Education, self management, behaviour change support etc)
- Eg HCA, nursing associate, social prescriber
## Type 2 Diabetes stratification and management

### Identify & Stratify

This search identifies all patients with T2 Diabetes. These patients are then stratified into priority groups based on HbA1c levels, complications, co-morbidity, social factors and ethnicity.

<table>
<thead>
<tr>
<th>Priority One</th>
<th>Priority Two</th>
<th>Priority Three</th>
<th>Priority Four</th>
<th>Priority Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c &gt;90 OR</td>
<td>HbA1c &gt;75 OR</td>
<td>HbA1c 58-75 WITH any of the following:</td>
<td>HbA1c 58-75 OR</td>
<td>All others</td>
</tr>
<tr>
<td>HbA1c &gt;75 WITH any of the following:</td>
<td>Any HbA1c WITH any of the following:</td>
<td></td>
<td>Any HbA1c WITH any of the following:</td>
<td></td>
</tr>
<tr>
<td>• BAME</td>
<td>• Foot ulcer in last 3 years</td>
<td>• BAME</td>
<td>• eGFR 45-60</td>
<td></td>
</tr>
<tr>
<td>• Social complexity**</td>
<td>• MI or stroke/TIA in last 12 months</td>
<td>• Mild to moderate frailty</td>
<td>• BP≥140/90</td>
<td></td>
</tr>
<tr>
<td>• Severe frailty</td>
<td>• Community diabetes team codes</td>
<td>• Previous coronary heart disease or stroke/TIA &gt;12 months previously</td>
<td>• Higher risk foot disease or PAD or neuropathy</td>
<td></td>
</tr>
<tr>
<td>• Insulin or other injectables</td>
<td>• eGFR &lt; 45</td>
<td>• Proteinuria or Albuminuria</td>
<td>• Erectile Dysfunction</td>
<td></td>
</tr>
<tr>
<td>• Heart failure</td>
<td>• Metabolic syndrome</td>
<td></td>
<td>• Diabetic retinopathy</td>
<td></td>
</tr>
</tbody>
</table>

** Social complexity includes Learning disability, homeless, housebound, alcohol or drug misuse

(Except patients included in Priority 1 group)

(Except patients included in Priority 1 and 2 groups)

(Except patients included in Priority 1, 2 or 3 groups)

(Except patients included in Priority 1-4 groups)
# Type 2 Diabetes stratification and management

## Manage

<table>
<thead>
<tr>
<th>High risk</th>
<th>Medium risk</th>
<th>Low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP/Diabetes Specialist/ Nurse</td>
<td>Clinical pharmacist/ Nurse/ Physician Associate</td>
<td>Healthcare Assistant/ other appropriately trained staff</td>
</tr>
</tbody>
</table>

### Medication:
- Adherence
- Titration & intensification as appropriate

### Monitoring
- Blood sugar control plus personal targets
- Set HBA1C targets
- Lipids/lipid lowering therapy
- BP and proteinuria

### Education (inc online tools)
- Sick day rules
- DVLA guidance
- Flu jab

### Review & Discuss Red flags
- Vision: floaters/flashing lights
- Feet/skin: pressure areas; virtual skin integrity check
- Blood sugar control: hypos
- Infections
- Signposting and Escalation

### Recall & Code

### Healthcare Assistants
- Undertake initial contact for all risk groups to provide; check HBA1C up to date, provide information on risk factors, eg smoking cessation, diet and exercise, waist circumference

### Recall & Code
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](https://player.vimeo.com/video/215821359)

Healthy eating with Diabetes
[www.diabetes.org.uk/preventing-type-2-diabetes/ten-tips-for-healthy-eating](https://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](https://player.vimeo.com/video/215816344)

Type 2 Diabetes and exercise
NHS UK video library - [https://player.vimeo.com/video/215817415](https://player.vimeo.com/video/215817415)
Public Health England Resources to support exercise at home: [https://campaignresources.phe.gov.uk/resources/campaigns/50-resource-ordering/resources/5118](https://campaignresources.phe.gov.uk/resources/campaigns/50-resource-ordering/resources/5118)
[www.diabetes.org.uk/Preventing-Type-2-diabetes/Waist-measurement](https://www.diabetes.org.uk/Preventing-Type-2-diabetes/Waist-measurement)
[www.nhs.uk/oneyou/for-your-body/move-more/](https://www.nhs.uk/oneyou/for-your-body/move-more/)

Foot care

Blood sugar – how to test:

What health checks do you need when you have Diabetes
NHS UK video library  [https://player.vimeo.com/video/215816727](https://player.vimeo.com/video/215816727)

Support from others living with Type 2 Diabetes:
[https://healthunlocked.com/](https://healthunlocked.com/)

Mental Well-being
[www.nhs.uk/oneyou/every-mind-matters/](https://www.nhs.uk/oneyou/every-mind-matters/)
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/

What health checks do you need when you have Diabetes
NHS UK video library - https://player.vimeo.com/video/215816727
For more Diabetes videos, visit the NHS UK video library

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/

Locally commissioned digital tools:
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
NHSE sick day rules:

Using a blood sugar monitor: https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/testing

RCGP Module
The Royal College of General Practitioners has now launched a new e-module to help healthcare professionals not only learn about non-diabetic hyperglycaemia, but also about the NHS Diabetes Prevention Programme, how it works, who is eligible – and importantly how to make a quality referral.
https://elearning.rcgp.org.uk/course/info.php?id=359

Long term condition management: implementation & support package

Implementation Support is critical to enable sustainable and consistent spread. UCLPartners has developed a support package covering the following components:

<table>
<thead>
<tr>
<th>Component</th>
<th>Details</th>
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</table>
| **Search and stratify**     | **Comprehensive search tools** for EMIS and SystmOne to stratify patients  
                              • Pre recorded webinar as to how to use the searches  
                              • Online Q&A to troubleshoot challenges with delivery of the search tools |
| **Workforce training and support** | **Training tailored to each staff grouping (e.g. HCA/ pharmacist etc) and level of experience**  
                              - **Delivery**: Protocols and scripts provided/ training on how to use these underpinned with motivational interviewing/ health coaching training to enable adult-to-adult conversations  
                              - **Practical support**: e.g. correct inhaler technique; correct BP technique, Very Brief Advice for smoking cessation, physical activity etc  
                              - **Digital implementation** support: how to get patients set up with appropriate digital  
                              - **Education** sessions on conditions  
                              - **Communities of Practice** |
| **Digital Support Tools**   | **Digital resources** to support remote management and self management in each condition  
                              **Implementation** toolkits available where required, e.g. MyCOPD  
                              Support available from UCLP’s commercial and innovation team for implementation |
Thank you

For more information please contact:
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