



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



Principles:

- Virtual first
- Wider 1^o 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

1 Identify & 2 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

High risk

Priority One

Hba1c >90 OR

Hba1c >75 WITH any of the following:

- BAME
- Social complexity**
- Severe frailty
- Insulin or other injectables
- Heart failure

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

Priority Two

Hba1c >75 OR

Any HbA1c WITH any of the following:

- Foot ulcer in last 3 years
- MI or stroke/TIA in last 12 months
- Community diabetes team codes
- eGFR < 45
- Metabolic syndrome

(Except patients included in Priority 1 group)

Medium risk

Priority Three

Hba1c 58-75 WITH any of the following:

- BAME
- Mild to moderate frailty
- Previous coronary heart disease or stroke/TIA >12 months previously
- BP≥140/90
- Proteinuria or Albuminuria

(Except patients included in Priority 1 and 2 groups)

Priority Four

Hba1c 58-75 OR

Any HbA1c WITH any of the following:

- eGFR 45-60
- BP≥140/90
- Higher risk foot disease or PAD or neuropathy
- Erectile Dysfunction
- Diabetic retinopathy
- BMI >35
- Social complexity
- Severe frailty
- insulin or other injectables
- Heart failure

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

Low risk

Priority Five

All others

(Except patients included in Priority 1-4 groups)

3 Manage

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

	High risk	Medium risk	Low risk
Staff type to contact	GP/Diabetes Specialist/ Nurse	Clinical pharmacist/ Nurse/ Physician Associate	Healthcare Assistant/ other appropriately trained staff
Intervention	<p>Medication:</p> <ul style="list-style-type: none"> • Adherence • Titration & intensification as appropriate <p>Monitoring</p> <ul style="list-style-type: none"> • Blood sugar control plus personal targets • Set HBA1C targets • Lipids/lipid lowering therapy • BP and proteinuria <p>Education (inc online tools)</p> <ul style="list-style-type: none"> • Sick day rules • DVLA guidance • Flu jab <p>Review & Discuss Red flags</p> <ul style="list-style-type: none"> • Vision: floaters/flashing lights • Feet/skin : pressure areas; virtual skin integrity check • Blood sugar control: hypos • Infections • Signposting and Escalation • Diabetes community +/- secondary care team/advice <p>Recall & Code</p>	<p>Medication:</p> <ul style="list-style-type: none"> • Adherence • Titrate as appropriate <p>Monitoring</p> <ul style="list-style-type: none"> • Blood sugar control • Lipids/lipid lowering therapy • BP and proteinuria <p>Education</p> <ul style="list-style-type: none"> • Sick day rules • Signpost online resources • DVLA guidance • Flu jab <p>Review & Discuss Red flags</p> <ul style="list-style-type: none"> • Vision: floaters/flashing lights • Feet/skin: pressure areas; virtual skin integrity check • Blood sugar control: hypos • Infections • Signposting and Escalation <p>Recall & Code</p>	<p>Medication:</p> <ul style="list-style-type: none"> • Adherence • Explore/ check understanding • Confirm supply and delivery <p>Education</p> <ul style="list-style-type: none"> • Signpost online resources • Risk factors – diet/lifestyle/smoking cessation • DVLA guidance • Flu jab <p>Review & Discuss Red flags</p> <ul style="list-style-type: none"> • Vision: floaters/flashing lights • Feet/skin: pressure areas; virtual skin integrity check • Blood sugar control • Infections • Signposting and Escalation <p>Recall & Code</p>



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

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/



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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:

www.england.nhs.uk/london/wp-content/uploads/sites/8/2020/04/3.-Covid-19-Type-2-Sick-Day-Rules-Crib-Sheet-06042020.pdf

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>

More information can be viewed here: www.england.nhs.uk/blog/learn-about-the-nhs-diabetes-prevention-programme-this-diabetes-awareness-month/

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

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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