

Diabetes MCN Newsletter

The Newsletter for the Diabetes Managed Clinical Network

SPRING / SUMMER 2017

Welcome to the Spring edition of the Diabetes MCN Newsletter.

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If you would like this newsletter in an alternative language or format such as large print, Braille, or on tape, please contact the Equality & Human Rights (Tel 01592 729130).

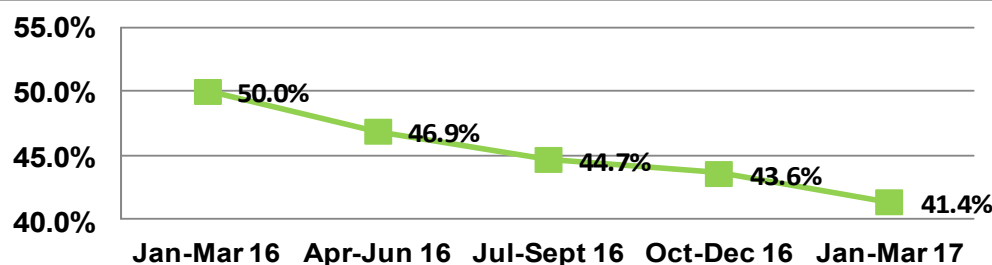
Quarterly reporting

In our Winter newsletter, we introduced the Quarterly Report process required by Scottish Government and gave a brief overview of how it came about and what care measurements are included within it.

On the 1st April 2017, the quarter 1 data was released which has allowed us to assess how NHS Fife is performing a year after the trial reporting started.

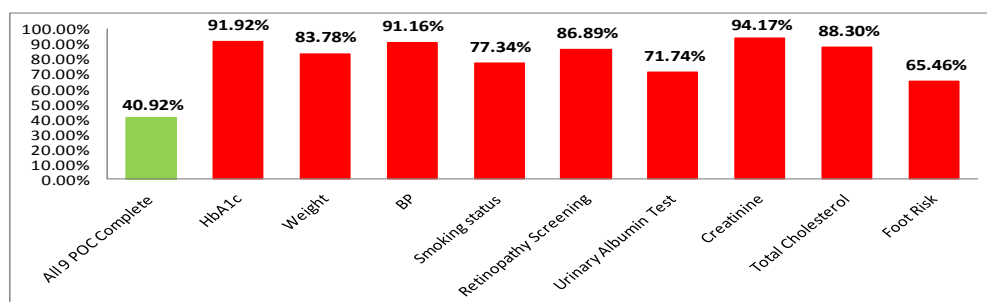
The quarterly data has identified areas for improvement, in particular the number of patients aged 18 and over with Type 2 diabetes who have received all age appropriate process of care measurements. "Annual assessment of the ... processes of care is important to ensure effective screening for microvascular complications and assessment of cardiovascular risk factors." (Quarterly Reporting Guidance, Scottish Government).

The table below shows the percentage of NHS Fife patients with Type 2 diabetes receiving all 9 measurements has fallen over the past year and the Diabetes MCN is keen to work with primary care colleagues to support equitable patient care across Fife.



Are your patients receiving all their annual diabetes health checks?

If you would like more information on your practice/service data outcomes (sample table below) in relation to the processes of care, please contact Claire Reilly, Diabetes MCN Manager (claire.reilly@nhs.net).



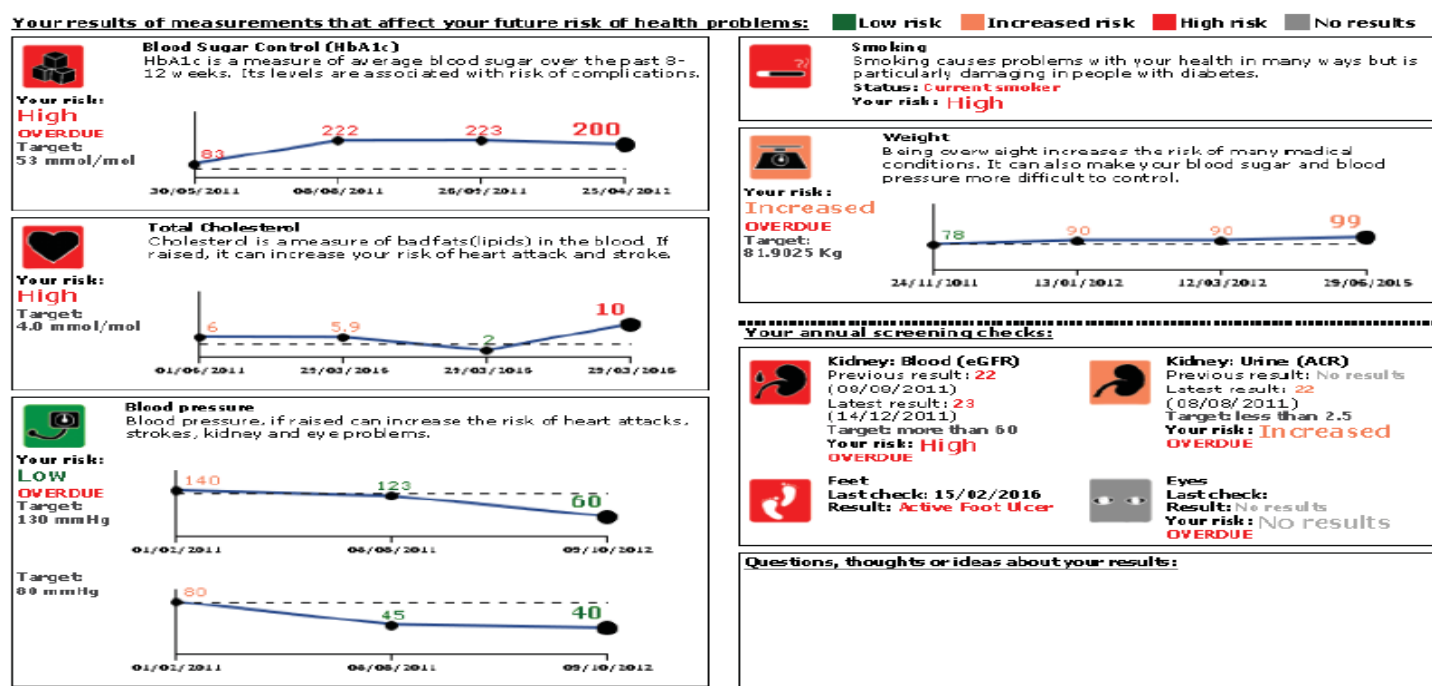
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SCI-Diabetes Care Plan Tool — a practice nurse perspective

SCI-Diabetes is often viewed as an IT system for the 'diabetes staff' and therefore underused within primary care. In January Gill Dennes, Associate Nurse Practitioner in Oakley contacted the MCN to feedback on her positive experience of using one of the tools available to staff on SCI-Diabetes, a printable Care Plan.

"Last autumn one of the GPs at our surgery attended a conference and learnt about the SCI-Diabetes Care Plan option which is available for download in the 'Patient Support' tab of SCI-Diabetes. I'm always interested in trying new ways to improve patient centred care and encourage patient empowerment and we thought it would be interesting to try out the Care Plans with a small group of diabetes patients – a Plan, Do, Study, Act. The results suggested that the use of SCI-Diabetes Care Plans was a valuable addition to our annual reviews as both patient and clinician found them really useful and effective in helping patients to focus on and take ownership of their own diabetes and promoted positive health behaviour change. As part of the PDSA I kept a blog of eight diabetes annual reviews I conducted." Gill's blog can be accessed on the Diabetes pages on the intra-net [Diabetes Care Plan Blog - Gill Dennes](#)



Gill concluded "I would encourage anybody who conducts annual diabetes reviews to consider using the Care Plan in SCI-Diabetes. Fife Diabetes MCN are keen to support use of SCI-Diabetes Tools and can organise training where required. I'm sure there're many other tools in the website which I've yet to adopt, and which are equally helpful. Certainly the Care Plans have greatly enhanced a patient centred approach in my annual reviews so I would encourage you to consider using this great resource."

Further information and a self help guide on the Care Planning Booklet can be found on SCI-Diabetes 'User Guides' within the Help tab or by clicking <http://sci-diabetes.tayside.scot.nhs.uk/site/wp-content/uploads/2015/03/Care-planning-booklet-quick-guide1.pdf>

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Driving and diabetes—DVLA guidance

Patients and professionals often seek advice regarding Diabetes and driving, in particular for patients receiving sulphonylureas (SU) as part of their treatment.

The DVLA recommends that people on sulphonylureas have access to blood glucose monitoring and can check this at 'times relevant to driving, and clinical factors, including frequency of driving'.

In addition, the Diabetes MCN advises that anyone on sulphonylureas (or repaglinide/nataglinide) should be advised to perform a blood glucose test prior to driving, whether they are DVLA group 1 or group 2. Though not specified by the DVLA for group 1, blood glucose testing before driving is recommended for insurance purposes as if an accident were to happen, even if absolutely no fault of the person taking SUs, the insurance may be compromised by lack of evidence of testing prior to driving.

For patients on sulphonylureas with a group 1 licence (car or motorcycle), only those who have had more than 1 episode of severe hypoglycaemia in the last 12 months, have impaired hypo awareness, experience a disabling hypo whilst driving or have other medical conditions which could affect ability to drive safely need to inform the DVLA. For Group 2 licences (bus or lorry), the DVLA must be informed if any diabetes medication is taken.

Further information can be accessed at <https://www.gov.uk/diabetes-driving>

Hypoglycaemia and sugary drinks

Many patients with diabetes use sugary drinks and sweets to treat their hypoglycaemia. Due to reductions in the quantity of glucose based carbohydrates within some sugary drinks and sweets, patients are being advised to check the label carefully for the amount of glucose based carbohydrates as they are more likely to need a larger amount.

Diabetes UK have advised that Lucozade Energy original now contains approximately 50% less glucose based carbohydrates. All flavours have significantly less glucose based carbohydrates therefore people are being advised to check the labels before they buy if they use this as a treatment for a hypo. Further information can be accessed at <https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos-Hypers/>

NHS Fife Hypoglycaemia guidance recommends 15g of carbohydrate as first line treatment, for example drinking 90mls of Lucozade. Patients who wish to continue using Lucozade would need to increase to 170ml of the new reduced glucose Lucozade.

A number of other drinks will be reducing their glucose quantities during 2017, so patients should be advised to check labels as changes may not be obvious on the front of packaging.

NUTRITIONAL INFORMATION		
Typical values	100ml	380ml
Energy, kJ / kcal	158 / 37	600 / 141
Carbohydrate, g	8.9	33.8
of which sugars, g	4.5	17.1
Salt, g	0.08	0.31
Contains negligible amounts of – Fat, Saturates and Protein.		
Contains 8.9g glucose based carbohydrate per 100ml and 33.8g per 380ml bottle.		
*Reference intake of an average adult (8400kJ/2000kcal)		

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Empowering People and Improving care through digital Health— My Diabetes My Way

We are pleased to announce that Ross Kerr, Patient Representative and chair of the Diabetes MCN Patient Focus Group, has been chosen to be included in the online Chief Executive's Annual Report 2015/16 as one of the peoples stories.

Ross's story about My Diabetes My Way was filmed at the end of last year and can be viewed by clicking on the link www.nhsscotannualreport.scot and selecting People's Stories along the main navigation bar along the top.

Patients can register via the My Diabetes My Way website www.mydiabetesmyway.scot.nhs.uk

Podiatry Service update



Due to a vacancy within the Podiatry Service, foot screening within West Fife has been reduced in 2017.

The Podiatry Service are pleased to announce that they have successfully recruited to their vacant post and will resume foot screening in West Fife on the 1st June 2017.

Podiatry services and foot screening continue to be delivered within other areas.

Information on NHS Fife Podiatry services can be found by clicking [Subjects - Podiatry](#)

Diabetic Retinopathy Screening

Transition to the new Diabetic Retinopathy Screening (DRS) system, Vector, is now complete.

Messaging from Vector to SCI-Diabetes is not yet available meaning DRS screening results not being transferred to SCI-Diabetes and therefore not transferring to GP systems at this time. It is anticipated that this will be resolved within the next few weeks after which all results will be transferred and back populated.

Normal Diabetic Retinopathy Screening continues to be carried out and any patients referred for treatment will normally have a letter sent to their GP informing them of this.

Any requests for DRS images should be directed to fife-UHB.DRSAdmin@nhs.net



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Developing a Clearer Pathway to Psychology

More than 50 % of the UK population struggle to achieve optimal glycaemic control (Rosindale, 2008) and many report psychological and emotional issues related to the condition (Diabetes UK, 2006). Recent NICE guideline (NG17: 2016) states that diabetes professional teams should "be alert to the development or presence of clinical or subclinical depression and/or anxiety, in particular if someone reports or appears to be having difficulties with self-management." The guidelines suggest that teams need to "have the appropriate skills in the detection and basic management of non severe psychological disorders...and be familiar with appropriate counselling techniques and drug therapy, while arranging prompt referral to specialists of those people in whom psychological difficulties continue to interfere significantly with wellbeing or diabetes self-management." Given the above and the awareness within the Fife Diabetes service of the importance of addressing emotional issues, a decision was made to develop a clear referral pathway to psychology. A short life working group was set up including members of the diabetes team and clinical psychologists, Helen Reid and Kirsty Gallen, to discuss the development of a pathway for psychology referrals in diabetes.

The group discussed the patient pathway following diagnosis of Type 1 and 2 Diabetes, what screening tool could be used, what psychology can offer and what other options are available for mild - moderate emotional stress. Given the different path for Type 1 and Type 2 Diabetes patients, two pathways were produced. Ultimately, the advice about screening and when to refer to psychology is the same; but the point when screening is completed is different to reflect the different contact points with the health service for these two patient groups. Final year clinical psychology trainee, Iain Finnie, has recently met with the diabetes team to answer any questions that have arisen around the use of the pathway and a formal meeting has been arranged to review the pathway in June 2017.

Further information about the pathway or advice regarding referral to psychology, please contact Dr Helen Reid, Clinical Psychologist (helenreid3@nhs.net).

Don't Forget:

If you have any articles for future Diabetes MCN Newsletters please get in touch:

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