Appendix 2

Medway NHS
Primary Care Trust

RESPONSE FROM THE COMMUNITY DIABETES SPECIALIST NURSING TEAM TO THE NHS AND HEALTH SUB-COMMITTEE

BACKGROUND

Paediatric patients with diabetes are normally under the care of a specialist paediatrician within the secondary care setting. As they progress through adolescence to adulthood their care transfers to the Diabetologist, again within the secondary care setting.

The Community Diabetes Specialist Nursing team is in place to support people with diabetes in the community setting. In the main this means providing services which complement those provided by the GP's and practice staff, but is increasingly providing supplementary care for those patients managed by secondary care services. This is in keeping with the national move towards providing more care in the community and closer to home. It is anticipated that in the future only those patients with complex conditions or exacerbations of their diabetic conditions will be routinely managed in the secondary care setting.

HOW DO THE COMMUNITY DIABETES NURSING TEAM ENSURE THE FOLLOWING?

THEY TREAT ALL DIABETIC PATIENTS, AND THEIR CARERS WITH RESPECT AND DIGNITY

Patients have a private consultation, on a one to one basis with a member of the Community Diabetes Nursing Team (patients are also able to have a relative or friend to sit in with them if they so wish) Clinics are held throughout Medway and Swale in various Health Centres and Hospitals - to enable patients to attend an appointment as near to them as possible. Home visits are also carried out to housebound patients, as are prison visits, nursing homes, and mental health wards.

THEY TELL THEM HOW TO CONTACT THE COMMUNITY DIABETES CARE TEAM

The primary care team give their patients their main office telephone number, and the hours at which they can be contacted – help line numbers (insulin and pen devices) are also given to patients for out of hours assistance.

THEY TREAT THEM WITH SKILL AND CARE, AND REGULARLY REVIEW THEIR CLINICAL NEEDS

Patients are not seen for routine reviews, but will be seen as necessary when they are experiencing difficulty in maintaining good glycaemic control, or to initiate insulin. There is a Diabetes Specialist Nurse triaging calls am and pm Monday – Friday. If a patient needs to be seen urgently the triage nurse can see them at Parkwood Health Centre on the same day.

THEY ANSWER ANY QUESTIONS ABOUT THE QUALITY OF THE SERVICES THAT THEY ARE GETTING

The Primary Care Team have carried out Patient Satisfaction Audit and regularly review the service at team meetings held on a weekly basis, implementing any suggestions made by patients or professionals.

THEY PROVIDE AN INTERPRETING SERVICE IF ENGLISH IS NOT THEIR FIRST LANGUAGE, OR IF THEY HAVE A SENSORY IMPAIRMENT OR LEARNING DIFFICULTIES

Interpreters are available and are booked prior to clinic appointment. Literature is also available in various languages for non English speaking patients. Patients with learning difficulties or mental health problems are able to have appointments with care workers in attendance. Medway PCT have installed signs in brail in their clinics to help patients with sensory impairment.

CARE OF PAEDIATRIC PATIENTS

The transfer of diabetics from paediatrics to the adult service, at present, is by a shared consultation between the Paediatric Consultant and Diabetologist for discussion with the patient and parents and the subsequent handover. The consultant's secretaries schedule the appointment. The patient would then attend a yearly young diabetic clinic appointment (four clinics held per year) until they reach the age when they will attend yearly review in the adult clinic.

There has been recognition that the transition from paediatric to adult care is not always perceived to have been managed well. Because of this, work has been done on developing a paediatric transitional pathway. A meeting has taken place with Dr. Wilcox, Paediatric Consultant; Dr. Scobie, Diabetologist; Dr. Gough, Diabetologist; Anne Mangan, Specialist Diabetes Nurse (Community Team Manager) and Sharon Fincham, Paediatric Diabetes Specialist Nurse. Unfortunately at that time a pathway, which could be accepted as policy was not able to be developed, but further work will be ongoing. Sharon Fincham has suggested adopting the Royal College of Nursing clinical pathway as a working model.

EDUCATION

Diabetes Group Education referrals are now based at Parkwood Health Centre as from 5th January 2007. Patients are able to ring in on Tuesday, Wednesday and Thursday to book onto a session at a time and venue to suit them.

These education sessions are delivered with multiprofessional input (nursing, dietetics and podiatry) and are aimed at all people with newly diagnosed diabetes.

DESMOND (Diabetes Education and Self Management Ongoing and Newly Diagnosed)

Desmond Sessions will take place on a monthly basis from January 2007. These are aimed at those people with Type II diabetes and are delivered by specially trained educators. Part of a National programme.

INSULIN START GROUPS

Insulin Group Starts are held on a monthly basis and consist of two 3 hourly sessions a month – with a maximum limit of 6 patients (and partner or friend). These are provided for patients with Type II diabetes who have previously had their condition managed without the use of insulin. Some patients who have been newly diagnosed with Type I diabetes are also being started and supported on insulin therapy in the community.

These responses were put together by the Community Diabetes Specialist Nursing Team. Should any further clarification or information be required please contact Val Clarke, Locality Director, Medway PCT, Lordswood Healthy Living Centre, Sultan Road, Chatham, Kent, ME5 8TJ – telephone contact is 01634 337457.

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