

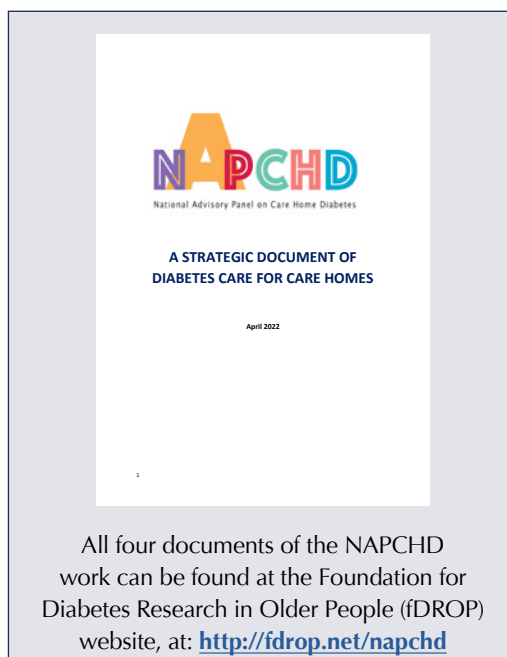
Launch of the National Advisory Panel on Care Home Diabetes

The launch of the 2022 National Advisory Panel on Care Home Diabetes (NAPCHD) strategic document of diabetes care provides a key opportunity to address the major shortfalls in delivering high-quality diabetes care in care home settings. The panel was established by Professor Alan Sinclair and a group of individuals representing important professional organisations and major stakeholders. It undertook work over 18 months and has produced four documents: a Strategic Document, an Executive Summary, and two appendices relating to procedures, assessments and algorithms of diabetes care. It represents the first major comprehensive guideline in this area since the 2010 Diabetes UK clinical guidance, but it also goes further and provides advice on the use of technology, working with adult social services, enhancing communication between stakeholders and producing a philosophical framework for delivering care.

Eleven tasks were addressed (see *Box 1*) and, overall, 49 primary recommendations have been made. Funding streams to be considered to implement these recommendations were also discussed. All stakeholders realise their important roles in supporting and highlighting what high-quality diabetes care pathways should look like. A community-based care pathway has been proposed that places a key emphasis on a nurse coordinator, who may be placed in primary care and be supported by the Primary Care Network (PCN). A lot of support and campaigning by stakeholders will be required to bring about the development and piloting of these types of care pathways.

So here we are in 2022, and it is hoped that this will be a year of change in culture and behaviour in these settings to enhance care for the 125 000 residents who are living with diabetes in care homes. Please help to make it happen by supporting the NAPCHD guidance! ■

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Box 1. NAPCHD tasks.

- Task 1:** (a) Philosophical framework for the project; (b) Principles of good diabetes care – the role of community diabetology.
- Task 2:** (a) Ethics and equity of care, access to services and related ethnicity; (b) Principles of shared decision-making, mental health and wellbeing, and emotional and spiritual wellbeing.
- Task 3:** Training and education of care staff and related competencies.
- Task 4:** Acute illness care, including infection management of COVID-19 and clinical biochemistry and haematology services.
- Task 5:** Systems enhancement and use of technology, including data collection, storage and safe sharing, residents' plans and case records.
- Task 6:** Individualised glucose-lowering approaches: (a) Non-insulin glucose-lowering therapies; (b) Insulin therapy; (c) Safe glycaemic targets and monitoring.
- Task 7:** (a) Hypoglycaemia; (b) Foot disease; (c) Eye services; (d) Hospital admission avoidance.
- Task 8:** Type 1 diabetes – Metabolic targets, insulin models and hypoglycaemia prevention, with cross-cutting themes on safety, transitioning autonomy to dependence with patient and family involvement, and capacity and cognition.
- Task 9:** Liaison and communications of care homes, with particular reference to Adult Social Services (ASS).
- Task 10:** Key elements of an Operational Policy for care homes.
- Task 11:** End-of-life care, including advance care planning.