

# Keeping people with diabetes out of hospital



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Keeping People With Diabetes Out of Hospital Working Group (2011) *Keeping People with Diabetes Out of Hospital*. PCDS, London. Available at: <http://www.pcdsociety.org/statements> (accessed 23.11.11)

A new report from the Primary Care Diabetes Society was launched on Tuesday 1 November at the House of Lords. The report, entitled *Keeping People with Diabetes Out of Hospital*, was written by a multidisciplinary working group supported by an unrestricted grant from Sanofi (Keeping People with Diabetes Out of Hospital Working Group, 2011). The group was chaired by Lord Rennard and Lord Harrison and met on two occasions at the House of Lords.

The report gives key recommendations in the areas of primary care, emergency care and secondary care, and showcases eight case studies from different areas of England that illustrate ways in which healthcare professionals in diabetes have worked together in specific projects that have helped to reduce diabetes-related hospital admissions.

## Recommendations for primary care

- **Incentivise GPs to target people with prediabetes:** The group recommended that NICE be asked to develop a diabetes clinical indicator for QOF to incentivise GPs to maintain a register of people with prediabetes and to provide them with a management plan to prevent or delay the onset of diabetes.
- **GPs to develop strategies to identify and reach vulnerable groups:** Groups mentioned were people with mental health problems, those with alcohol or drug problems, people who have disengaged with care services and older people in care homes.

## Recommendations for emergency care

- **Effective patient referral by ambulance services:** After an acute episode of hypoglycaemia the ambulance services must refer the patient to the appropriate primary or secondary healthcare professional.
- **Access to patient records across the NHS:** Consideration should be given by PCTs and ambulance trusts to the challenge of consent and clinical access to patient records across the NHS.

## Recommendations for secondary care

- **Invest in the workforce:** Junior doctors and nurses must be educated and trained in the appropriate discharge procedures for people with diabetes to avoid further complications and possible readmission.
- **Appropriate access to treatments:** In the new NHS the clinical community is under increasing pressure to meet the challenge of making £20 billion efficiency savings. It is imperative that clinicians are not forced to jeopardise the standard of care they make available.
- **Specialist care to be made available in all PCTs:** Integral to optimal diabetes service provision is the availability of specialist care. Excess bed days in hospital can be reduced by 30% when the correct inpatient specialist care is available (Keeping People with Diabetes Out of Hospital Working Group, 2011).

## General recommendations

- **Integrated, multidisciplinary teams:** Closer working relationships across commissioning groups between community healthcare professionals such as podiatrists, dietitians and secondary care specialists is vital to ensure that the person with diabetes receives a comprehensive and consistent service.

## Conclusion

It was interesting to be part of this working group. The involvement of people from ambulance trusts gave a different perspective on the issue of preventing admissions for hypoglycaemia. The recommendations of the report, if actioned, would, in my opinion, go a long way to keeping people with diabetes out of hospital. The case studies show that a number of the recommendations have been piloted in different parts of England. The value of this working group and its report will be measured by how many of the recommendations get translated into specific actions throughout the NHS in England. ■

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