

National Diabetes Inpatient Audit Day



Gerry Rayman

More than 10% of hospital inpatients have diabetes (Sampson et al, 2006).

Only 50% of hospitals have an inpatient diabetes specialist nurse (Sampson et al, 2006).

Surveys of patients' experiences report a worrying picture of inpatient care (Diabetes UK, 2009).

Generally, diabetes care does not attract those who delight in technical skills or invasive procedures. It appeals to those with a passion to help others using a variety of unique skills that include the ability to support through education in self-management, counselling, empathy, understanding and encouragement. Given these qualities, it is surprising that we appear to have neglected the needs of a large group of people with diabetes – those admitted to hospital. It is not clear why this has occurred.

The introduction of the National Service Framework (NSF) for diabetes (Department of Health, 2001) and the importance of diabetes tariffs has focused commissioners and providers on outpatient and community diabetes. Even though the NSF standards 7 and 8 relate to inpatient diabetes care, there has been little focus on these. Indeed, in some hospitals, inpatient DSN posts have been lost, these post not being seen as having sufficient priority and lacking the income-generating arguments that many other services have.

Fortunately, data on the quality of inpatient care and patient feedback, such as those that appear in the introductory statements, are beginning to provide a catalyst for change. For example, the "Think Glucose" campaign has been highly influenced by patient experiences. Unfortunately, however, the data are not as robust as is necessary to influence commissioners of services.

NHS Diabetes has recognised the need for improved inpatient diabetes services and for more robust data. It has therefore embarked on a national audit of inpatient care to provide the

baseline evidence. It has also introduced a series of work programmes to improve inpatient diabetes care, including "Putting Feet First", a joint exercise with Diabetes UK on foot care, "Safe and Effective Insulin Use", and education programmes to upskill ward staff.

The inpatient audit was recently undertaken in NHS hospitals in England on a day chosen by each participating hospital, in the week beginning 21 September. The audit will provide information on current staffing levels for inpatient diabetes, standards of care, and the size of the problem in terms of patient numbers, morbidity and harm. In addition, there was a separate questionnaire to document patient experiences. Not only will these inform the national picture, but individual Trusts will be able to benchmark themselves against others. Poor performance should reflect underinvestment, for example a lack of inpatient specialist nurses, and may then be used to argue the case for improvements in these services. Those doing well will be able use the results to support their diabetes inpatient teams.

At the time of writing, over 150 acute hospitals in England involving more than 10 000 people with diabetes were registered to take part in the largest bedside audit of inpatient diabetes care ever undertaken.

Groups of people and organisations who will also find the information useful include national directors and clinical leaders, Strategic Health Authorities, PCTs, local commissioners, Trust chief executives, medical directors, chief nursing officers and patient groups.

I strongly believe that this audit will provide the evidence for establishing dedicated inpatient diabetes teams. Together with the other programmes of inpatient care and yearly re-auditing, this will revolutionise the care that people with diabetes in hospital receive and deserve. ■

This project is being run by NHS Diabetes, and is supported by the Association of British Clinical Diabetologists, the Association of Diabetes Inpatient Specialist Nurses and Diabetes UK.

Department of Health (2001)
*National Service Framework
for Diabetes: Standards.* DH,
London

Diabetes UK (2009) *Position
Statement: Improving Inpatient
Diabetes Care – What Care
Adults With Diabetes Should
Expect When in Hospital.*
Diabetes UK, London

Sampson MJ, Crowle T,
Dhatariya K et al (2006)
Trends in bed occupancy for
inpatients with diabetes before
and after the introduction of
a diabetes inpatient specialist
nurse service. *Diabet Med* **23**:
1008–15

Gerry Rayman is a
Consultant Physician,
Ipswich, and Clinical Lead
for Inpatient Diabetes Care,
NHS Diabetes.