

# Delivering care and support through the COVID-19 pandemic

As I write this, we are in the midst of the COVID-19 pandemic and primary care as we knew it has changed beyond all recognition. Our days are filled with telephone, video and email consultations, and all of us are being touched daily by stories of dedication and loss. In this issue, we have focused on resources to help primary and community care teams support people with diabetes, and themselves, to navigate through the next few weeks.

## Supporting people with diabetes

Although diabetes care delivery has changed, there is still much that we can do to help ensure the safety of people with diabetes. With increased use of flash glucose monitoring, Nicky Milne's [How to use flash glucose monitoring](#) updates us and Sam Seidu shares a salutary [case study](#). In *Diabetes Distilled* in this issue, we share that those with diabetes, hypertension and cardiovascular disease are more at risk of serious impact from coronavirus, and outline [some of the reasons](#) and the unanswered questions. We all have an important role in helping people with diabetes understand how to reduce their risks from the virus, and when they should seek further advice and assistance.

With the small amount of time available for diabetes care, we have been focusing on helping people with diabetes to understand their increased risks, get access to their medications and have self-monitoring supplies where appropriate, as well as reinforcing sick-day rules and reminding about hypoglycaemia management, particularly to the frail, vulnerable and those on insulin. Much of our time is spent reassuring people who are understandably scared and often isolated. By sharing simple messages, strengthening the reassurance with virtual video consultations when possible, and supporting our messages with written resources and web links, it feels as if we may be helping to keep people safe. Only time will tell. Using spare

minutes throughout busy days to undertake proactive phone calls often identifies areas of need, both medical and practical, that might not have otherwise been shared. There is a difficult balance between highlighting that the NHS is busy with COVID-19-related work and that primary care is still open for other medical problems. Some caring people are trying hard to protect us right now and, as a result, are failing to report potentially serious health conditions. This is adding an extra layer of complexity to service delivery.

Keeping abreast of the daily guidance issued by government agencies and professional organisations is time-consuming, and we hope to help in small ways by providing useful links and summaries, such as Su Down's *At a Glance* factsheet on [COVID-19 and diabetes](#) and Kevin Fernando's *Diabetes Distilled* summaries of [COVID-related published papers](#).

## Supporting colleagues

We all have an opportunity to support our colleagues, not only those working in secondary care on the frontline in A&E departments and critical care units, but also our colleagues in the community and in our practices. We are all understandably anxious that we will bring the virus home to family members. By the time this is over and life returns to normal, we will all have been touched by friends, family or colleagues who have suffered severe consequences of COVID-19. If we are to stay strong and work through these weeks, we have a responsibility to ourselves and each other to practise self-care and share self-care messages. To help with this, resources such as [Headspace](#), [Sleepio](#) and [Daylight](#) are free to all NHS staff (remember to follow local guidance on using your NHS email).

## Supporting fasting in Ramadan

Ramadan, celebrated this year from 23<sup>rd</sup>



**Pam Brown**

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***“When life and diabetes care return to the new normal, we will all be very proud to have been part of the NHS and to have shared our best care and support with as many people as we can reach.”***

April to 23<sup>rd</sup> May, will be impacted this year by restrictions on communal worship and gatherings. In our practice, we usually rely on waiting room posters and leaflets, and opportunistic discussion in our clinics during the 3 months preceding Ramadan to help people with diabetes prepare for fasting. However, with our waiting rooms empty and face-to-face clinics cancelled, we need to be more vigilant in sharing the information about fasting safely that is summarised in Alia Gilani’s [How to manage diabetes during Ramadan](#).

With our ambulance services and hospitals overstretched, developing hypoglycaemia or hyperglycaemia will put already vulnerable people at even more risk than usual. We can share advice and resources on our practice websites, ask about fasting and discuss Ramadan alongside sick-day rules and hypoglycaemia management messages. For those with internet access, the [Diabetes UK guidance](#) includes details of alternatives for those for whom it could be dangerous to fast, and links to its Ramadan factsheet in English, Urdu, Bengali and Arabic. The Muslim Council of Britain offers a variety of [Ramadan guidance](#) and provides a useful [COVID-19 toolkit](#).

### **The future**

None of us will ever know the full impact of our actions during these challenging weeks. When life and diabetes care return to the new normal, we will all be very proud to have been part of the NHS and to have shared our best care and

support with as many people as we can reach. When we eventually gather to share what we have learnt at our Primary Care Diabetes Society national and regional conferences, each of us will have been changed by living and working through the COVID-19 pandemic.

I am grateful to our much-valued practice nurse, Lynn, who shared this thought-provoking quotation:

When the dust settles, we will realise how very little we need, how very much we actually have, and the value of human connection.

It will be good once more to get together, face to face, to share what we have learnt. Until then, stay strong, stay connected, share self-care and, most importantly, stay safe. ■

### **Useful resources**

- If you do not have access through your hospital, [UpToDate.com](#) is providing guest access to the latest evidence-based medicine on COVID-19.
- [Headspace](#) is an app that provides mindfulness exercises and guided meditations.
- [Sleepio](#) is a 6-week sleep-improvement programme featuring cognitive behavioural therapy, while [Daylight](#) is an app that helps users to manage worry and anxiety. Both are currently being offered [free to NHS workers](#).
- The [American Diabetes Association](#) has posted a self-care and COVID-19 video discussion on its website.