

Specialist diabetes nurses are key to patient safety, says GIRFT diabetes national report

A national report focusing on hospital-based diabetes care has recently been published by the Getting It Right First Time (GIRFT) programme, written by Professors Partha Kar and Gerry Rayman. We take a look at some of the key recommendations.

People with diabetes should have access to diabetes specialist nurses in every hospital as part of a dedicated inpatient team, according to a new national report. The recently published report on diabetes from the Getting It Right First Time (GIRFT) programme shows up to 20% of all hospital beds are occupied by patients with diabetes, but uncoordinated inpatient care and insufficient numbers of specialist staff can result in complications, which lead to some patients staying longer in hospital or put them at higher risk of mortality.

The COVID-19 pandemic has highlighted the need for better inpatient services to ensure that patients are safe. A multidisciplinary diabetes inpatient team (MDiT) in every Trust is more important than ever to manage the increased number of patients being admitted to hospital during the pandemic, and the report presents an opportunity to share good practice that has been identified in Trusts to be emulated by others.

Written by Professors Gerry Rayman (East Suffolk and North Essex NHS Foundation Trust) and Partha Kar (Portsmouth Hospitals NHS Trust), the GIRFT report outlines that a quarter of hospitals do not have any diabetes specialist inpatient nurses and many don't have seven-day cover for inpatient diabetes care.

The MDiT should include nurses, pharmacists, dietitians, psychologists and podiatrists, and should work to target help for patients having problems on admission, implement a referral system for cases needing specialist input, raise awareness of inpatient diabetes harms and how to prevent them, and provide psychological support for patients experiencing stress.

The report also recommends training for every healthcare professional who dispenses, prescribes or administers insulin, in order to help reduce insulin errors, as well as an electronic system in every hospital to identify people with diabetes on admission so that staff in all departments – from A&E to operating theatres – are aware of a patient's diabetes.

Other recommendations include better transition services for young adults to help manage the spike in 19–25-year-olds being admitted for diabetic ketoacidosis, and equitable access to insulin pumps, flash glucose monitors and continuous glucose monitors.

Professor Rayman, co-author of Diabetes UK's report *Making Hospitals Safe for People with Diabetes*, said: "People who come to hospital for reasons other than their diabetes can suffer because their diabetes is not identified, or not effectively monitored or managed through the stages of their care. This can lead to miscommunication, insulin errors and hypoglycaemic events, which could be avoided if we work in a more effective way to reduce unwarranted variations and close current gaps in provision.

"It's also important that patients have access to a diabetes inpatient team seven days a week – diabetes does not go away at the weekends."

GIRFT is a national programme working with frontline clinicians to improve the quality of care within the NHS by identifying unwarranted variations in service and practice. The GIRFT methodology analyses hospital data, looking for unwarranted variations in areas such as waiting times, length of stay, infection rates, procurement costs and



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patient pathways. GIRFT then recommends changes to improve the effectiveness of care.

As part of their national review of diabetes, Professors Rayman and Kar visited more than 100 Trusts, examining data and sharing good practice.

Professor Kar, the National Specialty Adviser for Diabetes with NHS England, said: “While teams across the country are working exceptionally hard, we found some services for people living with type 1 diabetes are falling short of what we should expect. Often, type 1 patients do not have the right support to manage their condition throughout their lives, especially during the transition from childhood to adulthood. This means some patients become disengaged with their diabetes, which in turn leads to many avoidable harms.

“Thankfully, there are some great examples of good care going on across the country – many

of them highlighted in the report – and our focus now is on helping Trusts to emulate such good practice.” ■

Getting It Right First Time



The GIRFT National Specialty Report on Diabetes sheds light on the issues facing hospitals and healthcare practitioners, why variations are happening and the impact these have on patient care and outcomes. It identifies the three areas of care that need most attention and which offer the most significant opportunities for improvement: type 1 diabetes, inpatient care and diabetic footcare.

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