Opportunity for GP trainees to learn more about diabetes via Swindon community diabetes clinic attendance

We are offering an opportunity for GP ST1-2 Trainees in Swindon to spend a session in a Swindon Community Diabetes Service (SCDS) clinic.

This is to assist trainees to learn more about diabetes services and to help meet their curriculum requirements around the care of people with diabetes. The primary aim is to increase understanding of community diabetes services and what they offer for patients.

This is not mandatory and it is not expected that all trainees will take up this opportunity. We would ask that trainees link directly with the SCDS. Clinic attendance is at the discretion of SCDS team. Trainees should plan to attend these clinics preferably during their ST1-2 GP 6 month post.

SCDS clinics and patient structured education courses take place in several locations including GP surgeries. A consultant diabetologist and a diabetes specialist nurse (DSN) run rapid-access community diabetes clinic. There is also opportunity to attend joint GP/consultant diabetologist practice-based clinic in a variety of Swindon GP surgeries. Where possible we would advise you sit in with a consultant and a DSN for at least one session.

Why is this important? 2.6 million people in England have diabetes and the number keeps on increasing. People with diabetes have a reduced life expectancy and a 2-4 times greater risk of cardiovascular disease than people without diabetes. Diabetes is also the commonest cause of end stage renal failure and the commonest cause of blindness in working-age adults. Currently only around 20 per cent of people with diabetes have their glucose, blood pressure and cholesterol treated to the target levels defined by NICE placing them at increased risk of developing the complications of diabetes. As the next generation of local GPs you have the opportunity to change this.

The Trainee Responsibility:

We would ask that you contact the SCDS yourself and liaise with community diabetes service administrator to attend a mutually convenient session. You may be the first trainee to attend so you may need to explain why you wish to attend and what you want to see. You must wear a clear NHS ID badge. This is your opportunity to learn vicariously. You will have the opportunity to ask questions to clarify your understanding and find out more about referral criteria, structured patient education, the differing roles of the diabetes team and other local services.

It may be that your visit helps you to identify any other gaps and could lead to shadowing other health professionals such as podiatrists, retinal screeners or psychologists or attending a structured education session.

Dr Vladimir Vaks, Lead Consultant, Swindon Community Diabetes Service, February 2016

You would need to discuss this opportunity with your GP Trainer and take it either as one of your Personal Development sessions or as formal study leave. Health Education South West Deanery support and encourage you to take study leave to enhance and widen your learning and provide the opportunity for a wider range of experiences as part of GP training.

The Role of the SCDS staff:

1. To demonstrate their usual care and assessment of someone with diabetes.

2. To explain the patient journey through the service from referral to discharge including patient education opportunities.

3. To highlight referral criteria

4. To explain the ongoing monitoring (annual review) required for people with diabetes and how to interpret the results from the review and decide upon appropriate action

Following attendance at a clinic, the potential learning goals are as follows:

1. To know how to access community diabetes services and what they can offer people living with diabetes

2. To understand the patient journey from primary care to SCDS and beyond

3. To appreciate the spectrum of patient structured education opportunities available

4. To understand the importance of the primary care diabetes annual review in detecting complications of diabetes at the earliest opportunity

Following attendance and further reading and reflection, further goals are:

5. To understand the prevalence of overweight and obesity, together with their associated complications including diabetes mellitus and non-alcoholic fatty liver disease (NAFLD)

6. To understand how diabetes can present

7. To understand the biochemical tests required for diagnosing and monitoring diabetes, how to interpret these tests and understand their limitations

8. To appreciate the health and medical consequences of obesity including malnutrition, increased morbidity and reduced life expectancy, and have an understanding of the social, psychological and environmental factors underpinning obesity

9. To understand the role of good diabetes management in prevention and/or postponement of associated morbidity and mortality

10. To be competent in the recognition and primary care management of diabetic emergencies

For all clinics please contact Rosmary Wood (Community Diabetes Team Administrator) 01793 463840 (Monday-Thursday, 8am-4pm), rosemary.wood5@nhs.net.

List of Current Clinics:

1. **Weekly Consultant Diabetes Rapid-Access Clinic: Monday, 9am-1pm, Taw Hill Medical Practice till end of March (Eldene Health Centre commencing April 2016).** The clinic is most likely to see patients for: symptomatic high / low sugars needing decision regarding insulin very soon, some urgent insulin starts, injectable anti-diabetes agents, assessment on next step treatment, uncertainty about classification of diabetes, difficult to engage patients, complex T1DM/T2DM pts who have not engaged with hospital diabetes clinics.
2. **Community DSN clinics: Wednesday, 9am-1pm, Eldene Health Centre; Thursday, 1-5pm, West Swindon Medical Centre.** Assessment on the next step treatment for patients who despite education and multiple anti-diabetes therapy have not reached target HbA1c, insulin and GLP-1 agonists initiation, insulin intensification, assessment of patients with erratic glycaemic control, frequent hypoglycaemia
3. **Consultant Diabetologist / GP joint practice-based clinics: Thursday, Friday at various times either 9-1pm or 1-5pm.** The Diabetes Consultant sees patients in their GP surgeries jointly with a GP and a Practice Nurse (if available) or discusses patients virtually. The purpose of these clinics to up skill GPs and PNs in diabetes care (diabetes education). Clinics could include: seeing patients not engaging with hospital care, GLP1 or insulin starts; patients who are strong candidates for a hospital referral; discussing some cases without patients being there eg next step in therapy; discussing suitable patients that might be discharged from hospital clinics. Patients are selected by the practice (occasionally patients seen in the rapid-access clinic may be reviewed in joint clinic). 30-40min slots are allocated to see patients face to face or 10-15 min for virtual review.