

Diabetes Education

Target Group	Model	Referred by:	Activity	Competencies	Requirements	Cost Implication	Outcome
Newly diagnosed Type 1 diabetes [4]	Individual, integrated education	GP, PN ComN	1 to 1 education by the DSE team	DSE	Established	Tariff charge	Access time;
Newly diagnosed Type 2 diabetes [800]	Structured group education	GP PN ComN 2ary care	DESMOND [220]	DESMOND educator	Accreditation obtained	DESMOND funding required	External QA of DESMOND & local course.
	Unsuitable for group education		Local course [180]	Locally agreed	Accreditation obtained	Funds for group Education in 1ary care	
			1 to 1 PN/GP/DSN	Locally agreed	Suitable training	Funds for education in 1ary care	
Established Type 1 & 2 diabetes [726 / 8000]	Selected individuals-DESMOND &	GP, PN ComN	DAFNE [32] DESMOND [220]	DAFNE / DESMOND	Accreditation obtained	DESMOND / DAFNE funding required	External QA of DESMOND, DAFNE & local course.
	Individual education required		1 to 1 PN/GP/DSN T1 [497/528] T2 [1347/1455]	Locally agreed	Local course	Funds for education in 1ary care	
Type 2: Diet to oral therapy	Clinical supervision in 1ary care	GP DNI	Treat to target	Locally agreed	Review by LIG	GP care	QUOF return
Oral therapy to insulin	Near to home	GP PN		MERIT1 training	Suitable training	Funding from Novo	QUOF return
			Group Education	DSN	Established	Local tariff required	
[123] = Number of people in the district. [123/456] = number of patients/ number of appointments per year.							
Insulin therapy management	Selected GPs	GP, PN, DSN		MERIT 2	Suitable training	Funding from Novo	QUOF return
	Secondary care			DSE	DSE by telephone	Local tariff required	

Clinical Care

Target Group	Model	Referred by	Activity	Competence	Requirements	Cost Implication	Outcome
T1DM & T2DM with significant complications	Specialist supervision in 2ary care	GP/PN	Integrated specialist care T1 [496 / 833]; T2 [1335 / 2246] DAFNE [32], Pump [16/32], CRGM [20]	Consultant / GPwSI with diabetes team	Agreed protocol / Specialist accr.	Tariff	Reduction of blindness, amputation, ESRF
Type 1 DM, stable with early	Increased involvement of 1ary care [%]	2ary to 1ary	Specialist supervision :	<div>GP recognised at higher level competence</div> <div>Diabetes team</div>	<div>GP recognised at higher level competence</div> <div>Specialist accreditation</div>	<div>Education in 1ary care</div> <div>Tariff</div>	Final & intermediate outcomes against national
Type 2 DM, stable with early	Increased involvement of 1ary	2ary to 1ary referral	1:1consultation, possible group work	GP / PN Structured care	Locally agreed competence	Funds for education in 1ary care	QUOF
T1 & T2 DM in transitional state	Specialist assessment	GP/PN	Advice / intervention & return to 1ary care	2 ary care / GPwSI	Specialist accreditation /	Tariff / GPwSI	Access time;
T1 & T2 DM – for advice	Advice without assessment	GP/PN	Telephone / fax contact	2 ary care	Specialist accreditation	Funding model required	Access time;

[123] = number of appointments per year.

Special Groups (Adult)

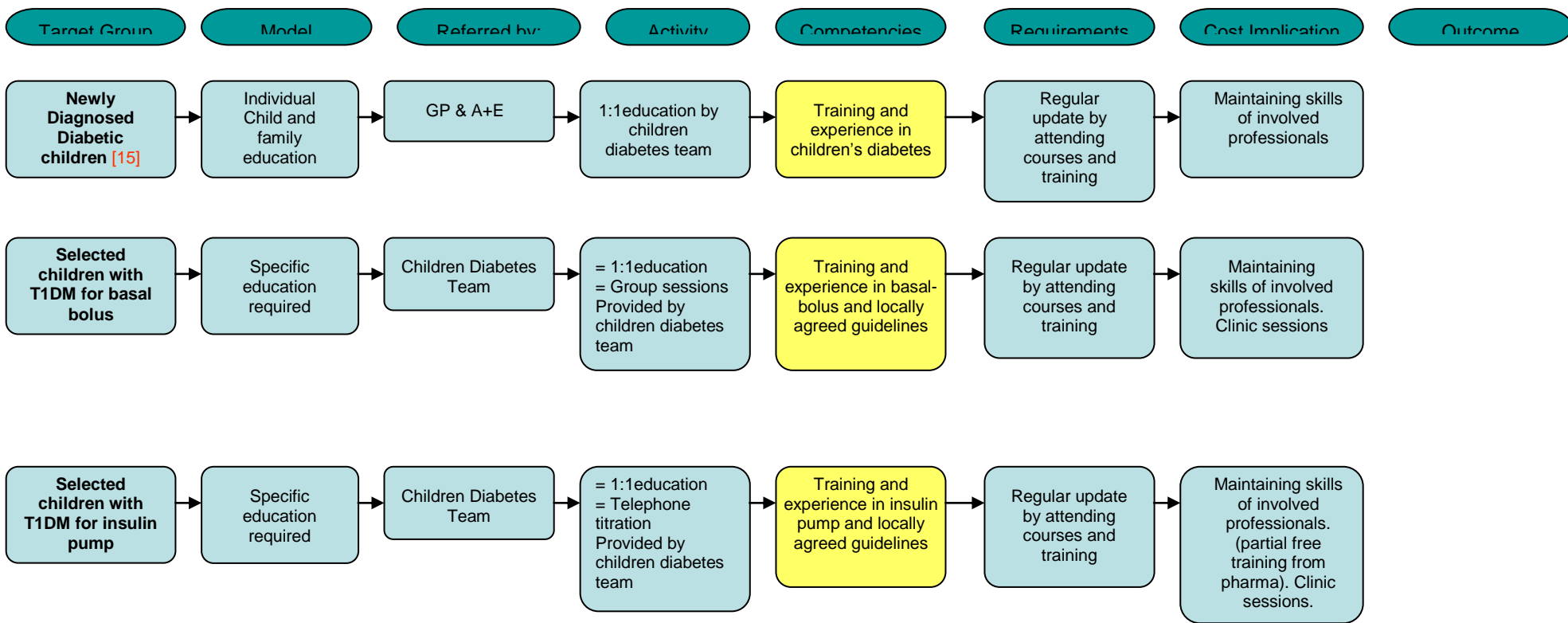
Target Group	Model	Referred by	Activity	Competence	Requirements	Cost Implication	Outcome
Pregnant T1DM [24/149] & T2DM [7/39]	Specialist supervision in 2ary care.	GP/PN Obstetrics	Intensive DSN supervision; joint clinic with MW & Obsetrician	DSN + Consultant +MW/wSI	Agreed protocol / Specialist accr.	Tariff	To normalise congenital abnormality & fetal mortality
Gestational Diabetes [71/202]	Specialist supervision in 2ary care	Obstetrics	DSN & MW supervision	DSN	Agreed protocol / Specialist accr.	Tariff	To reduce macrosomia & fetal mortality
Pre-conception	Specialist supervision in 2ary care or GPwSI	Self referral GP, Clinic	DSN 1 to 1 Obstetrician review	DSN	Agreed protocol / Specialist accr.	Tariff	HbA1c at conception
Young person [16 to 24 yrs] with T1 / T2 DM	Specialist supervision in 2ary care	Paediatrics / GP	Joint - Cons / DSN / Dietitian	DSN / Diabetologist	Intensive follow-up	Tariff	HbA1c / educational status

[123] = number of appointments per year.

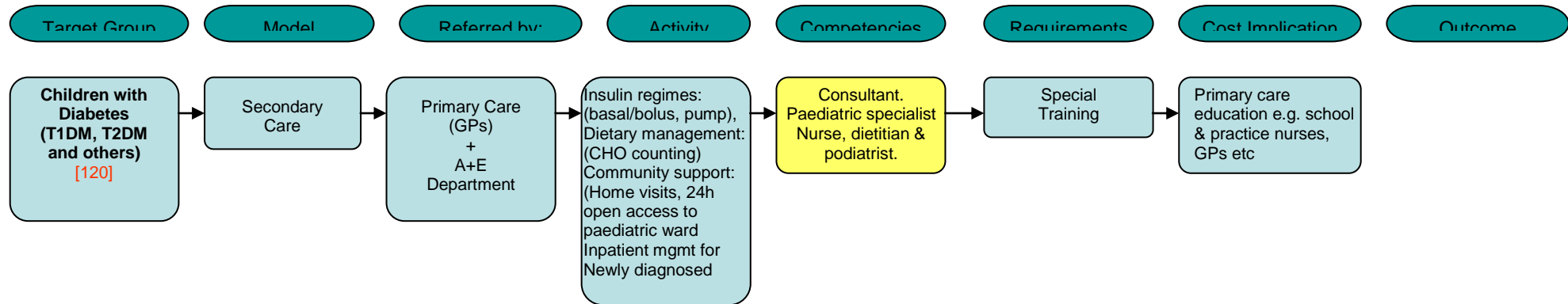
Podiatry

Target Group	Model	Referred by	Activity	Competence	Requirements	Outcome	Cost Implication
Assessed as low risk of foot ulcer	Primary care: GP Practice	In-House: annual screening	1:1 education / advice @ Annual Review	Foot Assessment competent podiatrist	Agreed risk assessment tool Implementation of Diabetic Foot Health Guidelines from	Reduction in number of amputations Reduction in amputation rates Reduction in associated mortality / morbidity rates Reduction in number of admissions Reduction in number of bed days	Comparative imbalance between access in SWK, MW and DCS
Assessed as medium risk of	Primary care: GP / Community Podiatry	In-House: annual screening	Management and frequent review 3-6 monthly	Diabetic foot care competent Specialists	Agreed risk assessment tool Implementation of Diabetic Foot Health Guidelines from		Increased educational input.
Assessed as high risk of foot	Primary & Secondary care: Community Podiatry & Orthotists	In-House: annual screening GP, PN, DN, DSN,	Management and frequent review 1-3 monthly	Diabetic foot care Specialists competent in debridement & Diabetic footwear specialists	Agreed risk assessment tool Implementation of Diabetic Foot Health Guidelines from		Increased educational input. Specialised insoles and footwear
New ulceration, infection or discolouration (urgent 24 hour referral) [283/1656]	Secondary Care: Highly Specialist Podiatry. Orthotist.	In-House: annual screening GP, PN, DN, DSN, Consultant, A&E, UCC & Minor Injuries	Refer within 24hrs to Multidisciplinary Foot care team – intensive input	Highly Specialised competent foot care specialists	Implementation of Diabetic Foot Health Guidelines from Agreed risk assessment tool		Increased educational input. Specialised insoles and footwear Intensive input for debridement, dressing, antibiotics. Total contact casting. Revascularisation and optimising glucose levels and control cardiovascular risk.

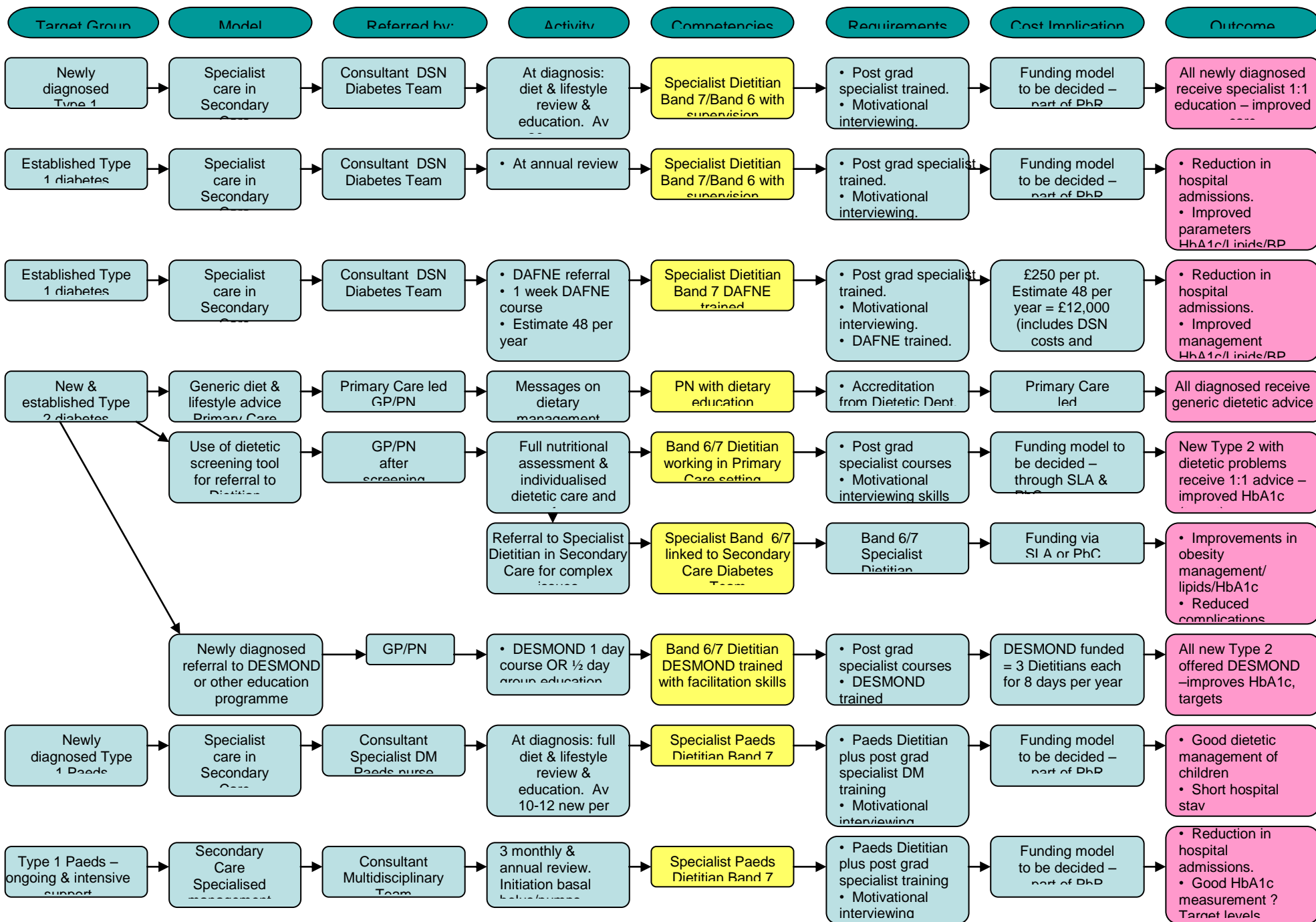
Pathway of Diabetes Education for Children's Diabetes Service at Darent Valley Hospital



Pathway of Clinical Care for Children with Diabetes



Dietetic Pathways

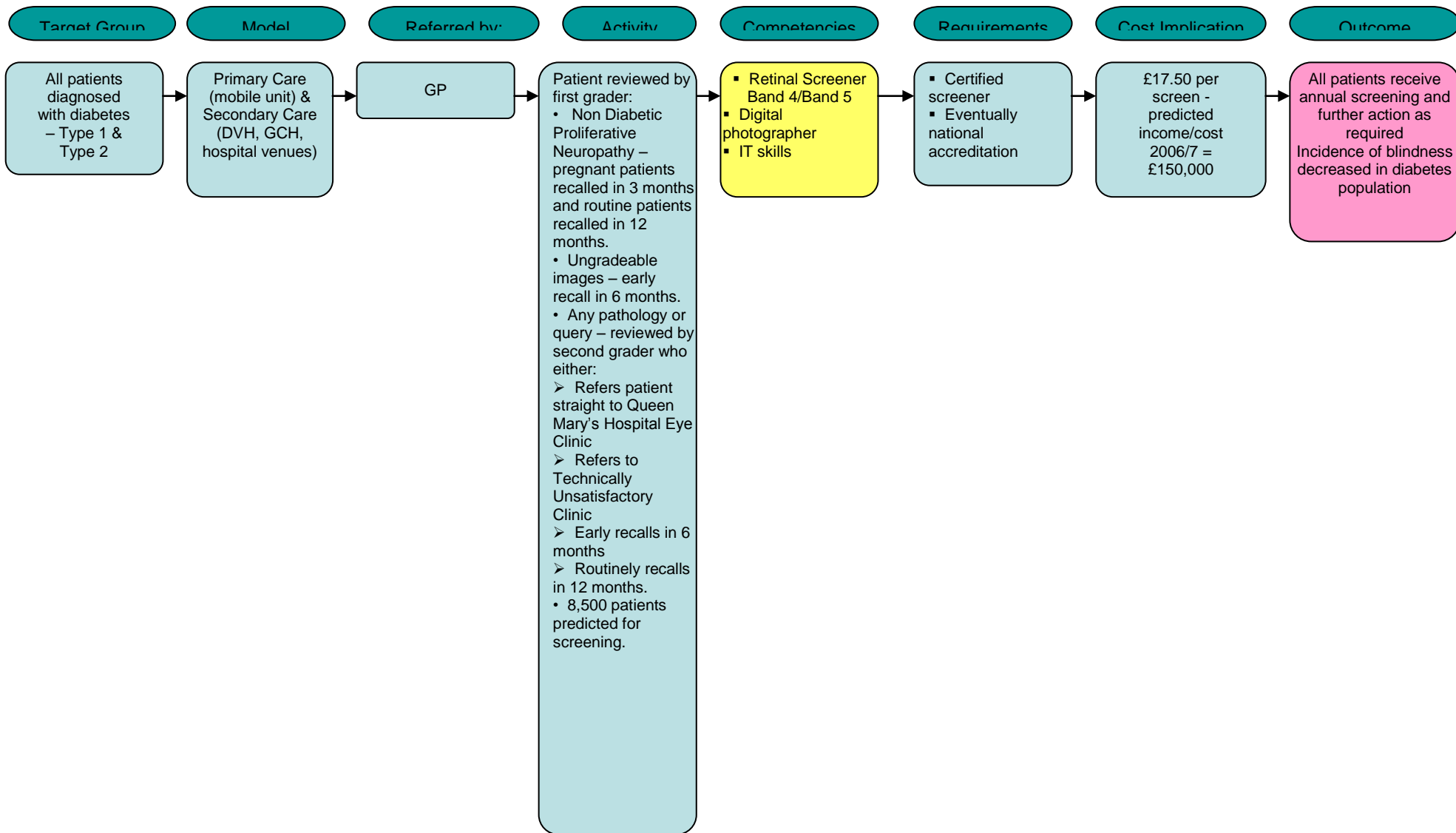


Community Support

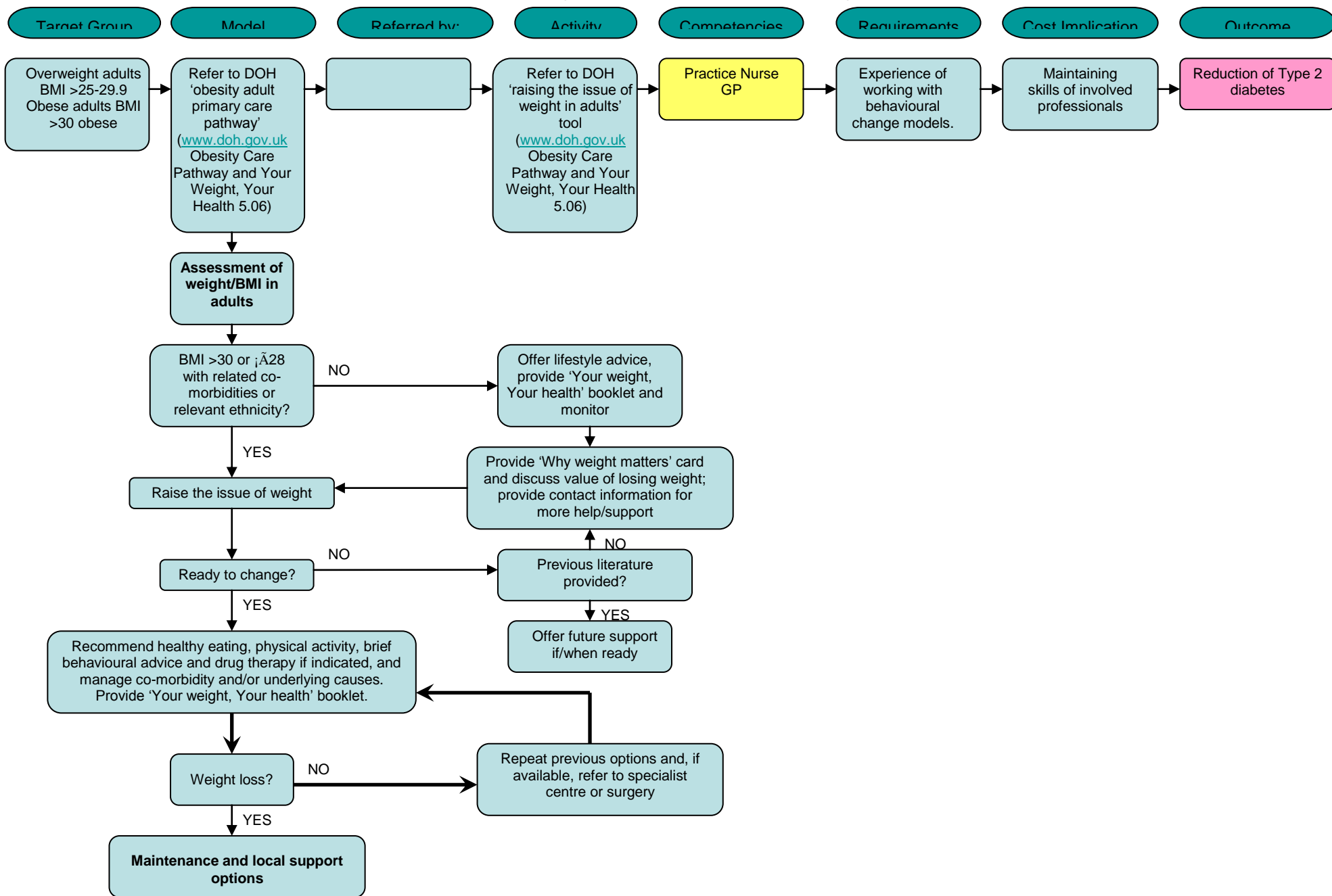
Target Group	Model	Referred by	Activity	Competence	Requirements	Cost Implication
GP & PN	In practice education for GP & PN	PN / GP selects suitable T1 & T2	Case based discussion of problems	Diabetologist	Specialist accreditation	Funding model to be decided
GP & PN	Support for GP structured care	GP & GPwSI when need	Advice & education re model of care	DSN	Specialist accreditation	Funding model to be decided
All GP / Community treating DM	Educational groups	Self / GPwSI after assessment of need	Educational instrument appropriate for need	DSE	Specialist accreditation	Funding model to be decided

Audit and appraisal to ensure quality provision are an essential requisite for all models

Retinal Screening Pathway



Adult Obesity Prevention Pathway



Child Obesity Prevention Pathway

