

Support and develop essential care and provide enhanced services:

Insulin and GLP1 initiation and stabilisation of Type 2 diabetes patients Management of unstable Type 2 with poor glycaemic control despite best efforts in primary care

Undertake an integrated diabetic assessment for new patients when triaged directly to spokes

Advice on insulin pump management

GP Practice level training i.e. case note review

Healthcare training & education for Primary Care, District Nurses, Care Homes etc;

Pre-conception advice where control is good and for patients who have suffered from gestational diabetes in previous pregnancy

Targeted care co-ordinator role/function for non-engagers, hard to reach groups and for high risk patients

Multidisciplinary clinics providing access to consultants, specialist practice nursing & dietetics

Housebound patients

Manage patients discharged from HUB

Monitor patients and discharge back to primary care were applicable

Monitor local practice performance

Sign post to other relevant services i.e. Health Trainers and Lifestyle services

LEVEL 2/3 SPECIALIST COMMUNITY BASED Hub 1 Hub 2

Care for patients with diabetes with more complex needs who do not meet thresholds for hospital diabetes service:

Undertake integrated new patient assessments:

Undertake multi-disciplinary reviews of complex patient cases - virtual clinics or face to face patient appointments with consultant attendance;

Multidisciplinary clinics providing access to consultants, specialist nursing, dietetics and podiatry and specialist psychology;

Podiatry care, advice & support for patients with increased risk and high risk, with a history of active foot problems. Care for active complex podiatry (requiring liaison with specialist vascular consultants) will provide in-reach support into secondary acute care setting as required.

Psychological support (assessments and intervention as clinically appropriate) within the MDT environment for patients experiencing psychological distress that is related to their diabetes

Young adults (16 - 26) service to support and facilitate transition of patients into adult service

Structured patient/carer education for Type 1 and Type 2; Provision of structured diabetes education for primary care and healthcare professionals to update knowledge and awareness of diabetes management and to support shared learning

Initiation, stabilisation and management of Type 1 patients Management of unstable Type 1 with poor glycaemic control despite best efforts in primary care

LEVEL 4: SECONDARY CARE

Hospital care

In-patients with diabetes
Diabetes in Pregnancy
(antenatal services)
Diabetes Renal (stage 4/5
CKD) & Vascular Clinic
Insulin Pump initiation
Specialist foot clinics
Paediatrics & Adolescent
(14-17)
Maturity onset diabetes in
the Young

Level 0: Prevention & Self Care themes across all Levels: NHS Health Checks, Weight Management clinics, screening patient advice & signposting, healthy eating, stop smoking and general pre-conception advice.