



**Wolverhampton
Diabetes Care**

What Care to Expect

When to Refer or be Referred to Specialist Services?

The Wolverhampton Diabetes service aims to establish a clear understanding of when patients remain the responsibility of Primary Care Services and when they should be referred to Specialist Services.

Specialist Care Services will ensure they hand back patients to Primary Care management if they do not meet continuing care criteria or when a management plan is established to allow containing care in Primary care.

Specialist Care services will integrate to work together to minimise the requirement for multiple referrals by Primary Care or multiple attendances by patients.

Governing Care Pathways

Primary Care

Every effort will be made to ensure patients continue to receive their care in a primary care setting.

Specialist Care

Specialist Care Services will work to common care pathways with Primary Care, ensuring patients are not needlessly followed up by specialist care providers.

Multiple Specialist Care needs

Where a patient has multiple specialist care needs, it is the responsibility of Specialist Care providers to ensure they work together towards an effective and efficient patient centred service delivery to users

Management Plan Review

Where criteria for special care are no longer met or when a management plan is established to that can be implemented in Primary Care, containing care should be in Primary Care.

Newly diagnosed

All newly diagnosed type 1 patients should be referred

Most Type 2 patients can be managed in primary care but an effective patient induction and education programme must be given.

Refer to: Adult Diabetes Team

Established Type 1 diabetes

Should be managed in specialist care unless individual primary care teams specifically state they wish to offer full care. The diabetes specialist team wish to support the management of insulin treated adult patients in primary care by agreement with individual practices.

Refer to: Adult Diabetes Team

Established Type 2 diabetes treated with insulin

Should be managed in specialist care unless individual primary care teams specifically state they wish to offer full care. The diabetes specialist team wish to support the management of insulin treated adult patients in primary care by agreement with individual practices.

Refer to: Adult Diabetes Team

Established Type 2 diabetes not on insulin

Should be managed in primary care unless they have specific problems or complex diabetes as outlined below

Refer to: Adult Diabetes Team

Paediatric age <18 or young adult

All children should be managed by specialist care to include their transition through adolescence and into adulthood.

**Refer to: Paediatric Diabetes Team (<18 y) or Adult Diabetes Team (>18y)
Dr Janet Anderson - Lead Consultant for Paediatric Diabetes.
Sister Gill Salt - Paediatric Specialist Diabetes nurse.**

Pregnancy in Diabetes including Gestational Diabetes.

All women with known diabetes planning a pregnancy should be seen by the specialist team for pre-conception management.

**Refer to: Adult Diabetes Team
Sister E Wilson is the lead Diabetes Specialist Nurse**

All women with diabetes who are pregnant should be referred promptly to the joint diabetes ante-natal clinic.

It is the responsibility of the Specialist Team to ensure early post – partum follow up to document the re - categorisation of Gestational Diabetes and to establish and effective forward plan for the patient

**Refer to: Obstetric Diabetes Antenatal Team
Mr David Churchill: - Lead Obstetrician for Diabetes Pregnancy**

It is the responsibility of primary care to ensure annual re- testing of women with previous Gestational Diabetes.

Glycaemic control

Refer Type 2 patients with an HbA1c >7.5% despite diet and lifestyle advice who have had their current oral hypoglycaemic therapies maximised

Refer insulin treated patients who do not attain effective glycaemic control with a HbA1c >7.5% despite repeated community based interventions.

Refer to: Adult Diabetes Team

Hypoglycaemia

Any patient experiencing serious hypoglycaemia causing loss of consciousness and/or requiring the assistance of another party should be referred as a matter of urgency because of the potential health, social and legal consequences of such events.

Recurrent minor hypoglycaemia or observed recurrent asymptomatic hypoglycaemia. not promptly resolved by diet, lifestyle and medication adjustment.

Refer to: Adult Diabetes Team.

Hypertension

Systolic blood pressure >160 mmHg despite multi drug therapy.

Hypertension potentially due to an underlying cause (secondary hypertension).

Refer to: Adult Diabetes Team

CHD Risk Intervention & Smoking Cessation

All CHD risk intervention management can be done in primary care according to guidelines. Specialist care will not follow patients simply because of CHD risk.

Smoking cessation services can be provided and accessed by primary care. Specialist care will not independently develop this service.

Ischaemic Heart Disease

Patients developing new angina, worsening angina, who have had a myocardial infarction or have unstable heart failure are to be managed according to the protocols established by the Specialist Cardiac Services.

Refer to: Specialist Cardiac Services

Retinopathy

Patients with background retinopathy can be managed in primary care in conjunction with the Retinal Screening Service according to the Retinal Screening Protocols.

Referable retinopathy is defined by those protocols.

Referral occurs automatically according to retinopathy grade either into the Wolverhampton Diabetes Joint Specialist Retinopathy Clinic or to the Wolverhampton Eye Infirmary Diabetes Retinopathy Clinic.

The specialist services will offer a “one stop” service to those with referable retinopathy, maximising glycaemic, hypertension and risk factor management. Again – no separate referral is required.

Ensure all patients are joined to the district Retinopathy Screening Programme

The Specialist Diabetes and Eye Services will ensure effective co-working and co-referral as required.

Renal – Microalbuminuria or Overt Proteinuria

Microalbuminuria is an indicator for tightened glycaemic, hypertension and cardiac risk factor management and can thus be managed in primary care according to protocol. Refer if there is difficulty in managing these risk factors to target.

Progressive microalbuminuria or overt (stick positive) proteinuria is the fore runner to impaired renal function and renal failure.

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Refer to: Adult Diabetes Team

Renal – Abnormal Creatinine

Patient in whom the serum creatinine has become abnormal (>120 mmol/l) should be referred for review by the specialist services. Patients with a creatinine of <200umol/l are the mainly the responsibility of the Specialist Diabetes Team

Refer to: Adult Diabetes Team

Patients in whom the creatinine has risen consistently greater than 150mmol/l and all patients >200umol/l should be reviewed by the Specialist Renal services and Specialist Diabetes Team Jointly.

Patients under the flow up of Specialist Renal Services for pre- dialysis, dialysis or post transplantation management should be under joint management with the Specialist Diabetes service.

The Specialist Renal and Diabetes Services will ensure effective co-working and co-referral as required.

Foot & Peripheral Vascular Disease

Patients with intermediate risk should be under community chiropody follow up.

Patients with high risk feet should be under the care of the Specialist High Risk foot service

Patients with absent foot pulses and any ischemic features should be under High Risk Foot Care and the Specialist Vascular Surgical Team.

Any patient with critical limb or foot ischaemic features must be referred urgently to the Vascular Surgical Team.

Refer to: High Risk Foot Service
Refer to: Specialist Vascular Surgical Team

The Specialist High Risk Foot, Diabetes and Vascular Surgical Services will ensure effective co-working and co-referral as required.

Erectile Dysfunction

Patients with erectile dysfunction should be investigated and managed according to protocol in primary care.

Those failing to attain resolution with medical therapy should be referred to:

The Andrology Clinic, Urology Service.

Those with a possible endocrine problem should be referred to:

The Endocrine Service.