

Top tips for improving diabetes care

Inclusion health nurses



Service development

- Undertake an 'clinical care' audit for your service like the one in this report.
- Make contact with your local specialist diabetes service and invite them to visit. Explore how you can work in partnership together.
- Make contact with local optometry and podiatry screening services to see how screening can be improved.
- If community dietician support is not available to individuals you care for make record the number of referrals you would have made and take this to commissioners.

Screening

- Routinely screen for diabetes annually using an HbA1c test if possible.
- Undertake routine nutritional screening using a validated tool, and ask about access to food / food security during assessments.

Patient management

- Refer to specialist diabetes services even if you think a patient will not go.
- Refer to dieticians.
- Find out about healthy eating / cooking skills groups in your area, and refer clients to these wherever possible.
- Consider also referring to Occupational Therapy to support individuals to improve their skills around healthy eating (including shopping and cooking).
- Upskill to be able to undertake opportunistic basic eye screening and foot screening for patients who are finding repeated engagement difficult.





- If you think your client is self-neglecting, refer to safeguarding and proactively call case conferences including both primary and secondary care colleagues as well as other relevant partners.
- If your client is regularly attending A&E see this as a 'red flag'. Make contact with A&E and secondary care services to develop a plan.
- Use social prescribers to investigate options for increasing activity levels e.g. exercise on prescription, gardening groups.
- Offer smoking cessation support.
- Take time to educate patients about diabetes, the treatment of diabetes, healthy eating, eye health and foot care.
- Stock easy read materials regarding diabetes, the treatment of diabetes, and healthy eating, and know where to access information in other languages.
- Consider introducing routine use of micronutrient cover (vitamin and mineral supplement).
- Work with pharmacists to explore options for better supporting rough sleepers, and consider purchase of cool bags.
- Ask about use of CGM monitoring technology if this will benefit the client.
- Suggest use of longer acting insulins for people with more complex lives.
- Consider whether your patient could have Type 3 diabetes and whether pancreatic enzyme replacement therapy is needed.

Supporting patients to access housing

- Consider whether you can support access to housing by demonstrating your client is 'priority need'.
- Consider a Care Act referral for a client with No Recourse to Public Funds with diabetes.

Support for hostels & day centres

- Support hostels and day centres to have a diabetes champion (in partnership with specialist diabetes services if they are willing).
- Review any food provision available at day centres / hostels, and offer to support a review.

Training

- Learn about Type 3c diabetes.
- Update about self-neglect as a safeguarding issue.
- Read about 'diabetes distress'. Consider what mental health effects diabetes is having on your client, and refer appropriately. Learn about overdose risks and the links between diabetes and eating disorders.
- Undertake NHS trauma informed care training.
- Undertake Language Matters Diabetes training.