DTN UK
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Planning for the future, practical session on service planning (Adult and Paediatric)

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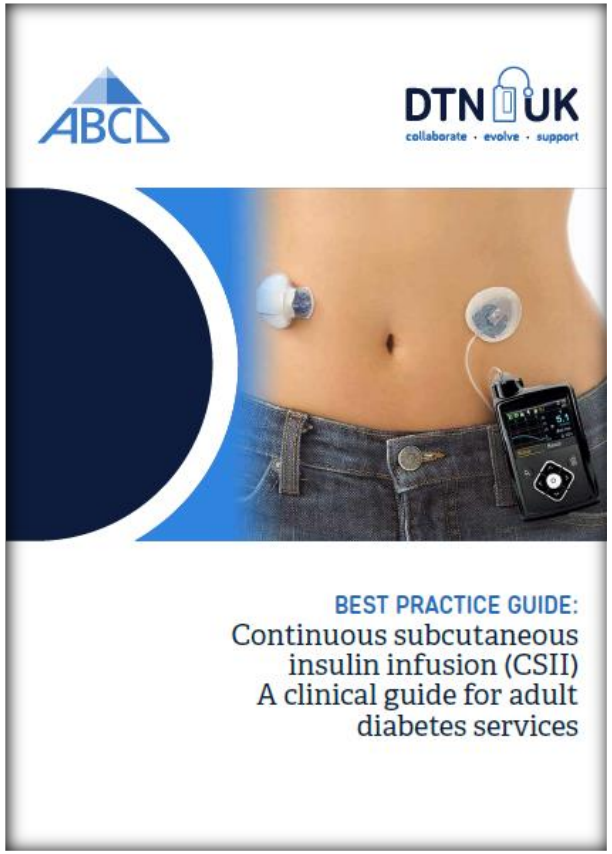
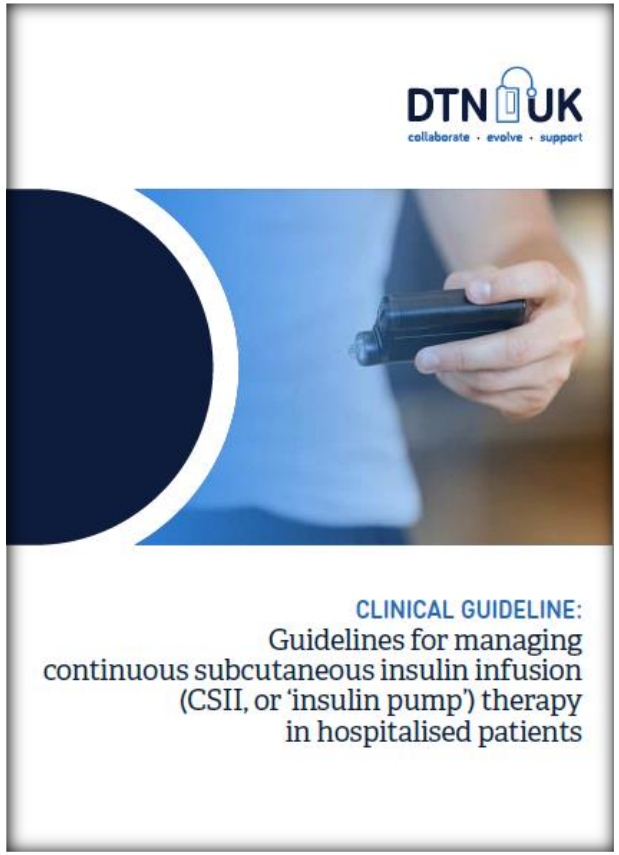
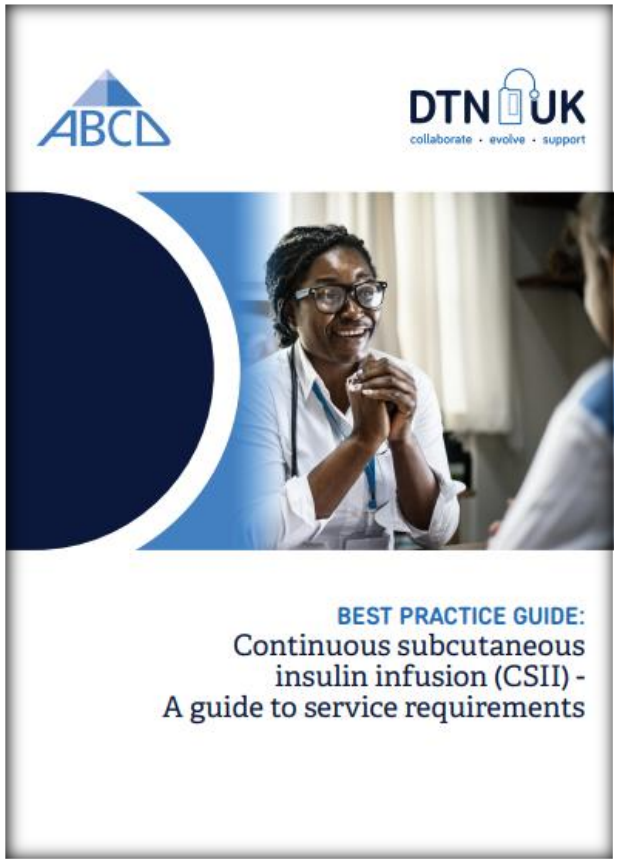
Best Practice Guides







4 things to consider

- Workforce Requirements
- Organisation & Capacity of Service
- Pathway, Protocols & Programmes;
  - including CGM pathway for pregnancy
  - Including transition and pumps at diagnosis for the <12 year olds (Tech appraisal 151)
- Informatics & Data requirements

Workforce Requirements

Consultant led MDT

Psychology link

Play Therapist

Access to wider team – renal, antenatal

Ongoing Staff training

Co-ordinator/Technician/Administrator

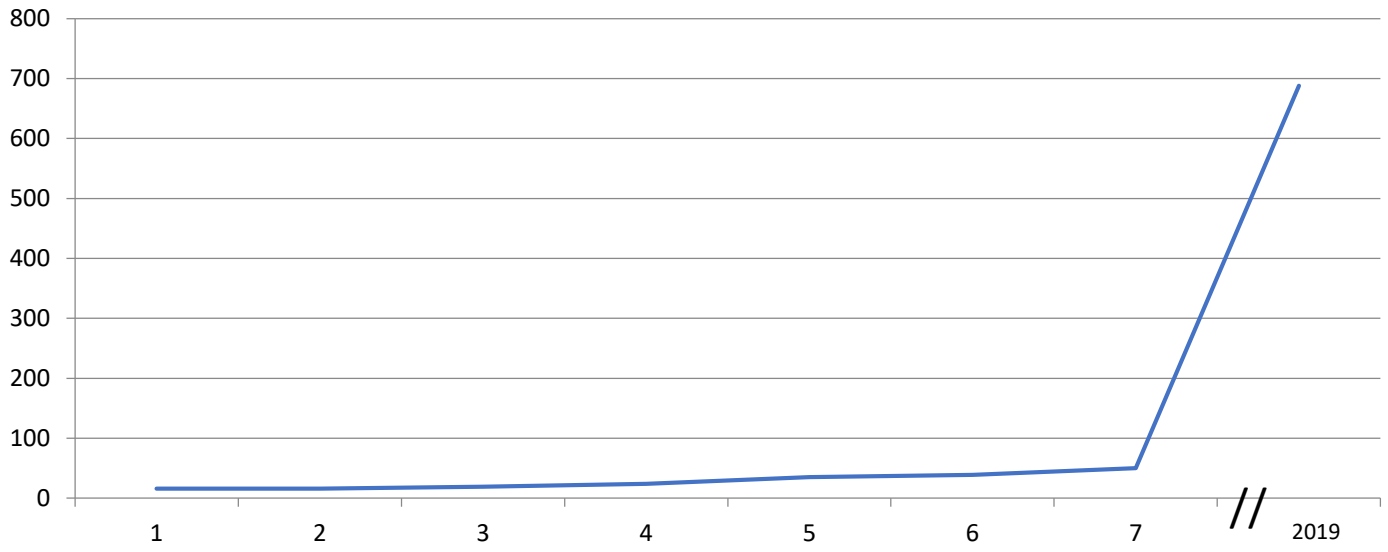
Competencies of staff

If you are a small team, can a Hub & Spoke arrangement work?

Organisation & Capacity of the Service

Should it be a bespoke pump clinic or combined with all Type 1?

Think about the numbers, including the 4 year renewal



KCH pump numbers over the first 6 years, then after 17 years

	MODEL 1	MODEL 2*	MODEL 3*	MODEL 4*	MODEL 5*
	All patients seen simultaneously in a joint MDT appointment (doctor, nurse, dietician)	All patients seen by each member of the MDT individually and sequentially in a 1-stop shop fashion	Patients seen by one or more MDT team members at each appointment matched according to need	Mixture of MDT and single clinician appointments	Group diabetes educator sessions with individual scheduled appointments
Pros	• Joined up thinking • MDT support for consultants • Good team learning • May not require post clinic meeting	• Clearly defined roles for each MDT member	• Efficient • Allows multiple short contacts • May allow second opinions and additional insights into care	• Enables MDT appointments and their advantages which are necessary for some patients • Gives flexibility and efficiency	• Patient peer support • Effective use of educator team time
Cons	• Resource heavy • Can be intimidating for the patient	• Longer visit time for patient who may feel overwhelmed by having 3 appointments in 1 session • Can result in unnecessary duplication	• Difficult to maintain relational continuity • Patient may not be triaged to appropriate MDT member • Post clinic MDT meeting required	• Patients need to be scheduled to the appropriate type of appointment in advance	• Personal matters difficult to discuss in group setting • Not all patients are supportive of having group appointments • Targeted reviews and education cannot be delivered
Suggestions	• Possibly more appropriate for teams starting a new pump service with small patient numbers	• Intra-clinic communication between team members needed to make this work well	• Matching correct MDT skills to correct patient may require pre-clinic triage process • All team members need to be able to function as diabetes educators and see pump patients independently	• Relies on a clinic list template to support the above	• Group sessions can be used as an adjunct to shorten appointment duration in MDT reviews • For reasons above they may not be a replacement for MDT reviews

Pathway, Protocols and Programmes

Which Pump(s)/CGM do you use? How do you support those who come to your service using different tech to what you're used

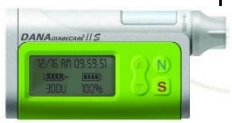
What is your Pathway for Deciding who gets Technology

Out of Hours Support

When/How to Stop someone using Pump/CGM

Education Programmes for People with Diabetes (and their families/carers)

Protocol for Starting CGM for people with Type 1 in Pregnancy in April!

	Medtronic 640G/670*	Omnipod patch pump	Tandem t:slim X2*	Roche Insight	Dana Diabecare R	Medtrum A6 Touchcare*	Kaleido patch pump
Pump features							
Weight	96 g	25 g	112 g	122 g	62 g	21.5 g	19 g
Basal increment	0.025 U (0.025-35)	0.05 U (0.05-30)	0.001 U (0.001-15)	0.01 U (0.02-25)	0.01 U (0.04-16)	0.05 U (0.05-10)	0.05 U (0.05-5)
Basal rate/d	48	24 @ 30 min	16	24	24	48	24
Basal profiles	8	7	6	5	4	5	7
Basal pulse	10m (0.2-60)	0.05 u pulse	5 min	3 min	4 min	?	?0.05u pulse
BG target	Range: target correct	Single target + threshold	Single target	Range: mid correct		Range: ?mid correct	30 min steps up to 3 h
Bolus increments	0.1 U (max 75)	0.05 U (max 30)	0.01 U (max 25)	0.05 U (max 50)	0.05 U (max 80)	0.05 U (max 25)	0.05 U (max 20)
Occlusion alarm @1.0u/h	2-3.8 h	1.5-5.5 h	< 2 h** **2 u/h	2.2 h	?	< 3 h	15 min
Insulin volume	300 u	200 u	300 u	160 u	300 u	200 u	200 u

*Sensor augmentation option

Slide courtesy of Peter Hammond

Informatics & Data Requirements

Who downloads and when? For all type 1?

Who is in charge of getting ICT and Information Governance sorted

Remote consultations are popular and effective when downloading is done

Teach downloading at tech start so that it’s part of the deal