

Maintaining Acute Diabetes Services in response to COVID-19

Prepared by the National Diabetes Inpatient COVID Response Team

Professor Gerry Rayman (Chair), Dr Alistair Lumb, Dr Brian Kennon, Chris Cottrell, Dr Dinesh Nagi, Emma Page, Debbie Voigt, Dr Hamish Courtney, Helen Atkins, Dr Julia Platts, Dr Kath Higgins, Professor Ketan Dhatariya, Dr Mayank Patel, Dr Parth Narendran, Professor Partha Kar, Philip Newland-Jones, Dr Rose Stewart, Dr Stephen Thomas, Dr Stuart Ritchie
Version 1.1 April 2020

Introduction

The Coronavirus crisis will place huge pressure on the NHS in the coming weeks and months. In line with recent guidance from NHS England, specialist diabetes teams have a vital role to play in the NHS response to the crisis, and we know this will be relevant across the devolved Nations. The general medical, nursing and dietetic skills from these teams will be in significant demand, and it is clear that some staff with these skills should be redeployed to the front line of the response. In addition to this, specialist inpatient diabetes teams can provide key support to the wider healthcare system via 2 main approaches:

1. Maintenance of patient flow through the system, especially inpatient areas
2. Maintenance of patient safety

Purpose

The aim of this document is to provide some detail on how maintenance of a level of specialist diabetes services can achieve this, with a particular focus on which services should be seen as essential for workforce planning.

Staff Wellbeing

We recognise that this will be a challenging time for staff, with both physical and emotional demands far beyond those usually experienced. We would encourage all staff to ensure that they look after themselves. Team leaders should make sure that staff are getting adequate

food and breaks when on shift, and are supported with their emotional needs. Staff should also have adequate rest periods away from work.

Why Diabetes Teams are Vital

In these unprecedented times, it is vital we maintain **patient safety yet accelerate patient flow through the system to avoid admissions and readmissions.**

Patient Flow

Admissions Avoidance

- Acute illness results in diabetes management being destabilised, with an increase in both high and low blood glucose readings.
- Clear written management advice is available, but some people with diabetes will require further support.
- Emerging experience from centres dealing with large numbers of Covid-19 patients suggest that clinical requirements may vary from standard protocols.
- Specialist teams can provide advice remotely, reducing the need for people to access emergency services.
- Specialist teams are aware of those in their local areas who require frequent admissions, and who are most vulnerable to destabilisation of their diabetes.
- Teams can contact these individuals proactively to support management and reduce the risk of admission.

Preventing destabilisation of diabetes during an inpatient stay

- Acute illness frequently results in derangement of blood glucose in people with diabetes.
- Under normal circumstances 18% of inpatients have diabetes, and evidence from elsewhere suggests that this figure may rise as people with diabetes may be more susceptible to severe disease requiring admission.
- It is clear that many of those managing patients in inpatient areas during the crisis will be unfamiliar with inpatient diabetes management.
- Hypoglycaemia in particular, but also problematic hyperglycaemia, can prolong length of stay in hospital.
- Experience from centres dealing with large numbers of Covid-19 patients suggests that the illness presents challenges in diabetes management which are not covered by standard protocols.
- Specialist knowledge is required to provide support to frontline staff in these situations.
- By providing clear, succinct guidelines and emergency advice and support, diabetes specialist teams can reduce the risk of extended inpatient stays

Facilitating early discharge

- During the crisis, it will be key to ensure that discharges happen as early as is possible in order that facilities in inpatient settings are available for those who need them.
- This may mean that people are discharged earlier than would usually be the case.
- Diabetes specialist teams can facilitate this for people with diabetes, offering remote support which can maintain people at home and prevent readmission.

Patient safety

Clear, succinct guidelines

- Many of those managing inpatients in the coming weeks will be unfamiliar with inpatient diabetes management.
- Brief guidance will be supplied which will support non-specialists to manage inpatient diabetes safely and quickly, freeing up time for other clinical tasks.

Early specialist advice

- Some situations will require greater expertise, and more detailed advice than can be obtained from a simple written document.
- Emerging experience suggests that standard protocols may need to be adjusted when treating those with Covid-19, particularly those who are the most unwell.
- Specialist teams can be made available to answer diabetes queries, both by signposting to relevant, existing local documents and also providing patient-specific advice.
- A rapid response will free up time for other clinical tasks.

Remote monitoring and intervention

- Where available, specialist teams can offer “in reach” advice and support using electronic systems.
- Networked blood glucose meters, electronic patient records, and electronic prescribing permit teams to identify people at risk of diabetes-related problems and to intervene directly, meaning that ward teams can focus on other aspects of patient care.

Recommended service provision

As outlined in the NHS document a ‘Clinical guide for the management of acute diabetes patients during the coronavirus pandemic’ ref 001559, there are national recommendations regarding provision of diabetes specialist services.

NHS England recommends that a **diabetes consultant must be designated each day as “lead consultant” to co-ordinate these services, and that this person must be free of other clinical duties when doing so.** This role involves co-ordination of the whole service from the emergency department through to liaison with other specialties and managers. We understand that freeing up time for a skilled clinician to undertake this role may be challenging, but the recommendation is in place in order to ensure that the services outlined above can be effective.

In order to provide the full benefit, support should be available 7 days a week. Smaller centres, where clinician time is more scarce, may struggle to be able to provide this cover. Consideration should be given to combining with other local centres to maintain provision. Larger centres, and/or those with more staff, should consider how they might be able to combine with smaller centres to do this.

Essential Services to be maintained	<ul style="list-style-type: none"> ● Inpatient Diabetes Support (7/7 service) <ul style="list-style-type: none"> ○ To maintain patient safety and patient flow as above ○ Including support for diabetes foot emergencies ● Virtual support (telephone/email helplines) (7/7 service) <ul style="list-style-type: none"> ○ For admission prevention by providing safety advice ○ Proactive support for high risk groups in the community <ul style="list-style-type: none"> ▪ Recurrent hospital admissions ▪ Recurrent severe hypoglycaemia ▪ HbA1c over 97 mmol/mol or 11% ○ Provision of support following discharge ● Diabetes foot clinics <ul style="list-style-type: none"> ○ For prevention of amputation ● Antenatal diabetes services <ul style="list-style-type: none"> ○ And other services to maintain safety for similarly high risk groups – should be virtual appointments wherever possible ● Urgent face to face reviews <ul style="list-style-type: none"> ○ New diagnosis type 1 diabetes ○ Urgent insulin start (where alternative medication cannot be used) <ul style="list-style-type: none"> ▪ Patient is symptomatic ▪ Ketones are elevated ▪ HbA1c over 86 mmol/mol or 10% ○ Urgent training for glucose monitoring or another device is required <i>and</i> online training is not available <ul style="list-style-type: none"> ▪ For fingerprick glucose monitoring, there is a useful online video for people with diabetes provided by
-------------------------------------	--

	<p>Diabetes UK via this link https://www.youtube.com/watch?v=NUskHI7APHE</p> <ul style="list-style-type: none"> ▪ For Flash Glucose Monitoring, CGM and insulin pumps, a number of companies (including Abbott, Dexcom and Medtronic) are providing online training. Please contact companies directly for more detail ○ Blood test monitoring is essential <ul style="list-style-type: none"> ▪ Declining renal function ▪ Significant hyponatraemia ▪ Significant hyperkalaemia
<p>Services to be put on hold</p>	<ul style="list-style-type: none"> ● All face to face structured education ● All non-urgent diabetes reviews