



LOCALA DIABETES SPECIALIST NURSE CLINIC REFERRAL CRITERIA

Service Level 1 & 2

Patients for management in GP practice	Referral using the attached referral form, of the following groups of patients to the diabetes specialist team based in primary care
 All newly diagnosed Type 2 patients Refer to DESMOND Type 2 hypoglycaemic agents with HbA1c Type 2 patients with HbA1c 58mmol/mol or above that are decreasing in response to treatment changes Diabetes annual review Consider referral to health trainers and PALS to maximise independence 	 Type 2 patients on <u>maximum oral</u> hypoglycaemic agents with HbA1c above 68mmol/l Type 2 patients insulin treated Established Type 1 patients Women planning pregnancy Patients with Creatinine above 200 or new diagnosis of Nephropathy, or persistent and progressive albuminuria despite ACE inhibitor treatment and treatment for Blood pressure (to target) Patients with any ongoing management problems beyond the expertise of the primary care teams New diagnosed of diabetic retinopathy

Service 3

Patients for management in GP practice	Referral using the attached referral form, of the following groups of patients to the diabetes specialist team based in primary care
 All those stated in level 1 & 2 service plus Patients managed on insulin therapy with appropriate HbA1c levels to individualised target for that person Patients requiring GLP1 Diabetes annual review Patients with complex diabetes Macrovascular complications Erectile dysfunction 	 Patients who are requiring insulin initiation, these patients can be initiated in the joint clinic if the practice wants to develop to level 4. Once stabilised on insulin discharged back into level 3 service. Patients who whilst following current guidelines and/or care pathways are experiencing management problems, increasing HbA1c despite increasing insulin doses and primary care teams delivering at this level feel this is beyond their expertise Currently on insulin but requiring regime assessment New identification of diabetic complications (as above) where specialist teams need to input Hypoglycaemia where assistance is needed / hypoglycaemia unaware







Service Level 4

Patients for management in GP Practice	Referral using the attached referral form, of the following groups of patients to the diabetes specialist team based in primary care
 All those stated in Level 1, 2 and 3 service plus Those patients requiring insulin/GLP1 initiation 	 May or may not require specialist team appointment at the hospital Insulin initiation but stabilised not achieved within 3-6 month period Complexities (as above) where Primary Care teams delivering at this level feel beyond their expertise CSII assessment

Service Level 5

Patients for management in GP Practice	Referral using the attached referral form, of the following groups of patients to the diabetes specialist team based in primary care
	 Insulin initiation for stable new Type 1 (mark as urgent) Follow-up post ketosis episode Pre-conceptual care Diabetes management in pregnancy Early glycaemic management of ? Type 1 / Type 2 Patient Assessment, change and stabilisation of current insulin regimen Glycaemic management of patients with complications Hypoglycaemic unawareness Glycaemic management due to shift work Complex regimes CSII assessment DAFNE course Hypoglycaemia pathway following YAS referral Diabetes and end of life care

Urgent referrals to the specialist teams at the hospital as per care pathways/guidelines will continue as before (Telephone number: 01484 347297)

- All children under 16 •
- All women who have confirmed pregnancy •
- All patients suspect as newly diagnosed Type 1 diabetes (e.g. ketonuria) •

The DSN's have nurse led clinics at:-

Princess Royal Health Centre, Mill Hill Health Centre, Holme Valley Memorial Hospital, Fartown Health Centre.

They also see patient in outpatients department HRI –Acre Mill, antenatal clinic, transitional, young adult/insulin pump

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Home visits are available for the housebound:

- Any patient who is permanently unable to leave the house (e.g. bed bound). •
- Any patient who is dependent on others to be able to leave e.g. wheelchair bound/registered blind or severe mobility difficulties.
- Any patient who would otherwise require an ambulance to attend a hospital appointment. •

