A large, semi-transparent blue square is centered on the slide. Inside this square, there are two rows of icons. Each row contains a horizontal minus sign on the left and a checkmark on the right. The text 'Emerging Themes from East Of England COVID-19 Diabetes Stocktake' is overlaid in white on the top half of this square.

# Emerging Themes from East Of England COVID-19 Diabetes Stocktake

August 2020

NHS England and NHS Improvement



# Introduction



East of England Diabetes Clinical  
Network

Diabetes mellitus has emerged as one of the major factors that influence the outcome of Covid-19

The EoE Diabetes Clinical Network carried out a stocktake of diabetes services in the region during July to gather intelligence about the effects of the pandemic on the delivery of different aspects of diabetes care

The Network held a series of meetings to gather as many experiences as possible

## Methodology

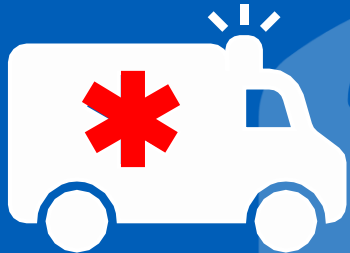
A total of 26 questionnaires were returned (in response to 16 set questions) from a variety of Acute Trusts, Community providers and Integrated Diabetes Services which also included podiatry, paediatric and eye screening services

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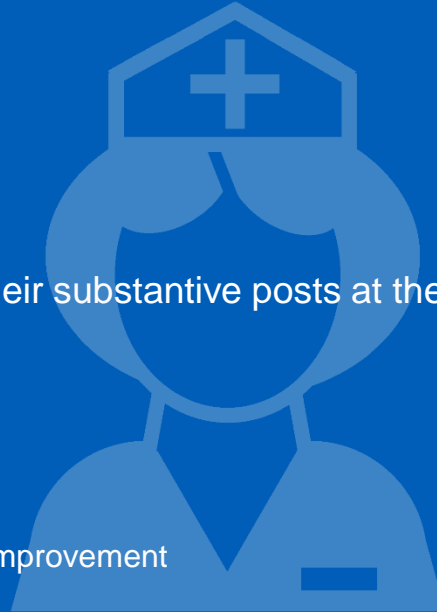


## Proportion of staff redeployed during the Covid-19 pandemic

- 40% Specialist Nurses
- 70% Consultants
- 20% Other specialities
- 86% of staff had returned to their substantive posts at the time of this survey



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# Pathway Redesign & Innovation

**NHS**

East of England Diabetes Clinical  
Network

## Concerns expressed regarding service delivery:

- Interruption of diabetic foot screening
- Foot patients not seen F2F
- Restricted access to vascular services and orthotist services
- Patients unwilling to visit hospitals - risk of deteriorating foot problems
- Access to IT equipment
- Effects of staff sickness



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# Pathway Redesign & Innovation cont'd

# NHS

East of England Diabetes Clinical Network

## Examples of diabetes services adapted as result of COVID-19 include:

- Introduced remote ketone meters to wards
- Use of blood glucose readings sent electronically; CGM / Flash GM / inpatient
- More effective multi - disciplinary working
- Telephone triage
- Use of Apps

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# Pathway Redesign & Innovation cont'd

# NHS

East of England Diabetes Clinical Network

## Pathway changes include:

- Gestational pathways adapted for COVID
- Stopped routine injection-starts in hospital due to staff shortages and covid precautions
- Adopted “COVID-19 prioritisation with Community Health Services”
- Adopted the National Guidance on COVID at the front door



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# Service Delivery Changes

**NHS**

East of England Diabetes Clinical  
Network

## Changes in service delivery as result of COVID include:

- Telephone and virtual consultations
- Remote multidisciplinary MDTs
- Shielded staff working from home
- Extended appointments to reduce backlog
- Plans to increase Diabetes Inpatient Specialist Nursing teams & consultant numbers
- Upskill Primary Care and Care assistants in diabetes management

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# Datix Incidents & Clinical Data

**NHS**

East of England Diabetes Clinical Network

## Examples of diabetes related datix incidences reported:

- Trust A - Increase in Datix incidences - 34 incidents 2020 compared with 25 incidents 2019
- Trust B - Increase of patients with DKA/HHS (39 patients)
  - 16 newly diagnosed who were admitted with DKA
  - 23 with HHS
- Trust C - Increase in DKA incidence
- Trust D - increased deaths with diabetes as a proportion of total deaths : 16.98% (Apr - Jun 19) compared with 27.17% (Apr - Jun 20)

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# Datix Incidents & Clinical Data Cont'd

# NHS

East of England Diabetes Clinical Network

## Amputations and for death on waiting lists reported include:

- Trust E - 11 Amputations in Mar–Jul 2020 compared with 7 Amputations for Mar–Jul 2019
- Trust F - 4 Major Amputations, 5 Minor Amputations Apr-Jun 2020 compared with 6 Major Amputations, 7 Minor Amputations Apr-Jun 2019
- Some Trusts reported No impact on amputations during this period
- Some Trusts reported a decrease in amputations

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# Infection Prevention & Control (IPC)

**NHS**

East of England Diabetes Clinical  
Network

- COVID safe locations in F2F clinics results in limited capacity
- Mitigated by use of telephone consultations and reviews
- Increased use of digital Applications
- Community estates reviews to develop covid-safe premises



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# Delivery of Diabetes Care at Pre Covid Capacity

**NHS**

East of England Diabetes Clinical Network

Estimated timescales reported to return to pre-covid status:

Face 2 Face: 9 -12 months

Full use of MDT's: 2 months

Podiatry: 12 months

Some services do not expect to run to full capacity before 2021

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# Resilience Planning



East of England Diabetes Clinical  
Network

## Concerns over the next 12 months for diabetes services include:

- Possible increased admissions due to reduced access to Primary Care
- Possible increased referrals for ulcerated patients
- Increase in workload due to backlog of appointments: ensure prioritisation
- Managing diabetes in-patient services with COVID+ patients
- Patient's reluctance to attend F2F appointments
- Possible staff depletion in future wave
- Inadequate IT

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# Resilience Planning cont'd



East of England Diabetes Clinical  
Network

## Plans to prepare diabetes services for a second COVID wave include:

- Protect in-patient DISN service
- Maintain consultant workforce
- Ensure adequate access to PPE
- Upskilling staff in management of inpatients with diabetes
- Consider making elements of the upskilling as part of mandatory training
- Continue to develop technology solutions for virtual reviews
- Prioritise services for urgent referrals e.g. newly diagnosed T1 / pregnancy



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# Concerns

## Concerns identified include:

- Delayed presentation of new type 1 diabetes
- Reduced access to primary care
- Potential for worsening outcomes for people with diabetes if staff redeployed in a future wave
- Managing patients not suitable for video / telephone consultations such as those with dementia and nursing/residential homes, people with SMI, LD and Autism



# Summary



East of England Diabetes Clinical  
Network

## **In order to support better outcomes for people with diabetes:**

- There is a need to avoid compromising diabetes foot and inpatient services by redeploying staff delivering them
- There is a need to optimise diabetes care before and after a Covid-19 diagnosis to reduce mortality and morbidity
- This requires the protection of routine diabetes care as far as is possible and recognition of the key role of diabetes inpatient teams
- Adoption of innovation and new ways of working, including remote assessments and collaboration between services

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