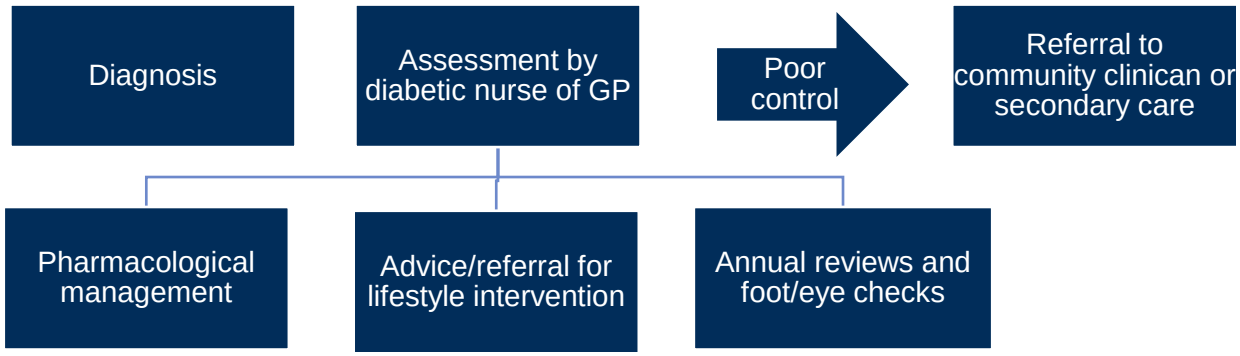
Royal College of General Practitioners

Person-Centred Care

PATIENT PATHWAYS: INVIDIUALS WITH DIABETES



WHAT ARE THE CURRENT PATHWAYS?

Pathways for diabetes tend to vary between localities and surgeries. Although there has been a shift over the past decade or so, with more care being provided in primary care, the resources and expertise available is not streamlined.

When individuals are diagnosed with diabetes, they have an initial broad assessment with the practice nurse. At this point, lifestyle changes are discussed, and medication is started if appropriate. Patients have a biannual assessment with the practice nurse as well as an annual eye and foot check.

In some areas, there are also diabetic education programmes such as DESMOND. Patients are usually referred when a diagnosis of diabetes or pre-diabetes is made. Apart from this, there are limited resources or emphasis on preventing the progression of pre-diabetes or identifying patients at risk of diabetes.

Individuals with poorly controlled diabetes, despite management in primary care, can be referred to community diabetic clinics or secondary care.

WHAT ARE THE CHALLENGES OF THE CURRENT PATHWAYS?

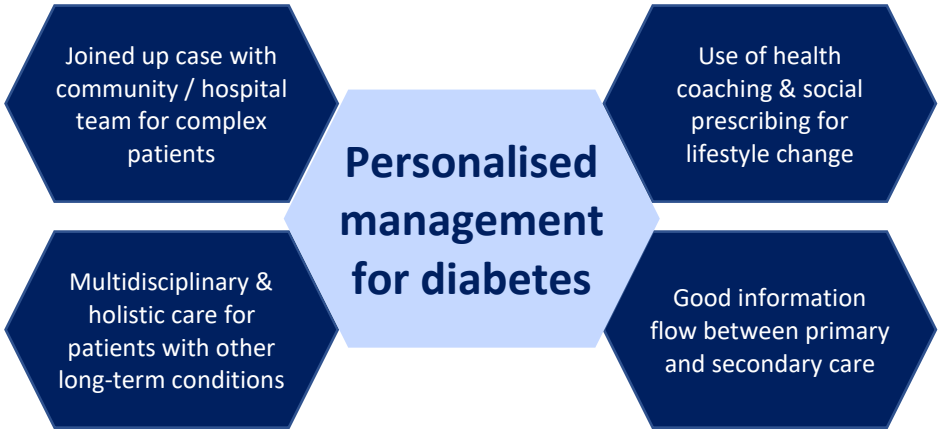
A large proportion of patients with diabetes have other long-term conditions. There is often a disease-specific approach which does not take other long-term conditions and psycho-social aspects of the patient into account.

It is well-established that lifestyle modification is essential for preventing and managing diabetes. Apart from advice during nurse reviews and courses such as DESMOND (the provision of which is not consistent), primary care professionals often do not have access to resources to help patients with lifestyle change.

Although primary care manages a large proportion of patients with diabetes, there can be issues with communication and continuity with secondary care and community clinics.

WHAT WOULD A MORE PERSON-CENTRED PATHWAY LOOK LIKE?

- Individuals at risk of diabetes will be proactively identified.
- Education and health coaching will be available to enable individuals to make changes to prevent a diagnosis of diabetes in the future.
- Patients with diabetes will have a good understanding of the disease and treatment, considering health literacy. There may be a digital record which patients have access to which allows them to track parameters of the disease and discussions with health professionals with the aim of improving activation.
- A broad approach will be used which takes other long-term conditions into consideration. This will require a multi-disciplinary approach between primary, community and secondary care to facilitate and overarching review.



WHAT WOULD THE BENEFITS OF A MORE PERSON-CENTRED PATHWAY BE?

There are potential vast benefits from a person-centred approach to the management of individuals with diabetes. The risk factors for the development of diabetes are similar for other long-term conditions. A pathway for preventing diabetes will have an impact on the prevalence and management of these conditions.

On an individual level, education and health coaching will improve confidence in managing the condition which can improve compliance with treatment. It may also reduce appointments used and hospital admissions, as well as spending on medication.

WHAT ARE YOUR TOP 5 TIPS FOR MAKING THIS PATHWAY MORE PERSON-CENTRED?

1. Use of the patient activation tool to identify individuals who need more input and support.
2. Multi-disciplinary approach for patients who have additional complex medical and psychosocial issues. For example, through monthly meetings involving primary, community and secondary care.
3. Development of a digital record for patients with educational resources and personalised information regarding their condition.
4. The use of health coaching to address lifestyle issues being standard practice. This will require education and training of staff.
5. Greater emphasis on the prevention of diabetes with identification of individuals at risk and targeted intervention.