London Landscape

Diabetes intermediate care services in Hounslow

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Practice based commissioning (PBC), payment by results and financial deficits have all placed a financial imperative on primary care trusts (PCT) to deliver savings by reducing referrals to secondary care. In many London PCTs, referrals to secondary care diabetes services have been a priority and this has led to intermediate PCT led services springing up all over London. Hounslow Diabetes Intermediate Care Service is one of them and at a time when many PBC groups are trying to develop intermediate services I sent Lauren Baines to meet the Hounslow team and tell us about their journey to becoming a well established service.

The intermediate clinic started in January 2005 with just three members; a general practitioner with special interest (GPwSI) in diabetes, diabetes specialist dietitian (DSD) and a diabetes specialist nurse (DSN). Since then the team has increased to include two GPwSIs; Glennis Williams and Hina Taylor, a DSN; Sunalini Nanda, and two DSDs; Rupindar Sahota and Reena Shaunak. The clinic receives a lot of support from Diabetes UK and the local representative.

The clinic runs for one afternoon session per week with one GPwSI, DSN and DSD in attendance. It was initially located in a temporary building at Brookwood Road and has recently moved to a new location the new 'Heart of Hounslow' building. Its location in central Hounslow with its good transport links has been convenient for many patients; there are now plans for the clinic to be located in other parts of the borough.

Within the clinic patients can be seen by the DSD/DSN/GPwSI or a combination depending on their individual requirements. Around ten patients are seen by the team members per clinic. Patients are generally seen for three clinic appointments over a period of approximately ten weeks with some telephone follow up by the DSN. If patients are put on new medication they are educated on self management. They are then discharged with a management plan for primary care follow up. The service aims to educate patients about diabetes so they have an increased understanding to self manage their condition.

Referrals are made via a 'Single point of entry' that enables referrals to all parts of the diabetes service including community education programmes such as Structured Diabetes Group Education, the Expert Patient Program, the weight management program and exercise groups. The form is electronic and can be easily meshed with EMIS. They are then triaged by the GPwSI on a weekly basis with the DSD and DSN reviewing urgent referrals before then.

The GPwSI's at the service have gained their qualifications via different routes. Dr Glennis Williams worked as a clinical assistant for 13 years at West Middlesex University Hospital whilst Dr Hina Taylor received training from a one year GPwSI course at Middlesex University and has undertaken a year of diabetic clinics at West Middlesex University Hospital under the supervision of her mentor Dr Rashmi Kaushal.

Glennis Williams and Hina Taylor have also both attended a nine month course in Diabetes care in Warwick which was later delivered locally. Continuing professional development and appraisal has yet to be fully developed and no doubt other PCTs across London are also grappling with this issue.

The service is financed by the PCT with the DSD and DSN being salaried employees of the PCT. Sponsorship had to be found by drug companies to finance the purchase of an HBA1C analyser, some literature used to give to patients and initial nurse support.

It costs approximately £210 to refer a new patient to secondary care diabetes clinic and an audit in 2006 estimated the clinic had saved £189 871 in one year by diverting new referral activity away from secondary care. A patient survey run by the clinic yielded very positive results, with patients gaining education and increased confidence in self management at a convenient location.

As expected with any new clinics there have been teething problems and room for improvement. The clinic is run with manual paper notes which is restrictive, notes can get lost and can only be accessed by one professional at a time. There is no direct access to pathology so blood tests cannot be ordered and clinical decisions are based on using referral information alone. If that information is not provided clinic staff ring the GP surgery which is time consuming and not always fruitful. An IT system with a central link to practices would be a great advantage. The clinic does have near patient HbA1c testing, which can be useful if blood test results have not been included with referral information, however it is costly to run at £10 a cartridge per test.

The service does not have its own prescribing budget therefore new medications must be prescribed by the patients own GP, after the letter from the clinic has been received. This can sometimes lead to delays.

Administration has been the downfall of the service. It's an area that hasn't been allocated funding and as with many PCTs at present, they are unable to recruit to a permanent post. There has been a succession of temporary staff of varying quality, the lack of continuity has been a strain on the members of the team

with many taking time out of their clinical duties to ensure the smooth running of the service. The clinic is in need of a robust administration system to process referrals, send out letters for appointments, and arrange follow-ups, referrals to other services and sending letters out to the GPs.

The service has reduced the number of referrals to secondary care and we must not forget the impact new services have on our colleagues. Whilst this has enabled them to focus on patients with complications, type 1 diabetes and obstetric endocrinology, there are now concerns about the training of endocrinologists long term.

If there are any questions the team can be contacted by email: glennis.williams@nhs.net; h.taylor@qmul.ac.uk; sunalini.nanda@hounslowpct.nhs.uk; rupindar.sahota@hounslowpct.nhs.uk

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