

Diabetes care during the NHS response to the Omicron coronavirus variant (December 2021)

Background

Diabetes UK recognises the pressure that the NHS is under during this time of crisis and the stress on healthcare professionals who are yet again, being asked to go above and beyond to respond to the Omicron variant.

We are, however, extremely concerned about the current backlog of diabetes care, the further delays to addressing this and the impact this will have on people living with diabetes and the NHS in the coming months and years. We understand the need for the NHS to focus on the rollout of booster vaccines during this time. However, it is very important that people living with diabetes can access care when they need it and that they are supported to self-manage their condition and stay well.

The percentage of people living with diabetes receiving their recommended checks in 2020-21 was at least a third lower than during the same period before the pandemic. The drop in some individual care processes, such as foot checks, was particularly stark.

This is likely to lead to more diabetes complications down the line, as many people will have missed checks that would have caught the early signs of foot problems, sight loss, cardiovascular and kidney disease.

We know that the past 18 months have been difficult for healthcare professionals who will be feeling an increased level of stress and exhaustion. We appreciate the hard work which those on the front line are facing every day. This is why we are urging health systems to plan for the recovery of diabetes care, once the current emergency situation

has passed. This will support not only people living with diabetes but also the healthcare professionals who work with them every day.

How GPs can support people with diabetes

- Be aware of diabetes-related complications and people presenting with:
 - Difficulties with blood glucose control or symptoms worse than normal (4Ts – toilet, thirsty, tired, thinner).
 - New or worsening foot or eye problems.
 - Recurrent infections.
 - Concerns with mental health.
 - Being unable to eat/drink with or without uncontrolled diabetes (eg high BG, feeling unwell and not eating).
 - Large unplanned weight loss or weight gain.
- If home visiting to do booster jabs take the opportunity to review diabetes e.g. foot checks.
- Capillary glucose and urinary or capillary ketone levels should be checked in people presenting as acutely unwell with suspected COVID-19 or possible diabetes-related emergency.
- Advise on sick day rules for people with diabetes (see PCDS guidance [COVID-19 and diabetes: Update for primary care in response to the ongoing coronavirus pandemic](#)).
 - Insulin therapy should never be stopped during intercurrent illness but some oral therapies, in particular metformin and SGLT2 inhibitors, may warrant temporary suspension during the acute illness phase. They can usually be re-started once the acute phase has passed and the individual is eating and drinking again.
- Support repeat prescriptions and be aware of the anxiety that people can experience if these are delayed – people with diabetes who depend on insulin can feel particularly vulnerable if prescriptions are not swiftly approved.

- Suspend limits on test strips and sensors which support people with diabetes to self-manage and generate data that could be used in a consultation.
- Remain vigilant for symptoms of new-onset type 1 diabetes, particularly in children and young people who are unwell:
 - Consider the 4Ts – Toilet, Thirsty, Tiredness, Thinner (see [Do you know the 4 Ts of type 1 diabetes?](#)).
 - Check urine for glucose and ketones, and do a finger-prick glucose test. If the random point-of-care glucose is >11.0 mmol/L, refer immediately (same day) to your local acute paediatric or adult medical service, as appropriate.

What local health systems can do to support people with diabetes

- Communicate to people with diabetes about what they can expect and manage expectations of people awaiting a diabetes review. Communicate with those who are waiting or have booked appointments and keep them informed.
- Highlight areas of concern that should trigger a contact with the clinical team. In particular, encourage people with diabetes to seek help with any of the following:
 - Difficulties with blood glucose control or symptoms worse than normal (4Ts – toilet, thirsty, tired, thinner).
 - New or worsening foot or eye problems.
 - Recurrent infections.
 - Concerns with mental health.
 - Women who are pregnant or planning pregnancy.
 - Unable to eat/drink with or without uncontrolled diabetes (eg high BG, feeling unwell and not eating).
 - Large unplanned weight loss or weight gain.
- Signpost to resources that can support self-management, including: glucose monitoring and any platforms to report data; remote diabetes education; local schemes supporting home blood pressure testing; psychological support that is open to self-referral; and local weight management support open to self-referral.

- Signpost to Diabetes UK helpline and website (See: [How we can help | Helpline | Diabetes UK](#)). We also provide online and face-to-face peer support and information in a range of languages.
- Promote mental health support for healthcare professionals and people with diabetes – see Diabetes UK’s Emotional Wellbeing Learning Module <https://cpd.diabetes.org.uk/>
- Recognise the important role of diabetes teams in supporting primary care with specialist advice and inpatient teams across the hospital. Wherever possible diabetes inpatient teams should be maintained and diabetes inpatient specialist nurses should not be redeployed.
- PCNs / ICSs could also raise awareness of the Diabetes UK Know Your Risk tool [The risk factors of type 2 diabetes | Diabetes UK](#) and self-referral, if at risk, to the NHS Diabetes Prevention Programme or GP (in Scotland).

And once the current crisis is over

- Practices should ensure that clinically important diabetes reviews and those of the most vulnerable have been conducted in the past year - (see PCDS - [How to prioritise primary care diabetes services during and post COVID-19 pandemic](#)).
- Reviews should be prioritised on the basis of clinical need:
 - Last recorded HbA1c, blood pressure, eGFR can be used for clinical prioritisation, but other factors should be included when determining priority, such as pregnancy planning; mental health concerns; new-onset or worsening foot or eye disease; recent A&E attendance; admission for a diabetes-related complication; or vulnerability for other reasons (e.g. learning disability, serious mental illness or frailty). Explore novel ways to assist home management - such as home Hba1C and kidney urine tests.
 - Those who have not responded to an offer of a diabetes review should be contacted and offered at least a remote review.
 - Aim should be to ensure all those who have not had a review since pre-pandemic should be offered review before end of March 2022.
 - Use local data to identify and reach out proactively to patients in most deprived quintile.

- Use telephone, video and e-consultation tools for urgent contacts and to support any reviews, if people with diabetes have access to the equipment and confidential space to enable this.
- People with diabetes should be supported in preparation for their review and afterwards (see PCDS [factsheet: Sources of information and education for people with diabetes to support remote consulting - DiabetesontheNet](#)).
- Support people to share remotely gathered information (e.g. self-reported weight, home capillary glucose or blood pressure data), ensuring that face-to-face consultations continue to be offered where clinically appropriate or for those with limited digital access (see PCDS guidance on [how to undertake a remote diabetes review COVID-19 and diabetes: Update for primary care in response to the ongoing coronavirus pandemic](#)).

What Diabetes UK will do to support people with diabetes

- Encourage people with diabetes to get their Covid booster and their first and or second dose of vaccine if they have not yet had them.
- Encourage people to get their flu vaccine.
- Provide information about how to reduce their risk of contracting coronavirus.
- Provide information on looking after yourself and keeping well – including foot care, sick day rules, blood glucose testing.
- Encourage people to attend a diabetes review / eye screening if invited – and provide information on how to prepare for this.
- Encourage use of self-referral services where appropriate and available, such as diabetes education and signpost to these.
- Provide information and education through our Learning Zone [Learning Zone | Healthcare Professionals | Diabetes UK](#)
- Provide peer support online and face to face through our network of local groups and our online forum.
- Provide free information in a range of languages through our online shop.
- Signpost to Diabetes UK Helpline: 0345 123 2399 or helpline@diabetes.org.uk