



Preparation

PRIORITISE WHO TO REVIEW
based on CVD and COVID-19 risks

Opportunistic identification*

- Post-hospital discharge
- Self-referral – provide advice, reassurance and signpost to helplines and resources (see **Box G**). Review if appropriate
- Diabetes complication (e.g. hypoglycaemia, foot problem)

*Some will need urgent, same-day review, often face to face, so will not fit this algorithm

Risk stratification to re-establish diabetes care
Searches allow segmentation into manageable-sized cohorts benefiting from early review

- High CVD risk (e.g. not meeting QOF BP, lipid and glycaemia targets; those not on statins)
- Risk factors associated with COVID-19 serious morbidity/mortality (e.g. increasing age, BAME group, hyperglycaemia, obese; see page 3)
- Previous non-attenders/review overdue
- On drugs increasing risk during illness (e.g. insulin, SU, SGLT2i)
- Recently diagnosed (legacy effect)
- Consider flagging those with type 1 diabetes >60 years with poor control to local specialist

REVIEW RECORDS

- Is review needed now?
- Are measurements needed or recently completed?

Stable: agreed to defer
Sick-day guidance, how to access if concerns. Agree review date

Measurements needed
Can they be obtained remotely (see **Box A**)?
NO | YES

Measurements completed
Data gathered before restrictions

Invite for F2F consultation

- For data collection, or
- For review of conditions identified (e.g. foot conditions; see **Box B**)

Send out pre-review questionnaire and resource links

Questionnaire returned.*
Appropriate to go ahead with remote consultation?
Consider which team member and urgency.

Agree telephone or video review and book appointment
Person with diabetes encouraged to identify questions and discussion topics. Allow extra time when scheduling appointments to avoid keeping people waiting. HCP enters data from questionnaire; usual preparation (e.g. checking retinopathy results, hospital reviews have occurred, if appropriate)

*May choose to go ahead without questionnaire, if delay

People living with diabetes may have experienced significant anxiety and low mood during the COVID-19 pandemic. Understandably, many will have worried about infection and the news that diabetes increases the risk of death due to COVID-19, and, sadly, some will have been directly affected, suffering serious illness or personal loss. For others, loneliness and isolation may have been difficult, particularly if shielding, but also because of disruption to normal daily routine and loss of social contact and support. Many will have had appointments cancelled or postponed and some will have encountered difficulties accessing clinical services, leaving them feeling uncertain and unsupported. It is essential that we aim to re-establish diabetes services as soon as is practically possible, but that we do so in such a way that keeps everyone as safe as possible, taking account of the need to maintain social distancing and minimise the risk of infection transmission. Clinical services have rapidly transitioned to provide virtual clinics using telephone or video consultations, providing vital access to clinical support. The Primary Care Diabetes Society (PCDS) aims to support primary and community care healthcare professionals in delivering high-quality, clinically effective care in order to improve the lives of people living with diabetes. We hope that this guide will support you in achieving that mission.

Clare Hambling, GP and Chair of the PCDS

A remote pre-planned consultation **may not be** appropriate if:

- Person is not happy to participate
- Person is unwell and needs prompt diagnosis and management
- Physical examination required (e.g. foot ulcer)
- Dementia or acute confusional state
- Deaf (unless signer available or able to lip read in video consultation)
- Difficulty understanding or speaking English unless interpreter (e.g. LanguageLine, family member) available.

Consultation

REMOTE CONSULTATION
This should follow normal review as closely as possible. See **Box C** for checklist and **Box D** for specific guidance for each care process

Resources

- Year of Care Partnerships' long-term conditions guidance on remote reviews: <https://bit.ly/2yfqWah>
- Greenhalgh T et al (2020) Covid-19: a remote assessment in primary care. *BMJ* 368: m1182, <https://bit.ly/3g377Uz>
- GMC ethical guidance on remote consultations: <https://bit.ly/2LR7tje>
- Oxford University guide for practice: <https://bit.ly/2ZtHOoH>
- NHS England guide for the management of people with diabetes during the coronavirus pandemic: <https://bit.ly/2Zljlzj>

Follow-up

OUTCOME

F2F consultation required (see **Box B**)

Successful consultation
Follow-up support (see **Box E**)
Send Diabetes UK Information Prescriptions or individualised letter, if detailed guidance needed (see **Box F**). Include prescription, leaflets or links, and monitoring form

Referral/discussion DSN/secondary care teams

Follow-up when restrictions lift

Normal 3–6-month review

Early/frequent follow-up required (remotely, where possible).
E.g. to support insulin titration

Box G: Resources

- Diabetes UK Information Prescriptions can be linked to clinical systems and will automatically populate with patient data: <https://bit.ly/36cWfij>
- Diabetes UK provides information and resources for people with diabetes at: <https://bit.ly/2zFw08o>
- Details of how to access the Diabetes UK helpline are here: <https://bit.ly/2Xb1tZ4>
- Diabetes UK's position statement on management of risk in adults living with diabetes is useful both for HCPs and people with diabetes: <https://bit.ly/2Xlziql>
- NHS Helpline for adults who use insulin: 0345 123 2399 (Mon–Fri, 9 am–6 pm)



Box A

Self-completed questionnaires allow us to gather valuable information prior to a face-to-face review and may be even more useful for remote consultations. Not everyone will be willing to complete one.

Pre-review care plans are embedded within some GP systems, populate with recent results, and can be sent to the person in advance of their review to share results and allow them to identify aspects of their diabetes they would like to discuss.

The Year of Care Partnerships' long-term conditions pre-review questionnaire and other resources, updated to include COVID-19-related topics, are available at: <https://bit.ly/3bHNIPr>

Data gathering

Consider whether the test or examination is needed:

- Are the results likely to change management? (If not, postpone.)
- Can the data be gathered by the person with diabetes?

If data can be gathered by the person at home, these can be included in the pre-review questionnaire, which can then be returned and reviewed to decide if a remote consultation is appropriate.

Links to online resources to help people with diabetes gather data and perform self-examinations at home include:

Home blood pressure monitoring (HBPM)

- HBPM explained: <https://bit.ly/3g1xnPa>
- HBPM diary: <https://bit.ly/2XexWMS>

Self-monitoring of blood glucose (SMBG)

For those with a clinical need, ensure test strips and lancets are available. If guidance needed on how to use monitor, provide link to online guidance, or talk through by telephone or video.

- SMBG diary: <https://bit.ly/2ZjeyAX>
- Video instructions on how to perform a finger-prick blood glucose test: <https://youtu.be/eOsY84oYqKg>

Measuring weight and waist circumference

Encourage people to weigh themselves. If waist circumference is appropriate, provide guidance on how to measure: <https://bit.ly/2X7lj5m>

Remote foot assessment

Ask the person to document symptoms related to the feet and legs, visually check all parts of their feet themselves (using a mirror or with help from a household member), including identifying dry or cracked skin, changes in colour, ulcers, rashes or blisters. If changes or concerns are identified, try to arrange photos to be shared prior to the consultation.

The Diabetes UK "Touch the Toes" test uses the validated Ipswich Touch Test. Guidance and leaflet can be downloaded: <https://bit.ly/36iRCDx>

Box B

Face-to-face consultation may be required:

- To capture data (e.g. blood glucose or BP monitoring) or review foot problems.
- If unsuitable for remote consultation, but require review during COVID-19 restrictions.
- Following a remote consultation, if concerns are identified and cannot be resolved remotely.

Visits to the practice/clinic or home visits should only be arranged if urgent and likely to change management. Conduct a risk-benefit analysis for every face-to-face encounter. Practices that undertake Year of Care reviews requiring two consultations may choose to alter their care delivery during the pandemic (e.g. face-to-face data-gathering visit; then share results, and remote consultation to discuss results and plan care).

Decide in advance what needs to be achieved (measurements, phlebotomy) and keep face-to-face consultation time as short as possible. Reassure that remote consultation will provide opportunity for questions and discussion.

Use appropriate level of PPE depending on current recommendations. The patient should usually be asked to wear a mask.

PPE guidance: <https://bit.ly/2yensES>

Box C

Remote review checklist

You may wish to consult the free links (see [Resources](#), p. 1) to upskill in remote consultations and learn more about what colleagues are doing during COVID-19 restrictions. As guidance is changing rapidly, check you are viewing the most up-to-date version. Ensure you have contact details for the person.

Template for undertaking remote consultation:

- Work through normal diabetes review template.
- Document as a remote consultation during COVID restrictions. There are various new SNOMED codes including Code 1321171000000106: *Provision of advice, assessment or treatment limited due to COVID-19 pandemic* – indicates that preferred best practice may not have been possible due to resource restrictions or COVID-19 circumstances.
- When documenting data, ensure it is clear who undertook the measurement.
- Discuss care processes: glycaemia, BP, lipids, kidneys, feet and retinopathy (see [Box D](#) for information and tips). Is pre-conception advice needed?
- Discuss smoking, alcohol, mental health and lifestyle changes that may be helpful.
- Discuss potential changes to drug therapy.
- Medication review using preferred method, code review and reauthorise until next review due.
- Discussion of hypoglycaemia and its management, if appropriate, and individualised sick-day guidance.
- Agree follow-up, including face-to-face review – if electronic diary used for recalls, ensure follow-up dates entered.
- Explain follow-up materials and how these will be provided, interim support available and safety net, including how/who to contact if concerns.
- Check email address and whether can receive, open and print attachments, or if prefers letter by post. Check if internet access and agree whether to send leaflets or links.

Box D

For each care process:

- Document self-monitoring data and face-to-face measurements, if available.
- Share previous readings and compare.
- Discuss possible management changes and whether to implement now or after COVID-19 restrictions lifted.

Weight and waist circumference

- If weight/waist circumference increased, discuss diet and physical activity.
- If significant weight loss, explore if intentional or how achieved.

BP

- Ask about headaches, blackouts, dizziness, faints, possible medication problems if on BP medication.
- If HBPM, discuss results, recommended changes to medication and follow-up required.
- Bring HBPM to next face-to-face review to validate accuracy, if not done previously.

Lipids

- Review most recent blood lipids.
- Assess cardiovascular risk. Is person already on a statin (if so, check tolerability and adherence; if not, explore reasons)?

Glycaemia

- Ask about hypoglycaemia if using insulin or SUs.
- Ask about osmotic symptoms including thirst, feeling tired, nocturia, polyuria.
- If recent HbA_{1c} or SMBG results available, discuss in relation to previously agreed glycaemic targets and COVID-19 risks.
- Discuss medication changes and whether they are happy to make changes at this time.
- If initiating GLP-1 RA, demonstrate device if using video consultation and/or refer to device-specific YouTube videos.
- If using insulin, check if any concerns regarding injection sites, discuss good injection technique. Provide link to

Injection Technique Matters' YouTube patient videos: <https://bit.ly/2zLeShj>

Kidneys

- Share monitoring results, if available.
- Discuss medication changes such as dose reductions, initiating new medication such as ACE inhibitor (ideally after restrictions lift so that BP monitoring and renal function testing can occur).
- Agree follow-up monitoring recommended (e.g. time to next blood test or ACR measurement).

Eyes

- Ask about change in vision or eye problems.
- Share retinopathy screening results and any action required (e.g. referral to ophthalmologist, tighter control).
- If defaulted screening, remind of importance and encourage to attend.
- Request further appointment, if required (e.g. DNA and next appointment 1–2 years or apparently lost to follow-up).

Feet

- Ask about any change of foot colour or shape, burning, pain or itching, skin lesions (e.g. blisters, cuts, damage).
- Ask about Touch the Toes test, if able to do this; compare with previous foot examination.
- Reiterate importance of daily foot examination; discuss ways and times to do this (e.g. after shower, while dressing, with help from partner, with mirror on floor).
- Remind to report any changes.

Mental health

- Review mental health history and explore current concerns.
- Signpost to mental health charity resources (e.g. www.mind.org.uk or Diabetes UK Helpline; [Box G](#)).



Box E

These **follow-up steps** would usually be incorporated in the face-to-face review, so schedule time for them.

- Use Diabetes UK Information Prescription(s) to outline agreed follow-up or send individualised letter (see **Box F**, Topics to include).
- Update and issue amended medication, if agreed; send script to patient's pharmacy or include with follow-up resources.
- Send monitoring form, and when and where to undertake.
- Enclose leaflets or links to resources discussed and links to self-management education programmes (e.g. DESMOND – currently free access).
- Rearrange retinopathy screening or secondary care review, if defaulted or any new referrals needed.
- Use electronic system to prompt interim review and follow-up.

Box F

Topics to include in template for individualised follow-up letter

Prepare template letter on practice system that self-populates with patient details. Include multiple guidance paragraphs and individualise by deleting sections not required. Include a standard list of diabetes resource links on the reverse of the letter.

“This is a summary of our discussion today and provides links to resources that you may find helpful. We are still available to support you throughout the pandemic. Do not hesitate to contact us or the 111 service if you become unwell or need urgent advice.”

- 1. Details of enclosures and what to do with them**
 - How to get blood tests organised urgently, after COVID-19 or when next review due.
- 2. Changes to treatment**
 - Reminder to read patient leaflet and report side effects; how to use devices.

3. Actions recommended

- BP – self-monitoring frequency; link to diary; when and how to share results.
- SMBG – script for strips and lancets. Where to collect meter if new to SMBG. Link for how to use meter or encourage to read instruction leaflet.
- Daily foot checks; leaflet or link to what to report; Touch your toes link or leaflet.
- Retinopathy screening/hospital eye specialist appointment – new appointment requested; importance of attending.

4. Seeking further advice/safety netting

- How to arrange a face-to-face consultation during restrictions or after they lift.
- When to seek guidance re COVID-19 symptoms or diabetes concerns.

Familiarise yourself with local services and adaptations during COVID-19 restrictions. Consider preparing a local resources links sheet to send to people with diabetes.



Offer remote support and education at every contact – people may be more engaged and motivated to participate, and may have more time, currently.

Virtual/remote education may be more acceptable and accessible.

People with diabetes who wish to access myDESMOND structured diabetes education online (www.desmond-project.org.uk) should send their name, email address, post code, name of GP practice and NHS number to: myDESMOND@uhl-tr.nhs.uk



Diabetes and COVID-19 risk

Evidence confirms that people with diabetes are vulnerable to serious consequences from COVID-19 and are not currently included in the shielded group (“clinically extremely vulnerable”). Mortality is approximately double in people with type 2 diabetes and increased approximately 3-fold in people with type 1 diabetes, compared to those without diabetes ([Barron et al. 2020](#)). HbA_{1c} >86 mmol/mol compared to 48–53 mmol/mol is associated with a doubling of the mortality risk in those with type 1 diabetes and 1.6 times the risk in those with type 2 diabetes ([Holman et al. 2020](#)).

Other factors that have been associated with increased mortality include:

- Advancing age
- Gender (male>female)
- BAME groups
- Deprivation
- Comorbidity (CKD, cerebrovascular disease, heart failure)
- Obesity
- Absence of recorded care processes for smoking status, BMI or HbA_{1c}

Discussion and assessment of comorbidities and individual risks, together with use of clinical judgement, will be required to help people make individual decisions about isolation and shielding. This is an important role for primary and community care teams.

Citation: Diggle J, Brown P (2020) How to undertake a remote diabetes review. *Diabetes & Primary Care* 22: Early view publication

Different teams work in different ways. A follow-up article exploring examples of good practice in remote diabetes reviews is planned for the journal.

The authors welcome your feedback and input, including additional resources that you have found useful when undertaking remote reviews: dpc@omniamed.com

Acknowledgements:

Diabetes UK Council of Healthcare Professionals; Su Down; Rebecca Haines; Lesley Hamilton; myDESMOND co-ordinator; Naresh Kanumilli; Partha Kar; Nicola Milne; Year of Care Partnerships

Abbreviations

ACE=angiotensin-converting enzyme; ACR=albumin-to-creatinine ratio; BAME=black, Asian and minority ethnic; BP=blood pressure; CKD=chronic kidney disease; CVD=cardiovascular disease; DNA=did not attend; DSN=diabetes specialist nurse; F2F=face-to-face; GLP-1 RA=glucagon-like peptide-1 receptor agonist; HCA=healthcare assistant; HCP=healthcare professional; PPE=personal protective equipment; QOF=quality and outcomes framework; SGLT2i=sodium-glucose cotransporter 2 inhibitor; SMBG=self-monitoring of blood glucose; SU=sulfonylurea

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