**CARE OF PATIENTS WITH TYPE 1 DIABETES - draft**

August 10th 2017  -  draft note

Jaqui Lindridge – Consultant Paramedic, LAS

Roz Rozenblatt – London Director, Diabetes UK

Malcolm Alexander, Chair Patients’ Forum

**1)    Flagging of Patients on Command Point**

We discussed the proposal to flag patients with diabetes on the LAS system, where they have clinical characterists that would suggest a greater risk of harm if they did not get a rapid response. This group includes patients at risk of ketoacidosis and those with eating disorders which are associated with underuse of insulin (diabulimia).

We asked Jaqui if the new ARP calling handing time of 240 seconds, would provide enough time for a fuller assessment to be made, if a flagged summary describing key risks associated with the patient’s clinical history were placed on Command Point? We also asked if the new Clinical Strategy incorporated an appropriate response to the needs of diabetic patients at high risk. Roz added that 50% of people who die of a diabetic condition die of cardiac arrest and drew attention to the problem of young people with diabetes who are mobile and may have poor links with GPs and clinicians.

Jaqui said that the Chief Information Officer, Ross Fullerton is leading on a programme to ensure that all paramedics have access to patient’s clinical summaries but this would take 2-3 years to finalise (and clinical summaries may not always be up to date). She said that patients can be flagged on the system now, and that there are two ‘boards’ in the EOC for doing this – one of which is a short ‘board’ for the highest priority patients. She said it is essential that the vulnerable persons' ‘board’ is not overloaded, because staff in the EOP need to be able to identify at risk patients quickly. Jaqui also drew attention to a problem with flagging, where a person lives in a multi-occupation address and is therefore difficult to identify in a flagging process. She said it would take 2-3 years to triangulate address, patient’s name and electronic clinical record.

**2)    Insulin pumps**

Roz said that she was aware of a few cases of paramedics disconnecting insulin pumps, and she asked if future training and guidance could highlight this issue.

**3)    Training of Front Line Staff in Diabetic Care - CSR**

Jaqui said that the training had gone well, was well received by staff and is still being rolled out. She added that some staff needed to be followed up if they were off for pregnancy or sickness leave.

Roz said that Dr Rosenthal from the Royal Free Hospital would be happy to assist with training.

We also discussed the making of a training video using audio visual techniques, which could include patient stories, more information about diabulimia, the importance of careful measurement of glucose and having regard to other symptoms like diarrhoea and vomiting. (Check North Middlesex Hospital DKA case which resulted in a death).

**4)    Quality Audit (QA)**

Roz described the QA that was being carried out in the hospital acute sector and which Dr Rosenthal had helped develop. Jaqui said that whilst welcoming better QA, that the LAS had 4000 blood sugar meters and auditing ‘point of care’ tests would not be possible at this time.

**5)    Blood Glucose meters**

Jaqui said that the contract for these meters ends in 18 months. We asked

about the possibility of buying meters that do not need error codes and

which could also read ketones. Jaqui said that a mini trail of ketometers is

being planned and that this is being led by advanced paramedics in Croydon.

They are also looking at devices for measuring lactates (e.g. to detect sepsis).

She added that error codes are produced when reagents in machines are

inadequate for a particular patient – all staff have error code cards to assist

them during diagnosis. A literature review is also being carried out.

SECAMB currently used devices that use strips to measure ketones, and

WMAS has been asked by the Forum to consider this development.

Jaqui agreed to put Roz in touch with the Croydon advanced paramedics to

discuss the ketometer trial and sharing advice about care of patients using

insuling pumps and those with diabulimia.

We discussed some aspects of a ketometer trail including sample size,

location of patients, flagging, and collection of data from A&E abut DKA

incidents.

**6)    Patient Care Conference**

Jaqui informed us about the LAS Patient Care Conference on 15th November 2017 which is aimed at front line staff and would include information about new technologies for diabetes including insulin pumps.

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