NHS England and NHS Improvement

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Summary of diabetes outcomes on services across the East of England during Covid-19

Diabetes mellitus has emerged as one of the major factors that influence the outcome of Covid-19 and much has been learnt over the last few months. There are also concerns about the effects of the response to the pandemic on non-Covid-19 related diabetes outcomes. The East of England Diabetes Clinical Network held a series of meetings in July to gather intelligence about the effects of the pandemic on the delivery of different aspects of diabetes care. Whilst the experience in each area was different, there were some common themes and we now write to you to highlight these so that they can be factored into planning for a possible second wave of Covid-19 and for the resumption of services.

There was a general shift from a proactive to a reactive approach to the provision of diabetes care. This meant that planned reviews were largely cancelled or deferred. The NHS 'Clinical guide for the management of acute diabetes patients during the coronavirus pandemic' issued on 16th March highlighted the need for obligatory care of inpatients to continue and the need to continue multidisciplinary diabetic foot services and pregnancy in diabetes services.

A meeting of our Diabetes Foot Care Network group has revealed that in some areas the care of patients with active foot ulcers or very high risk feet was reduced dramatically. There was an observation in several areas that this had led to limb amputations which would normally not have occurred. There was also an impression that there were more deaths in this group of patients than would normally be expected.

Negative factors relating to foot care which were noted are:

- Redeployment of podiatry staff
- Non availability of Diabetologists and Vascular Surgeons to deliver MDT work
- Reduction in sites for podiatry
- Reluctance of patients to come to a clinic
- Redeployment of administrative staff
- Reduction in workforce capacity due to shielding

Innovative / positive developments adopted by local diabetes clinical teams:

- Use of video consultations, including for initial triage of foot problems
- Use of images sent by patients to aid remote assessment and consultations
- Use of home visits
- Adoption of remote consultations via phone or video for routine reviews, where continued, in order to prevent acute admissions
- Increased collaborative working between acute and community diabetes services
- Reports of lower levels of staff sickness and high morale

For diabetes inpatient services there was also a variety of experiences, but the overriding issue was the redeployment of Diabetes Inpatient Specialist Nurses away from diabetes care to other duties; in two cases all of the team was redeployed for some time.

Negative factors relating to DISNs:

- Whole or partial redeployment of Diabetes Inpatient Specialist Nurses
- Staff getting Covid-19
- Delays in investigation / treatment leading to worse outcomes for patients with foot disease.
- Reduction in workforce capacity due to shielding

Clinical observations:

- High frequency of diabetes among the sickest patients in hospital
- Increased admission rate for diabetic ketoacidosis for both established and new cases
- A higher proportion of admitted patients requiring insulin and therefore diabetes specialist medical and nursing support (although many cases will not need long term insulin)
- Benefits of integration between inpatient and community services to prevent readmission
- Increased use of dexamethasone and implications for glycaemia

Positive factors:

- Where there was increased presence of inpatient diabetes staff, this led to more opportunity for teaching
- Value of remote blood glucose monitoring and reviews and increased uptake of remote digital technology
- Trusts where inpatient services were preserved felt that this facilitated discharge and reduced readmissions

From these meetings and one held in primary care it seems clear that both the Covid-19 pandemic and the response to it have had significant effects on diabetes care; these have not always been positive, despite some new and innovative practices.

Please can you share this information with those planning both the restart of services and future preparation for a possible second wave of Covid-19.

The key messages to support better outcomes for people with diabetes are:

- **The need to avoid compromising diabetes foot and inpatient services by redeploying staff delivering them**

- **The need to optimise diabetes care before and after a Covid-19 diagnosis to reduce mortality and morbidity. This requires the protection of routine diabetes care as far as is possible and recognition of the key role of diabetes inpatient teams**
- **Adoption of innovation and new ways of working, including remote assessments and collaboration between services.**

Yours faithfully

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