



Welcome to our 1st quarterly newsletter

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We all recognise that diabetes can often be complicated & that the picture is not always clear. Here at MK IDS we can relate that to the start of this service in June last year. The 'vision' was clear but the start to the service was far from uncomplicated.

When I joined the service in October I felt fortunate that I had previously worked with so many of the people involved in the setting up of this service. We have now recruited a completely new nursing team. The team consists of 2 consultants, 4 Diabetes Specialist Nurses (DSN) + 1 on maternity leave. We are a nursing team with experience of working in primary care and diabetes.

The service is now running 5 DSN clinics and 3 Consultant clinics weekly. In the clinics we see people referred via RMS or have been transferred to us from the MKUH out-patient clinics.

Along with our work in the clinics we are available to general practice for support and advice. This can be by telephone, email or by shared or virtual clinics at the practice with PN &/or GP. Referrals should be made through RMS unless urgent or on the day advice is needed.

We also accept referrals and offer support to nursing & residential homes, community nursing, the prison and mental health services.

Our aim is to be responsive to the needs of patients and HCP.
Andrea Wetherhill Lead DSN

Last year's National Diabetes Audit (NDA) revealed that just over **50%** of people living with **T1** diabetes in **Milton Keynes** either had **no** recorded HbA1c or had an HbA1c result of **> 10%**.

How do you feel about that? For me this does not sit comfortably. At a recent practice nurse forum we had a presentation from a psychologist. The presentation was about 'the patient journey'. I was particularly struck by a comment which was 'the patient, who is sitting in front of you, still has hope that you can help.' But what about the people who fail to attend?

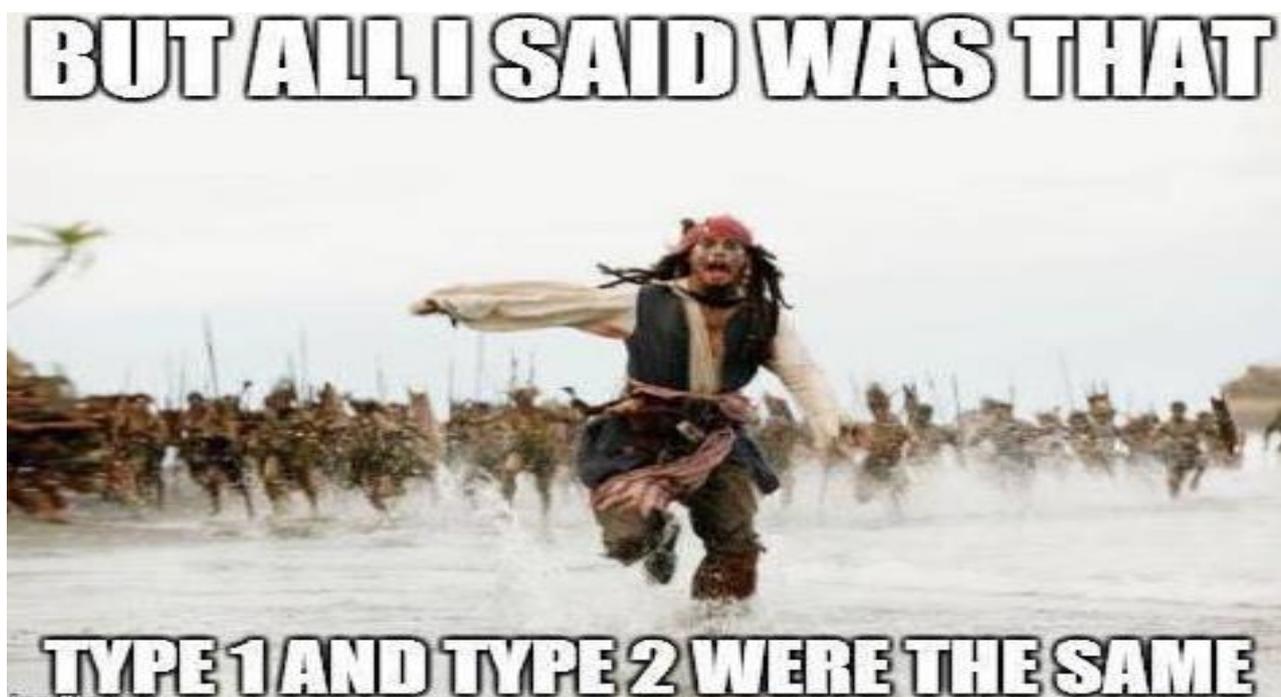
We will all have a policy for when we can discharge or except patients who do not attend (DNA'S). A recall system that sends a pre-booked appointment we know frequently fails to get people to attend.

It feels important that we find a way of making MK IDS accessible to people living with T1 diabetes.

Open access for people with T1 diabetes

Mk IDS from July will be offering a weekly open access clinic for people with T1 diabetes. This will be on a Thursday morning 9 -11.45 am at Willen Surgery. People with T1 diabetes can seek advice & support from MK IDS by self-referral. This can be done by either coming to the open access clinic, telephone or our designated patient email diabetes.advice@nhs.net. We **cannot** see people who are already in the young adult service, ante natal, or pump patients. Their care will remain with the team at MKUH.

MK Dons SET have agreed to support us with this work. They have kindly offered us use of their education room for an open meeting on the 11/7/18 from 5.30 -7.30 pm at the Dons. The meeting is aimed at people with T1 and will be an introduction to this new service. We can only write to people who are already in our service. So please spread the news!



MK DONS - Will be supporting MK IDS with the plan to offer open access to people with type 1 diabetes.

MK DONS - Will be hosting a social evening with MK IDS at the Dons Stadium for people with T1 diabetes on

11th July 5.30-7.30pm

MK IDS Practice Nurse Forums

In January 2018 Mk IDS started to hold bi-monthly practice nurse forums. These are held on Wednesday lunchtime 12.30 – 2pm.

They have proven to be popular and we are pleased with the feedback that we have had from our nursing colleagues. It is very positive that we have chance to network and get to know one another alongside the educational aspect.

Topics covered so far have been Diabetic ketoacidosis (DKA), 'The patient's journey', Pre – conception & pregnancy and Diabetes research at MKUH.

We have been fortunate that these have been sponsored and often a speaker & lunch provided by pharmaceutical companies.

Dates for your diary are:

11/7/18 - Diabetes complications, Woughton House Hotel.

12/9/18 - Renal & Hepatic complications in T2 diabetes, Woughton House Hotel

1 or 2? Newsletter

Summer Issue 2018

Study days, The Conference & beyond

We have planned 2 education days. These will be facilitated by Merit. The dates are **20/6/18**, which is looking at Oral medication options for T2 diabetes. The second date is the **27/6/18** and will cover injectable medication choices for T2. There is an option to do either or both days. The training is accredited. Lunch is provided and both days will be held at the Ridgeway Centre, MK12 5TH. Please apply with an application form to nicola.moffat@nhs.net

These days have been very popular so we may have to close applications soon.

SAVE THE DATE -The annual **Conference** will be on Wednesday 21st November, 2018. Once again it will be at the Ridgeway Centre. The topic is **Type 2 diabetes** from diagnosis. We will be asking for case studies. More information and booking information will follow nearer the time.

There will be further training early in 2019

Thank you for taking the time to read our newsletter. My aim is that the newsletter will be quarterly. I would be interested to know your views on the service. Please email feedback, comments and suggestions.

MK IDS contact details

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Over to Dr Ali- Back to basics-a prayer

I think the power of simplicity is often underestimated. This applies to diabetes care too.

There is no doubt about the need for better drugs and technologies. However, these cannot replace the benefits of doing the basics well. The STENO-2 trial published in the New England Journal of Medicine is a great example of this. Most modern diabetes trials enrol many thousands of patients and sometimes show very small benefits using complex analyses. The STENO-2 trial however only enrolled 160 patients and randomised half of them to a group where they received intensive blood glucose, blood pressure and lipid lowering, and the other group received conventional treatment based on national guidelines. The results were startling, and hard to ignore. In the intensive treatment group, over 13 years, 24 patients died compared to 40 in the conventional group. Twenty patients developed nephropathy in the intensive group and 37 in the conventional group. There were also other significant benefits. There is no need to use complex statistics to see the clear benefits of multifactorial risk factor targeting.

In Milton Keynes, according to the national diabetes audit, we do better than our neighbouring peers in a number of diabetes care processes and the three treatment targets of blood glucose, blood pressure and lipid lowering. I am proud of the work we have done together. However, when we look at the details, there are areas that need considerable work. For example, there are a significant proportion of people with diabetes who have not had basic care processes such as HbA1C, blood pressure, lipid profiles and kidney functions. I can't help but think that we should really be doing better for these patients.

I often hear patients and health care professionals alike ask me what is new. I suppose it is human nature to think that newer is better. Those of you who have been in the business long enough will know that is not often the case.

We know without a shadow of a doubt that providing simple care processes and targeting all the risk factors makes a very real difference to people's lives in terms of increasing longevity and reducing complications. However, in practice it is these simple processes that we don't often do well enough. I urge you to renew your energies to focus on the basics. Our patients need us to.

I leave you with a prayer by Robert Hutchinson, a famous Scottish Physician who died in 1960, which seems prescient-

"From inability to let well alone;

from too much zeal for the new and contempt for what is old;

from putting knowledge before wisdom, science before art, and cleverness before common sense;

from treating patients as cases;

and from making the cure of the disease more grievous than the endurance of the same,

Good Lord, deliver us"