

The Pharmacy Team's Impact

Driving Better Outcomes in Diabetes Care

Hiba Ajaz
Clinical Prescribing Pharmacist
Nuneaton & Bedworth PCN



Medication Management

Medication Reviews

Conducting comprehensive medication reviews ensures patients are compliant with their prescribed diabetes regimen.



Understanding what questions to ask about specific medications can lead to timely interventions, especially for safety alerts.

Medication Reconciliation

Accurate medication reconciliation is vital when adding new treatments for diabetes. This process involves ensuring that necessary accessories, such as insulin strips and sharps bins, are part of the repeat prescriptions, providing a signal for reviewing therapy after one month.



Rechecks and Recalls

Regular rechecks and recalls help maintain optimal diabetes management. Implementing six-monthly reviews ensures that all aspects of patient monitoring are complete, facilitating proactive adjustments to therapy as needed.



Medication Reviews

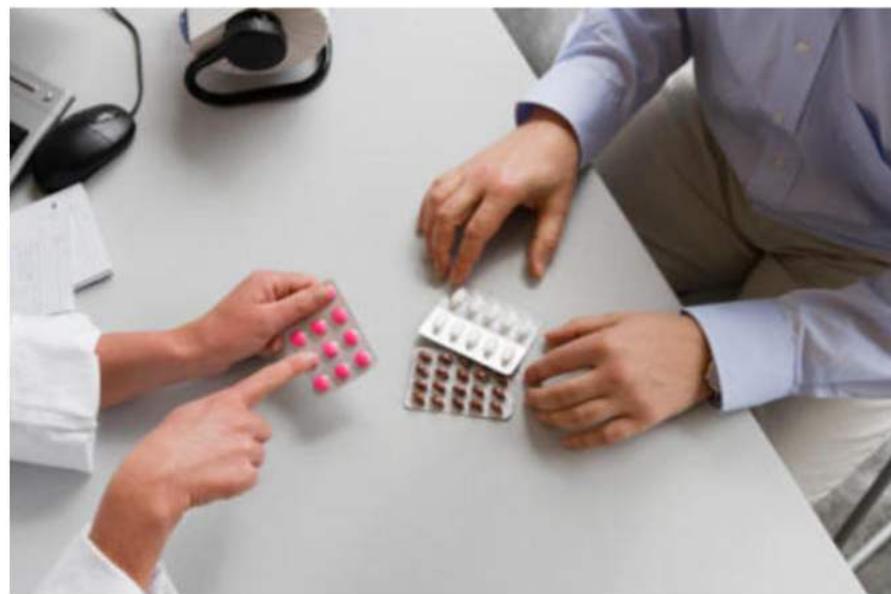
Conducting comprehensive medication reviews ensures patients are compliant with their prescribed diabetes regimen.

Understanding what questions to ask about specific medications can lead to timely interventions, especially for safety alerts.



Medication Reconciliation

Accurate medication reconciliation is vital when adding new treatments for diabetes. This process involves ensuring that necessary accessories, such as insulin strips and sharps bins, are part of the repeat prescriptions, providing a signal for reviewing therapy after one month.



Rechecks and Recalls

Regular rechecks and recalls help maintain optimal diabetes management. Implementing six-monthly reviews ensures that all aspects of patient monitoring are complete, facilitating proactive adjustments to therapy as needed.



The Pharmacy Team's Impact

Driving Better Outcomes in Diabetes Care

Hiba Ajaz
Clinical Prescribing Pharmacist
Nuneaton & Bedworth PCN





Patient Support and Education

Glucose Monitoring Clinic

Patients need to understand normal target glucose ranges and how to interpret their readings for optimal glucose control. Educating them on hypo and DKA symptoms prepares them to respond effectively during emergencies.



Glucose Monitoring Summary

- Insulin or SU use only
- Target – 4-7 mmol/L, or an agreed individual target
- Explain to patients that this is a different test to the HbA1c
- Freestyle Libre available automatically for Type 1 patients, Type 2 patients can be approved for one if their consultant recommends it or a unique circumstance/approved by a GP in charge of surgery budget

Recommended regime: (Local APC guidance):

SU:

Test four times a day (preferably before each main meal and before bedtime),
Once a week if HbA1c >58 mmol/mol (7.5%) OR
Once a fortnight if HbA1c <58 mmol/mol (<7.5%).

INSULIN:

Test four times a day (before each meal and bedtime)
Twice a week if HbA1c >58 mmol/mol (7.5%) OR
Once a week if HbA1c <58 mmol/mol (<7.5%)

DVLA Advice:

You must be able to recognise or self-treat your hypos.

Test blood glucose within 2 hours before driving and every two hours whilst driving.

If blood glucose is ≤ 5 mmol/l, take fast acting carbohydrate before driving

if <4 mmol/l DO NOT DRIVE, treat hypo, wait 45 minutes before driving



Hypoglycaemia (<4 mmol/L)

Causes:

Exercising, missing a meal, incorrect dosing, binge drinking, malnutrition, certain conditions, such as Addison's disease.

Fast acting sugar - small glass of fruit juice (e.g. orange) or sugary fizzy drink (e.g. coca cola), 5 glucose or dextrose tablets, 4 large jelly babies, or 2 tubes of glucose gel.

Check blood sugars after 10 to 15 minutes.

If below 4mmol/L, have another sugary drink or snack, and check again after 10 minutes.

Once symptoms have improved and blood sugar is above 4mmol/L, eat something with long-acting sugar e.g. a sandwich or biscuits

If unconscious during hypo:

Do not give any food or drink

Recover position

Glucagon injection if accessible and aware how to use it and if recovered after 10 minutes give hypo snacks

If above not available, call 999

Symptoms:

Shakiness

Sweating

Fast heartbeat

Hunger

Dizziness or light-headedness

Headache

Irritability or anxiety

Difficulty concentrating

Pale face

Tingling or numbness in the lips, tongue, or cheek could result in a seizure, fit or becoming unconscious.

Patient Education

Providing advice on diet, exercise, and local referrals for healthy living is essential. Discussing the benefits of prevention or remission programs can motivate patients to engage in their health more proactively.



Reasons to refer to Podiatry Service:

Walking becomes more difficult

Applying or wearing shoes becomes more difficult

Tingling sensation or pins and needles

Part or all of your foot becomes swollen

Breaks in the skin, opens sores/blisters or a discharge

Skin colour changes (redder, bluer, paler, blacker) over part or all of the foot

Swelling in your feet and/or an unusual odour

Part or all of your foot feels much hotter or colder than usual

Hard skin (callus)

Cramp in your calves

Shiny smooth skin and/or losing hair on your feet and legs

Foot Advice

Simple self-care for patients:

Always check your feet every day

Clean and dress any cuts, scratches or wounds

Always wear footwear

Always wear shoes that fit properly

Never sit with your feet too close to a fire

Visit a podiatrist for corns and calluses

Avoid using corn plasters



Diabetes Remission Programme

12-month programme either online or F2F

Month 1-3 = 800-900 kilocalorie liquid diet a day for 12 weeks only

Month 3-12 = reintroduce food into regime, personalised support and monitoring.

Eligibility: 18 – 65 years, diagnosis of type 2 diabetes within the last 6 years, BMI over 27 kg/m² or over 25 kg/m² (where individuals are from Black, Asian and other ethnic groups)

Please attend the training prior to doing referrals



Diabetes Prevention Programme

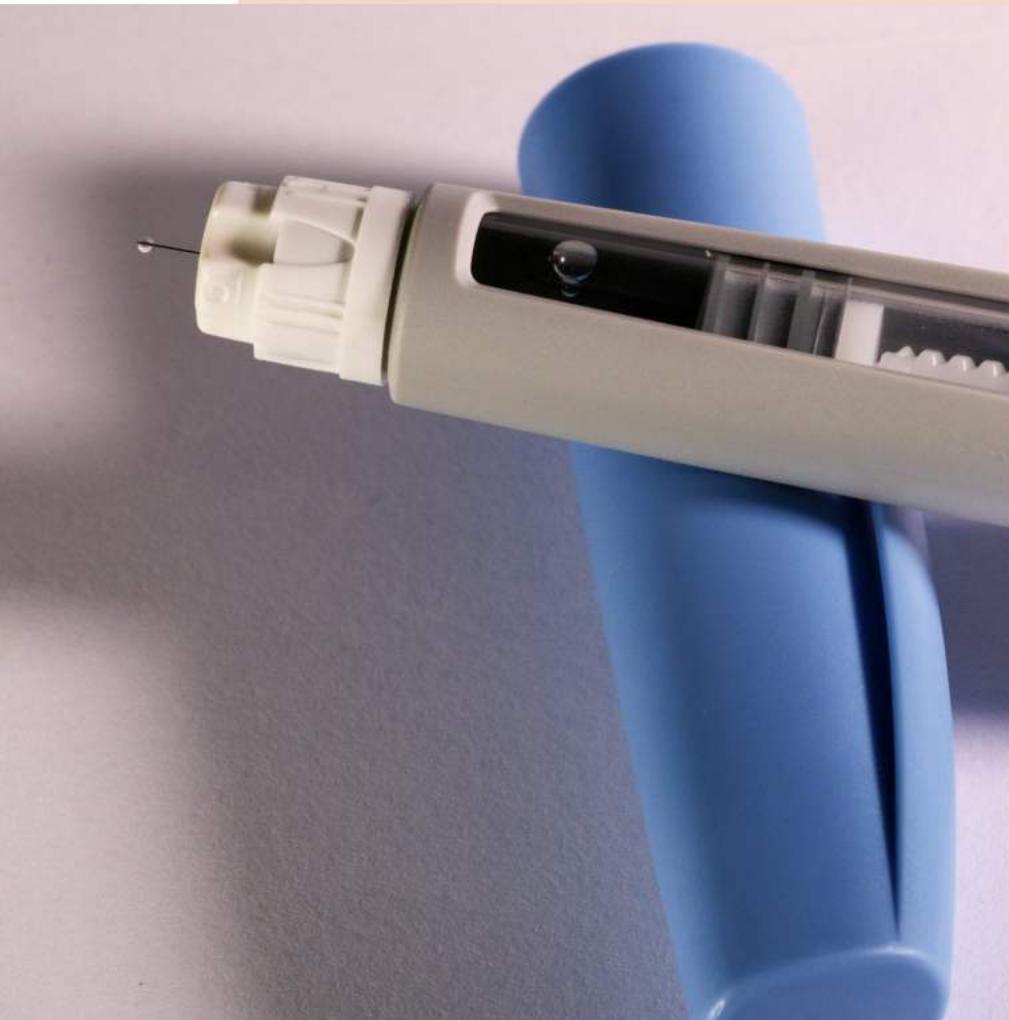
9 - month programme either online or F2F

F2F group: personalised support to manage their weight, eat more healthily and be more physically active

Online: offers similar support but through digital tools such as wearable technologies that monitor levels of exercise, apps where users can access health coaches, online peer support groups and the ability to set and monitor goals electronically

Eligible if pre diabetic only for Type 2 Diabetes





Managing Stock Issues

Proactively managing stock is critical for ensuring patients have access to up-to-date devices and medications. This includes notifying patients about product changes, such as transitioning to newer glucose monitoring products.

Patient Queries & Concerns

Addressing patient queries regarding medication side effects and administration is vital.

Examples include providing options for metformin formulations or advising on specific drug interaction, sick day rules and management instructions.

Sick day rules

It is important that patients with diabetes know what to do with their medicines when unwell.

During an acute dehydrating illness, patients should be advised to stop the SADMAN drugs, and restart once they have been eating and drinking normally for 24-48 hours⁴:

S	A	D	M	A	N
SGLT2 inhibitors (risk of DKA)	ACE inhibitors (risk of AKI)	Diuretics (risk of AKI)	Metformin (risk of lactic acidosis)	ARBs (risk of AKI)	NSAIDs (risk of AKI)

Consideration should also be given to stopping **GLP1-RAs** temporarily as the GI effects may increase risk of dehydration and AKI. This is especially in those with vomiting, diarrhoea and reduced food and fluid intake.

The Pharmacy Team's Impact

Driving Better Outcomes in Diabetes Care

Hiba Ajaz
Clinical Prescribing Pharmacist
Nuneaton & Bedworth PCN



Quality Assurance and Improvement



Quality Indicators

Integrate with surgery management and nurses to align with Quality and Outcomes Framework (QOF) targets. Regular audits on patient lists help ensure the pharmacy team contributes meaningfully to diabetes care outcomes.



Monitoring for Missed Diagnoses

CQC SEARCH TIP!

Please make sure there are no missed diagnosis.

Any patients flagging up with X1 raised HbA1c are to be chased up to repeat their blood test to confirm a potential diagnosis.



Audits and Compliance

Conducting audits on foot checks and medication reviews identifies gaps in care.

It is essential to check for red flags, confirm appropriate screenings, and ensure that missed diagnoses are addressed, ultimately improving patient safety.

Addressing Medication Risks



Assess patients on SGLT-2 inhibitors for awareness of risks like ketoacidosis and Fournier Gangrene. Ensure documentation and coding reflects patient education, enhancing safety and compliance.

CQC TIP!

Please make sure all patients on an SGLT-2 for any condition has been given the appropriate information regarding the associated risks and code accordingly.
education on ketoacidosis
education on Fournier Gangrene

What is Fournier Gangrene?

Fournier's gangrene is a serious, life-threatening bacterial infection that affects the external genitalia and perineum.

Early signs may include tenderness, swelling, redness, and itching in the affected area.

Systemic symptoms like fever, fast heart rate, and general malaise (feeling unwell) can also occur.

Diabetic Ketoacidosis (DKA)

High ketone levels can lead to serious health consequences and require immediate medical attention.



SYMPOMTS

Excessive thirst, frequent urination, Drowsiness or weakness, Weakness, Headache, Nausea, Vomiting, Diarrhoea, Reddened skin, Blisters, General fatigue, Fever, Shortness of breath.

MEDICAL EMERGENCY

Immediate medical attention is required. It is essential to provide the diagnosis and relevant history.



DIAGNOSIS CRITERIA

Diagnosis criteria for DKA are as follows:

1. A patient with ketoacidosis and a blood glucose level of 200 mg/dL or higher.

2. A patient with ketoacidosis and a blood glucose level of 300 mg/dL or higher.



TREATMENT

Initial treatment includes rehydration, electrolyte replacement, and insulin therapy.



Audits and Compliance

Conducting audits on foot checks and medication reviews identifies gaps in care.

It is essential to check for red flags, confirm appropriate screenings, and ensure that missed diagnoses are addressed, ultimately improving patient safety.



CQC SEARCH TIP!

Please make sure there are no missed diagnosis.

Any patients flagging up with X1 raised HbA1c are to be chased up to repeat their blood test to confirm a potential diagnosis.

Monitoring for Missed Diagnoses

Proactively track patients exhibiting elevated HbA1c levels. Initiate follow-ups for retesting to confirm potential diabetes diagnoses, which contributes to timely intervention and treatment.



Quality Indicators

Integrate with surgery management and nurses to align with Quality and Outcomes Framework (QOF) targets. Regular audits on patient lists help ensure the pharmacy team contributes meaningfully to diabetes care outcomes.

Addressing Medication Risks

Assess patients on SGLT-2 inhibitors for awareness of risks like ketoacidosis and Fournier Gangrene. Ensure documentation and coding reflects patient education, enhancing safety and compliance.



CQC TIP!

Please make sure all patients on an SGLT-2 for any condition has been given the appropriate information regarding the associated risks and code accordingly.

education on ketoacidosis

education on Fournier Gangrene



What is Fournier Gangrene?

Fournier's gangrene is a serious, life-threatening bacterial infection that affects the external genitalia and perineum.

Early signs may include tenderness, swelling, redness, and itching in the affected area.

Systemic symptoms like fever, fast heart rate, and general malaise (feeling unwell) can also occur.

Diabetic Ketoacidosis (DKA)

High ketone levels can lead to serious health consequences and require immediate medical attention.



SYMPTOMS

Extreme thirst, Frequent urination, Nausea or vomiting, Weakness, muscle aches, or stiffness, Dry mouth and dry skin, Fatigue, Confusion, Flushed face, Headache, Breath that smells sweet or fruity



MEDICAL EMERGENCY

Immediate medical attention is required.

Refer to a doctor to make the diagnosis and refer for treatment



DIAGNOSIS CRITERIA

'D' – a blood glucose concentration of >11.0 mmol/L or known to have diabetes mellitus

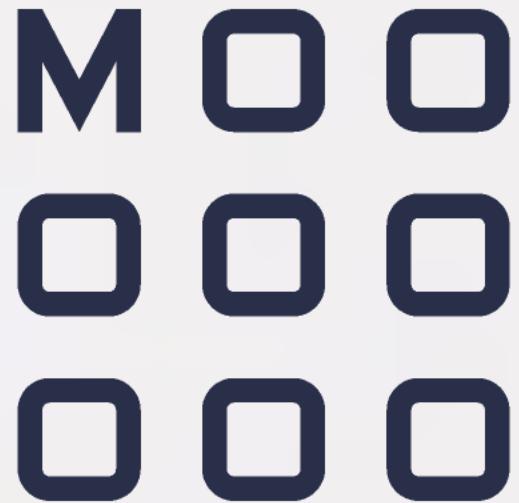
'K' – a capillary or blood ketone concentration of >3.0 mmol/L or significant ketonuria (2+ or more on standard urine sticks)

'A' – a bicarbonate concentration of <7.3 mmol/L. Treatment may include fluids, electrolytes and insulin.



TREATMENT

Possible treatments include intravenous fluids, electrolytes, and insulin to manage high glucose and ketone levels effectively.



SYMPTOMS

Extreme thirst, Frequent urination, Nausea or vomiting, Weakness, muscle aches, or stiffness, Dry mouth and dry skin, Fatigue, Confusion, Flushed face, Headache, Breath that smells sweet or fruity



DIAGNOSIS CRITERIA

‘D’ – a blood glucose concentration of >11.0 mmol/L or known to have diabetes mellitus

‘K’ – a capillary or blood ketone concentration of >3.0 mmol/L or significant ketonuria (2+ or more on standard urine sticks)

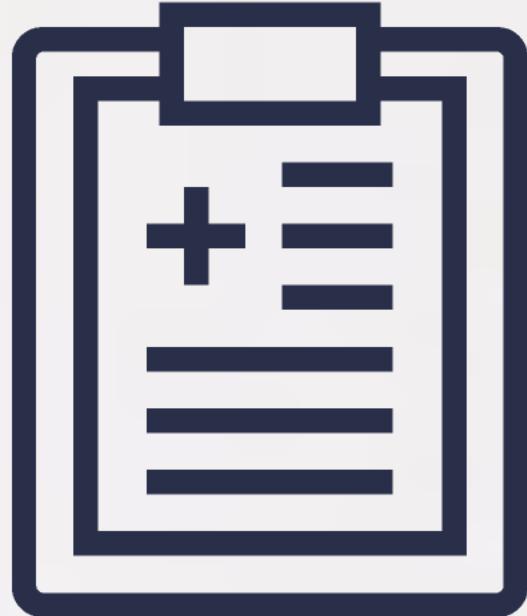
‘A’ – a bicarbonate concentration of <7.3
Treatment may include fluids, electrolytes and insulin.



MEDICAL EMERGENCY

Immediate medical attention is required.

Refer to a doctor to make the diagnosis and
refer for treatment



TREATMENT

Possible treatments include intravenous fluids, electrolytes, and insulin to manage high glucose and ketone levels effectively.

The Pharmacy Team's Impact

Driving Better Outcomes in Diabetes Care

Hiba Ajaz
Clinical Prescribing Pharmacist
Nuneaton & Bedworth PCN





Any Questions?