8 primary care diabetes processes

Steve Moore

Medicines Management Team

8 officially but……..

- 9th is annual eye exam in secondary care

- 10th arguably should be a flu vaccination!

Why test?

- The 8 primary care processes for diabetic patients are important for good outcomes
- Patients need to know and understand the implications of those tests on their clinical outcomes.
- We also have a duty to improve care for these patients so that they can achieve the best test results possible.

NICE National Institute for Health and Care Excellence

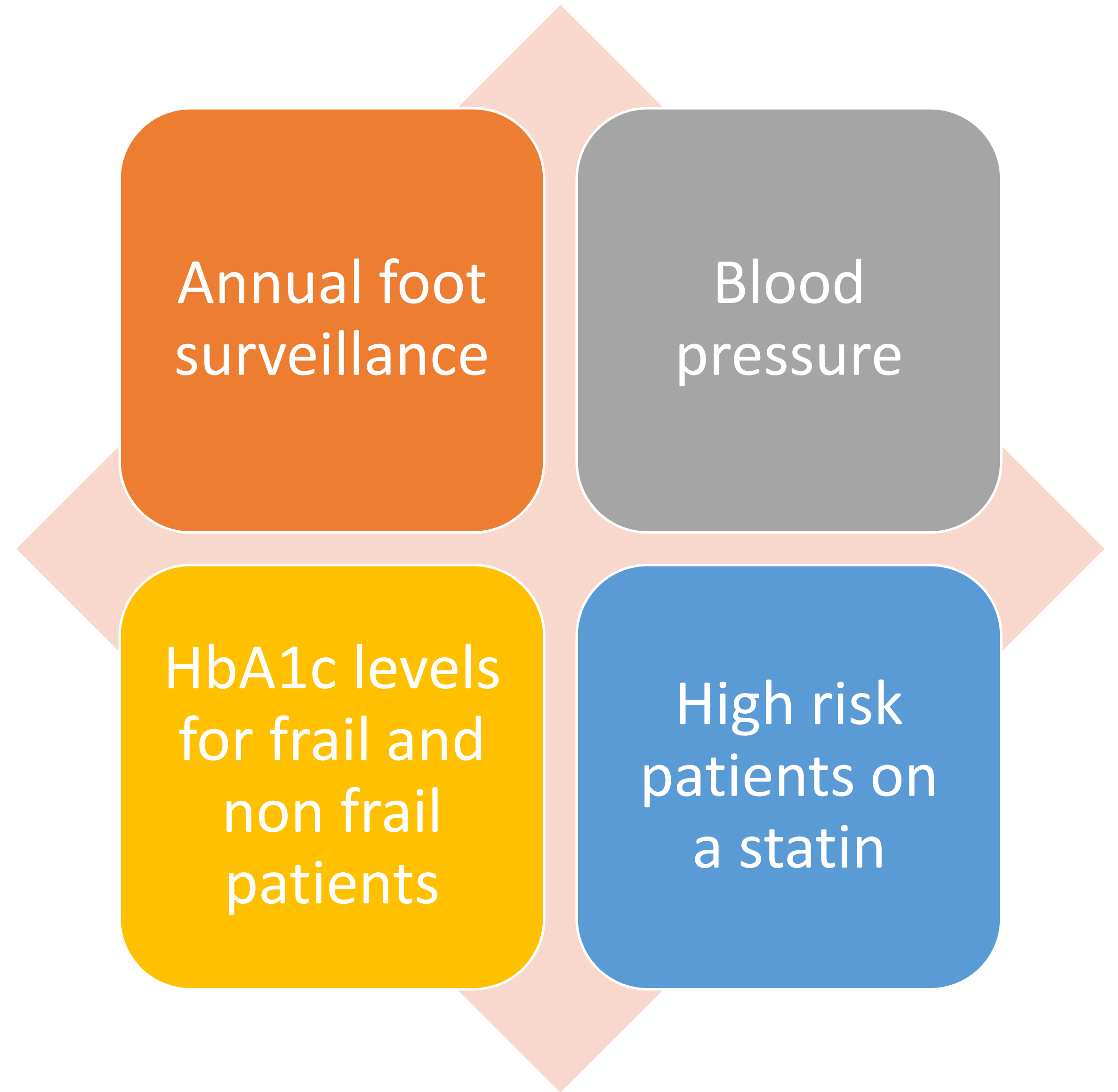
NICEimpact diabetes

Measurements need actions

Patient engagement is key to concordance and compliance

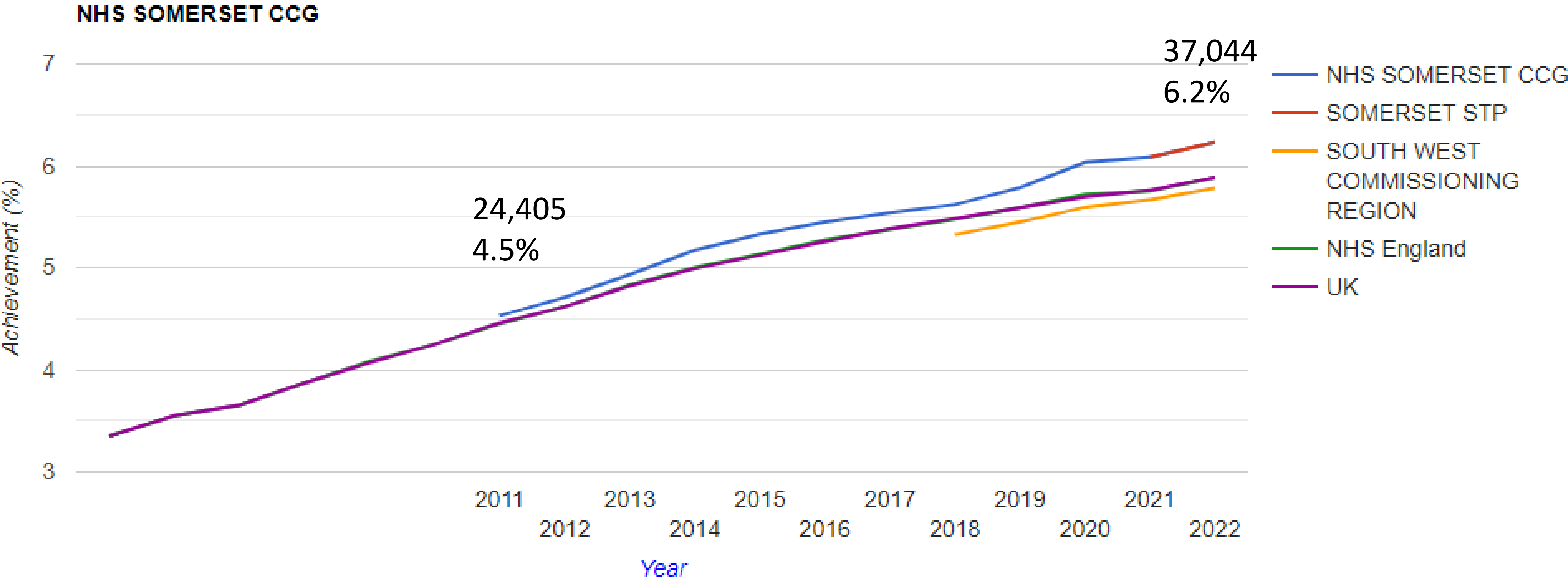
Responsibility of Diabetes Care providers	
1. HbA1c (blood test for glucose control)	**5. Urine Albumin/Creatinine Ratio** (urine test for risk of kidney disease)
2. Blood Pressure (measurement for cardiovascular risk)	**6. Foot Risk Surveillance** (examination for foot ulcer risk)
3. Serum Cholesterol (blood test for cardiovascular risk)	**7. Body Mass Index** (measurement for cardiovascular risk)
4. Serum Creatinine** (blood test for kidney function)	**8. Smoking History** (question for cardiovascular risk)
Responsibility of NHS Diabetes Eye Screening (NHS England)***	
9. Digital Retinal Screening (photographic eye test for early detection of eye disease)	

Treatment standards measured by QOF



Plus smoking under public health

Diabetes in Somerset



NHS Pathways vs National Diabetes Audit

NHS pathways is updated each week, NDA is quarterly

NHS pathways can give you specific patient information such as emis numbers

NHS pathways is easy to access for each practice

NHS pathways cannot detect patients who have declined to share their data

https://nhspathways.org if using N3 otherwise https://secure.nhspathways.org

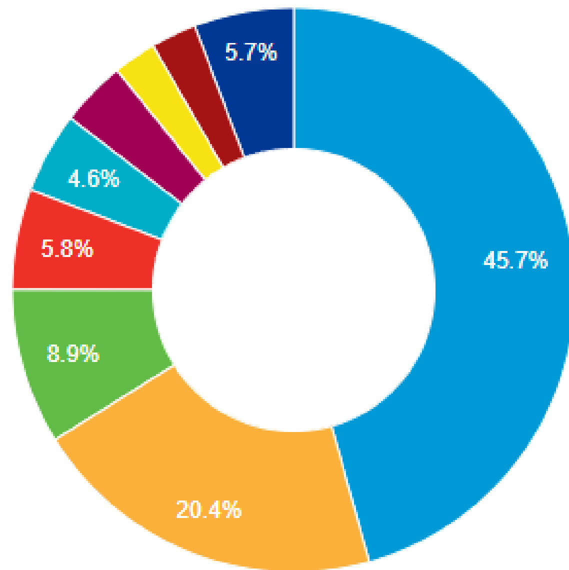
Contact support@prescribingsolutions.org for access

Patients having all 8 processes done

12 months to October 2022

CCG

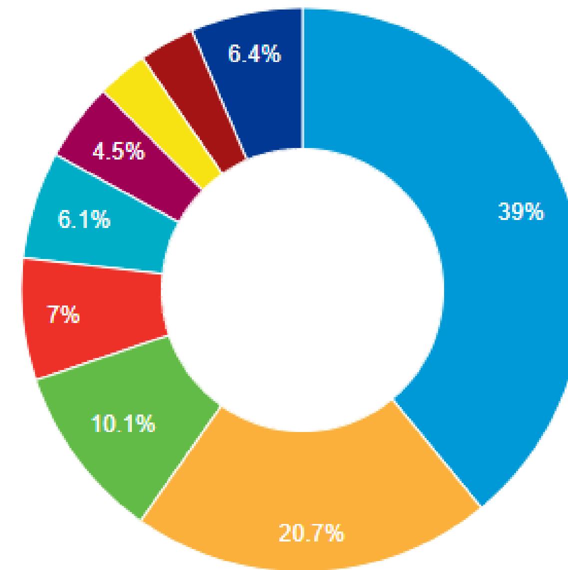
8 Care Processes (Rolling Year)



- 8 Checks Complete
- 7 Checks Complete
- 6 Checks Complete
- 5 Checks Complete
- 4 Checks Complete
- 3 Checks Complete
- 2 Checks Complete
- 1 Checks Complete
- 0 Checks Complete

National

8 Care Processes (Rolling Year)



- 8 Checks Complete
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- 2 Checks Complete
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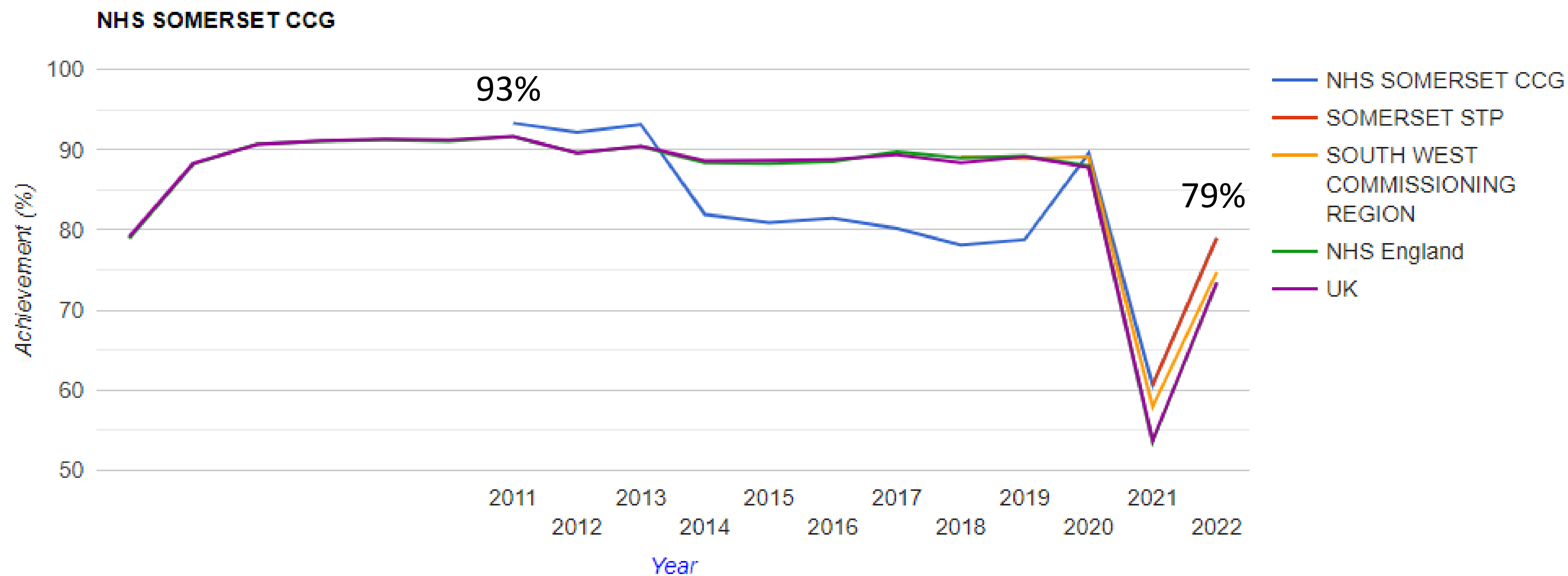
What do we measure (or not)?

Parameter	Current 12M		
	Total	(%)	Rank National
Overall	224,870 / 286,408	78.5	12 / 74
ALL 8 Processes	16,353 / 35,801	45.7	16 / 74
HbA1c	31,622 / 35,801	88.3	12 / 74
Blood Pressure	31,302 / 35,801	87.4	8 / 74
Cholesterol	28,710 / 35,801	80.2	16 / 74
Weight / BMI	29,159 / 35,801	81.4	6 / 74
eGFR	31,467 / 35,801	87.9	9 / 74
Microalbuminuria	21,170 / 35,801	59.1	15 / 74
Smoking	26,945 / 35,801	75.3	32 / 74
Foot Screening	24,495 / 35,801	68.4	23 / 74

These three measurements are usually the lowest

Foot checks- QOF data



Why is this important?

Areas | All in South West NHS Region | All in England | Display | Table | Table and chart

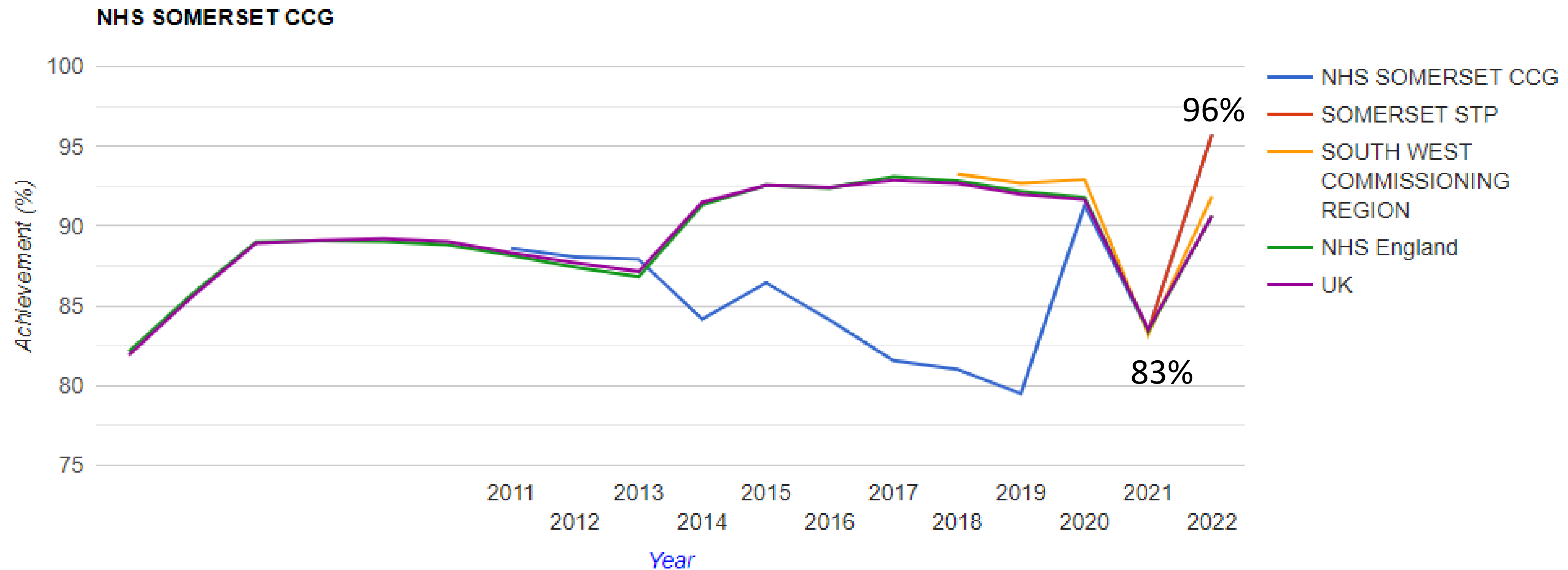
Area	Count	Value	95% Lower CI	95% Upper CI
England	21,738	22.1	21.8	22.4
Somerset	420	44.6	37.9	51.9
Shropshire, Telford and Wrekin	345	34.8	30.9	39.0
Cornwall and the Isles of Scilly	350	32.3	28.3	36.6
Bristol, North Somerset, South Gloucestershire	490	32.1	29.2	35.1
Hampshire and the Isle of Wight	985	30.4	28.4	32.5

Latest data has Somerset as the worst organisation in England for minor diabetic lower-limb amputations by some way at 44.6 cases per 10,000 population

SGLT2 inhibitors: updated MHRA advice on increased risk of lower-limb amputation (mainly toes)

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.

Nephropathy (clinical proteinuria) or micro-albuminuria treated with ACEi or ARB



What about an SGLT-2 (gliflozin)?

T2 diabetes +CKD

- Patients with ACR >30 should be **offered an SGLT-2** in addition to an ACEI/ARB

canagliflozin 100mg eGFR >=30ml/min and dapagliflozin 10mg >=eGFR 15ml/min are the licensed ones

- Patients with ACR 3-30 should be **considered for an SGLT-2** in addition to ACEI/ARB

(canagliflozin 100mg eGFR >=30ml/min and dapagliflozin 10mg >=eGFR 15ml/min are the licensed ones)

And for CVD reduction?

If chronic heart failure or established atherosclerotic CVD, **add SGLT-2** (to ACEI/ARB) with proven CV risk reduction (i.e any but ertugliflozin) in addition to metformin

If high risk of CVD (QRISK3>10%), **add SGLT-2** (to ACEI/ARB) with proven CV risk reduction (i.e any but ertugliflozin) in addition to metformin

First-line treatment Assess HbA1c, cardiovascular risk and kidney function

For information on using SGLT2 inhibitors for people with type 2 diabetes and chronic kidney disease see the section on diabetic kidney disease in the guideline.

Consider

- DPP-4 inhibitor ('gliptin') or
- Pioglitazone or
- Sulfonylurea

An SGLT2 inhibitor ('flozin') for some people:

- TA 390 Canagliflozin
- TA 390 Dapagliflozin
- TA 390 Empagliflozin
- TA 572 Ertugliflozin

Not at high CVD risk

Offer

- Metformin

Or if GI disturbance

- Metformin MR

If metformin contraindicated

Chronic heart failure or established atherosclerotic CVD

Offer

- Metformin

or if GI disturbance

- Metformin MR

and as soon as metfomin tolerability is confirmed, offer

- SGLT2 inhibitor ('flozin') with proven cardiovascular benefit

Start metformin alone to assess tolerability before adding an SGLT2 inhibitor

Offer

- SGLT2 inhibitor alone

If metformin contraindicated

High risk of CVD

QRISK2 of 10% or higher or elevated lifetime risk

Offer

- Metformin

or if GI disturbance

- Metformin MR

and as soon as metfomin tolerability is confirmed, consider

- SGLT2 inhibitor ('flozin') with proven cardiovascular benefit

Consider

- SGLT2 inhibitor alone

If metformin contraindicated

Just in from The Lancet

[Impact of diabetes on the effects of sodium glucose co-transporter-2 inhibitors on kidney outcomes: collaborative meta-analysis of large placebo-controlled trials - The Lancet]

Based on the average risk in different trial populations, we estimated that for every 1000 patients with chronic kidney disease treated for one year with an SGLT2 inhibitor, 11 first kidney disease progression events would be prevented in patients with diabetes, and 15 would be prevented in patients without diabetes

In conclusion, our meta-analysis of the available large placebo-controlled SGLT2 inhibitor trials has shown that in the studied populations, SGLT2 inhibitors safely reduce the risk of kidney disease progression, acute kidney injury, cardiovascular death, and hospitalisation for heart failure in patients with chronic kidney disease or heart failure, irrespective of diabetes status

The current meta-analysis shows that the benefits of SGLT2 inhibitors on kidney disease progression extend to patients irrespective of diabetes status and in patients with chronic kidney disease

For patients and HCPs

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Welcome to MyWay Diabetes Somerset!

A FREE service that helps you manage your diabetes, and improve your quality of life.

MyWay Diabetes Somerset gives instant access to:

1. **Register (or login)** for

a) Secure access to **your personal diabetes health records** displayed via easy-to-understand dashboards, and linked to information and advice to help you decide on priorities for your health.

b) **NHS accredited eLearning courses** that you can complete in your own time, covering type 1, type 2, gestational diabetes, those at risk of developing type 2 diabetes, and a range of other useful topics.

In summary

- Attempt to do all 8 processes at the same time at review
  - Pre-clinic AccuRx message can potentially gather weight, smoking status, alcohol intake and blood pressure data direct from patient.
- Use NHS Pathways www.nhspathways.org to see practice performance and identify patients
- Consider using SGLT-2 for diabetic patients for CVD and high CVD risk
- Consider using SGLT-2 for diabetic patients with elevated ACR
- Replace DPP-4 (gliptins) with SGLT-2 wherever possible
- Get patients to sign up to MyWay Diabetes Somerset www.mydiabetes.com
  - Good for HCPs too

Laughter is the
best medicine.
Unless you're a

Diabetic

then insulin is
probably better.