Community Pharmacy Diabetes Plus Service St Albans and Harpenden Pilot



Why?

- Increase the quality of pharmacist diabetes patient consultations
- Support patient to self-manage their diabetes well and be aware of resources available
- Reduce pressures, demand and cost on other parts of the health and care system



How?

- Pharmacist training undertaken in January and September 2018
- Pharmacy consultation guides and local resources information provided for community pharmacy teams
- Consultation guide and training includes reviewing medication; supporting in areas identified in Diabetes UK 15 Healthcare Essentials; helping patients to understand their condition and to set manageable goals; making patients aware of the resources (local) available to them

Patient Pathway

Referral Form completed in consultation by GP/Practice Nurse Patient takes form to Pharmacist

Community Pharmacy identifies patient that meets one of the following criteria:

- 1. Newly diagnosed patients with diabetes within the last year according to the pharmacy's PMR and patient's verbal confirmation.
- 2. Any patient dispensed diabetic medication during the pilot period and has been identified with poor concordance on the Pharmacy's Patient Medication Record (PMR) i.e. not had medicines on regular dispensing basis or confirm that they are not taking medicines on a regular basis.
- 3. Any patient with diabetes who indicates that they have not had their HBA1C levels monitored within the last six months.
- 4. Any patient with diabetes who has not been in contact with their GP practice / diabetes team within the last year.
- 5. Any patients with diabetes whereby the pharmacist identifies an area or need within the diabetes care plan which requires further input or support.

Patient engages with Pharmacist: **Diabetes Plus Consultation**

Pharmacist follows consultation guide and records information on PharmOutcomes Agree an action plan Information sent to GP Practice Patient evaluation of service using feedback form

Pharmacist arranges a follow-up review with the patient in 4-12 weeks (can be in person / over the phone)

> Patient engages with patient: Follow-Up Consultation

Has the agreed action plan been met? Pharmacist records information on PharmOutcomes Make patient aware of advice/support in the future Information sent to GP practice Patient evaluation of service using feedback form

GP/Practice Nurse to use feedback form for the service Pharmacist/pharmacy staff to use feedback form for the service

Achievements

- Learning implemented from first phase with service relaunch September 2018: widened criteria and encouraged greater engagement through minimum delivery
- √ 60 patient consultations delivered Jan –
- 38 follow up consultations delivered to
- ✓ Three quarters patients using a blood glucose monitoring meter given support on how to use the device and its testing strips along with how to manage low readings
- ✓ Two thirds patients received support with lifestyle modification advice
- 95% patients received dietary advice
- 95% patients followed advice from first consultation

Patient Feedback

- ✓ 21 patient evaluations received
- ✓ All patients were positive about service with only very few undecided on some
- √ 100% would recommend the service to
- √ 95% felt they would be better at taking their medicines as advised
- √ 95% had time to discuss concerns around diabetes management and these were listened to and addressed
- √ 90% felt more empowered to manage their diabetes
- √ 90% are more aware now of the local services and support groups available
- ✓ Patients identified main benefits as one to one support time; increased awareness of diet, exercise, weight and stopping smoking; medicines reassurance and confidence building in managing condition; and support in using blood glucose monitor