

Virtual Clinical Review FAQs Diabetes

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| 1. | What is a VCR? | |
| | <p>A VCR is a Virtual Clinical Review, and is designed to be in addition to existing care processes. Diabetes consultants and members of the community diabetes teams will work with practices, to support patient management in primary care. The aim is to support improvement in treatment outcomes for patients, specifically control of HbA1c, blood pressure and cholesterol. These outcomes will be measured.</p> <p>The wider scope of VCR's is to encourage integrated care and promote collaborative working across primary care and diabetes specialists teams. It is designed to be an opportunity for the practice team and community diabetes specialist teams to seek advice and discuss complex patients (with their consent) with the consultant diabetologist. It is also a chance for the practice and community teams to get updates from the consultant, and to signpost to community services where it is thought the patient may benefit from more specialist advice e.g. from the dieticians.</p> <p>Practices can continue to refer to their usual Diabetes Specialist Nurse (DSN) in the same way via existing referral proformas through their locality hubs.</p> | |
| 2. | What has been included in the Diabetes LES? | |
| INTEGRATED WORKING WITH COMMUNITY & SECONDARY CARE | | |
| | <p><u>Attend at least one Virtual Clinic(s):</u> Support the Clinical Diabetes Lead and others to attend the VCR clinics with the community diabetes team, and, subject to availability or where the practice has been prioritised for support, Consultant Diabetologist.</p> | <ul style="list-style-type: none"> ▪ Practice to confirm date of VCR booking(s). ▪ Work with clinical team on areas of need individual to surgery and caseload ▪ Focus on improving NICE recommended treatment targets, particularly optimising blood pressure <p>Additional focus on discussing patients with more than 2 diabetes related admissions in the last year.</p> |
| | <p><u>Practice visit:</u> Arrange a one-hour practice visit with the diabetes specialist nurse, diabetes care technician and local GP lead, and, subject to availability or where the practice has been prioritised for support, consultant diabetologist.</p> | <ul style="list-style-type: none"> ▪ One visit per year expected. Practices may wish to arrange a joint visit with nearby practices in their locality ▪ Visit discussion to be decided by practices and diabetes team in advance. Suggested areas practices may wish to focus on include discussion of practice National Diabetes Audit results, difficult cases, clinical guidelines and local challenges. |

3. Who will be attending the VCRs?

Primary Care – GP and/ or Practice Nurse Diabetes Lead(s). Other members of the practice team are welcome to join in the discussions if available.

Community Services – Practice link Diabetes Specialist Nurse, and/ or Diabetes Specialist Dietician depending on staff availability.

Acute Trust/ Community Services (Peterborough) – Consultant Diabetologist subject to availability, or where the practice has been prioritised for support.

Where there is no Diabetes consultant in attendance, VCRs will use the same approach in terms of general education, plus individual case reviews with the Diabetes Specialist Nurse, Diabetes Specialist Dietician and Practice lead(s) responsible for diabetes care.

4. What will be discussed at the VCRs?

Practices may like to run searches on the clinical system to identify patients for discussion at the VCR, for example those with a high HbA1c, or are on insulin, or to review all those who are on a GLP1 (see below regarding patient consent requirements).

Some practices have found it helpful to keep a list on their clinical system they can add to in between VCRs of specific patients or queries they need advice on. The diabetes specialist team may have suggestions for potential topics to discuss, and practices will be advised of these in advance of the VCR to support the discussions.

However, this is designed to be supportive for practices, so you are welcome to ask questions and discuss any queries you may have with the diabetes specialist team.

5. Is patient consent required?

As part of the **existing referral pathway** between primary care and the specialist teams (community or acute Trusts) **consent is already obtained** from patients before a referral is made to the diabetes specialist teams. This process will continue.

As part of the VCR model there are two scenarios:

Scenario one: VCR discussion at **high level** to seek **general advice** about management of certain groups of patients e.g. high HbA1c. Consent is not required.

Scenario two: VCR discussion about **specific patients** to seek advice about their diabetes treatment and care. Consent is required.

Practices would need to identify and **contact patients prior to the VCR taking place** to obtain consent and ensure this is **accurately recorded** in the patient record. Any changes agreed to patient's care or treatment will need to be documented within the patient record.

6. What is the difference between a VCR and a practice visit?

A VCR is designed to be an opportunity for individual practices to have support and seek advice relating to diabetes care within the practice. This will usually take 2.5-3 hours depending on practice availability if this is arranged as a face to face meeting. However, practices may wish to arrange a specific time for a teleconference instead, and this is likely to take less time depending on the level of discussion that takes place.

A practice visit can be for an individual practice, although we would encourage these to be arranged with colleagues from neighbouring practices to enable the opportunity to share good practice ideas and learning. Suggested areas for discussion may include: National Diabetes Audit results, anonymised examples of difficult cases, clinical guidelines and local challenges.

7. How do practices book a VCR?

Practices will be contacted by the Diabetes Administrators (CPFT) with the dates to book VCR clinics. VCRs will be booked for 2.5-3 hours depending on practice availability.

Cambridge and Fenland – Emma Smith: emma.smith2@cpft.nhs.uk

Hunts and Peterborough – Angie Busfield: angela.busfield@cpft.nhs.uk

8. How will the outcome of VCRs be recorded?

The outcome of the VCR will be recorded in the patient record within the practice clinical system. This information will be fed back to patients by the practice as appropriate. Practices may wish to write to patients, or for more complex changes may decide to invite the patient in to discuss in person.