

Acute Care Clinical Studies Group

Annual progress report

April 2017-April 2018

In brief

This Clinical Studies Group (CSG) aims to improve the urgent in-hospital care that people with diabetes need and receive. It focuses on research into urgent in-hospital care, including severe hypoglycaemia, diabetic ketoacidosis (DKA) and hyperosmolar hyperglycaemic state (HHS). It will also cover inpatient care for people with diabetes and its complications.

So far, CSG4 has held two face to face meetings and several teleconferences.

The group has reviewed research happening across the UK in the CSG's area and have found a lack of related research. The majority of inpatient research appears to focus on foot ulcers, followed by DKA, cardiac surgery and neonatal care.

To address this lack of research, CSG4 teamed up with other lay members across the CSGs to identify a list of research priorities. Alongside this, they reviewed information from the National Diabetes Inpatient Audit (a snapshot of inpatient care in England and Wales) to look for themes. Together, they've agreed to focus on three priority areas.

“The first period for CSG4 has seen a number of highlights including the first grant application. However, the lack of research evidence in this area has made prioritisation of research ideas difficult and leaves us more to do in the next year.” **Brian Garforth, Basingstoke**

Progress so far

Finding research priorities

Initially, CSG4 reviewed all of the relevant research happening across the UK and generated an initial list of priority areas. With lay members from other CSGs, they then identified a top 10 list of research priorities.

They also reviewed the National Inpatient Diabetes Audit (NaDIA) to identify themes and gaps, arriving at seven priority areas based on need (short- to mid-term), value/impact and feasibility:

- Empowering patients and ensuring outcomes reflect their needs (such as quality of life).
- Using new technology in care, such as remote glucose monitoring systems or alarm triggers.
- Finding high risk patients.
- Preventing harm in nursing homes and community care.
- Preparing for surgery.
- The cost effectiveness of inpatient diabetes teams and what should they look like.
- Educating clinical teams in diabetes care and management.

CSG4 then focused on the following three priorities, which were presented to and endorsed by the Lay and Healthcare Professional Forum (lay and healthcare professional members of all CSGs together).

Remote glucose monitoring and technology in care

CSG4 believes that new technologies could help hospitals to monitor their patients with diabetes, but research is needed to build evidence of how and when.

For example, remote glucose monitoring could be used to spot hypos (low blood sugar) or hyperts (high blood sugar), and even trigger an alarm. This may help to find people at high risk of hypos or hyperts, intervene before a situation becomes serious, or make certain decisions automatic.

CSG4 would like to know if this kind of technology could reduce the risk of dangerously high or low blood glucose levels without the need for specialised healthcare professionals.

Empowering patients to make choices about their care

CSG4 believes that more research is needed into the best way to empower patients to make decisions about their own care. For example, choosing to self-manage their insulin therapy in hospital, or working with their clinical team.

The group are also looking at patient reported outcome measures: looking at the quality of care a patient receives from their perspective of what is important. This would help to improve relationships between patients and their clinical teams, and ensure that treatments lead to meaningful improvements in their health.

Better care in residential care & nursing homes

CSG4 agreed that research is needed to reduce the number of incidents involving people with diabetes in residential care or nursing homes, where people are often taken to Accident & Emergency for non-emergency situations.

For example, understanding how technology could be used to improve blood glucose levels, or improving guidelines available to local care teams on how best to monitor a person's diabetes.

Engaging with communities

CSG4 presented their emerging ideas at the Diabetes UK Professional Conference and at the Lay and Healthcare Professional Forum held earlier this year.

CSG4 lay members designed a project within the research priority areas "*LISTEN to me, I know MY diabetes: Perspectives of people with diabetes on day case surgery*". This project involved collecting the views of people with diabetes on a day case surgery. The lay members reviewed the responses and presented a poster at the Diabetes UK Professional Conference 2018. The project has also been presented at the National Conference on Advancing Inpatient Diabetes Care 2017.

Links and collaborations

CSG4 is collaborating with the University of Birmingham, which has a track record of inpatient diabetes research. They are working together on electronic care. The group is also collaborating with the Academic Diabetes Unit at Leicester University, looking at whether the Diabetes Inpatient Care and Education project can be delivered on a wider scale to enable safer and cost effective inpatient diabetes care. This project worked on:

- Optimising use of blood glucose monitors to identify trends in hypos
- Reducing the number of hypos
- Implementing a diabetes patient pathway
- Increasing staff knowledge of diabetes care
- An expansion of diabetes inpatient specialist nurses.

Next steps

The plans for the coming year include:

- An in depth review of published research into CSG4's top seven research priorities. They hope to find gaps and collect together evidence on certain topics (for example, caring for people with diabetes and dementia in nursing homes).
- Identifying one or two projects which can be developed into research grant applications in the short term.
- Publishing the findings from the "*LISTEN to me, I know MY diabetes: Perspectives of people with diabetes on day case surgery*" project.
- Engaging with diabetes specialists, such as diabetes specialist nurses, specialist dietitians and podiatrists.
- Investigating the value and feasibility of launching a survey to find out the research priorities of people with diabetes who have experienced inpatient care or nursing home care, their family members and relevant healthcare professionals.
- Engaging with the wider diabetes community to obtain feedback on chosen priorities. One of the ways to achieve this would be via a Twitter chat and the first chat planned will be on healthy ageing.

Find out more

To find out more about the work of the CSG, please contact csgs@diabetes.org.uk to be put in contact with the group.

CSG members

Current CSG membership, including affiliations.

Name	Affiliation	Role on group
Professor Gerry Rayman	Ipswich Hospital	Chair
Andrea Lake	Cambridge University Hospital	Deputy-Chair
Brian Garforth	Lay representative	Member
Dr Goher Ayman	Lay representative	Member
Dr Peter Rogers	Lay representative	Member
Dr Ketan Dhatariya	Norfolk & Norwich University Hospital	Member
Dr Sheba Jarvis	Imperial College London	Member
Ms Irene Stratton	Gloucestershire Hospitals	Member
Dr Krish Nirantharakumar	University of Birmingham	Member
Professor Mike Sampson	Norfolk & Norwich University Hospital	Member
Dr Dinesh Selvarajah	University of Sheffield	Member
Dr Glenn Matfin	Derriford Hospital, Plymouth	Member
Dr Mayank Patel	University Hospital Southampton	Member

Dr Christopher Sainsbury	Queen Elizabeth University Hospital, Glasgow	Member
Dr Anil Gumber	Sheffield Hallam University	Member
Dr Frances Wensley	Bristol Royal Infirmary	Member