

# Diabetes care in hospital

**Professor Gerry Rayman** discusses Diabetes UK's *Making hospitals safe for people with diabetes* report and recommendations, which he has co-authored

**t**he National Diabetes Inpatient Audit (NaDIA), which began in 2009/2010, revealed – for the first time – the lack of investment into diabetes inpatient teams and concerning, if not alarming, patient outcomes. These audits have occurred more or less annually since then. At a national level, there have been definite and statistical reductions in the frequency of hypoglycaemia, hospital-acquired foot ulceration, and medication and insulin errors. However, these improvements have been small when compared with the very impressive improvements seen in those NHS Trusts which have significantly invested into inpatient diabetes care and in those where diabetes teams have been proactive in service change.

The goal of all hospital trusts should be to ensure that the outcomes for people with diabetes admitted to hospital are no different from those without diabetes, by prevention of inpatient hyperglycaemia, hypoglycaemia and hospital-acquired foot lesions, and ensuring early and safe discharge. Given the inexorable rise in prevalence of diabetes and the frequent harms evidenced by NaDIA, significant investment into planning future diabetes inpatient services will be needed if these goals are to be achieved and the high cost of poor inpatient care is to be addressed. A great deal can be achieved by addressing the significant deficiencies in diabetes specialist staffing and implementing care processes to reduce the variation in care revealed by NaDIA.

## Improving care for inpatients with diabetes

The inpatient clinical community and the NHS more widely have been rising to the challenge of improving inpatient care. In 2017/2018, NHS England Transformation Funds secured more posts for diabetes inpatient specialist nurses and multidisciplinary foot services. NHS England's 'Getting it Right First Time' (GIRFT) diabetes programme will bring higher-

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quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices. Meanwhile, the Joint British Diabetes Societies (JBDS) group continues to develop high-quality, evidence-based guidelines for inpatient care.

Finally, I am delighted to have co-authored Diabetes UK's *Making hospitals safe for people with diabetes*, a report that makes sound recommendations which, if implemented in all hospitals, will transform care across England. The recommendations are that

all hospitals should have fully resourced multidisciplinary diabetes inpatient teams that are available seven days a week. There should be strong leadership of these teams, which should meet regularly to review audits of the service, including length of stay, readmissions and patient harms. These should regularly report to the trust management and the trust safety committee. It should be mandatory for all healthcare professionals caring for people with diabetes to have basic training on the safe use of insulin and knowledge of the main diabetes harms and how they can be prevented. There should be better access to systems and technologies that will improve care, including web-linked glucose systems with alerts. There should be better support for people to take ownership of their diabetes when in hospital and diabetes inpatient teams should work with catering staff to make sure mealtimes, and meal quantities, are appropriate for people with a diagnosis of diabetes.

It is recognised that implementing all the recommendations in *Making hospitals safe for people with diabetes* is an ambitious goal and one that will take time. However, we do know that these recommendations are feasible, as they are already in place in a number of hospitals.

With the support, leadership and the coordinated efforts of NHS England, Diabetes UK, the GIRFT team, JBDS, the Association of British Clinical Diabetologists, the Diabetes Inpatient Specialist Nurse UK Group, commissioning groups, hospital management and diabetes teams, implementation of these recommendations will transform the care of people with diabetes in hospital.