

Frequently asked questions

Insulin administration in community settings

xx July 2020, Version 1

The content of this document has been generated independently in collaboration with eight exemplar sites and those companies referenced in the acknowledgements in the Sample Policy (the 'parties').

While the parties have made every effort to check that no inaccurate or misleading data, opinions or statements appear in this document, they wish to make it clear that the material represents a summary of the independent evaluations and knowledge of the authors and contributors. As such, the parties accept no responsibility for the consequences of any such inaccurate or misleading content, or no pilots being undertaken. Nor do they endorse the use of any drug or device in a way that lies outside its licensed application in any territory.

About the programme

What changes are being rolled out?

- The Delegation of Insulin Administration programme seeks to put in place a structured and safe mechanism for health and care staff, who are not registered nurses, to take delegated responsibility for administering insulin to adults receiving care in the community.
- It is mainly aimed at healthcare workers (HCW)¹, healthcare assistants and support workers in trusts and social care, but the policy and learning materials have been designed to also apply to other non-registered healthcare professionals, nursing associates and allied health professionals (AHPs) as required.

Which settings does it cover?

- People receiving care in their own homes (Homecare, community nursing, neighbourhood teams).
- Providers of adult social care.
- HCWs in GP practices.

Why not hospitals?

- The programme was initially for community settings, but it can be implemented in any setting.

Which staff is this for?

- Registered nurses will be the clinicians exercising judgement on whether a person receiving care is stable enough to have their insulin administered by a different professional. They will also be supervising the training and practice of non-registered healthcare professionals and AHPs.
- We would like to see HCWs, other non-registered healthcare professionals, nursing associates and AHPs assume this responsibility.

What scope of services is covered – insulin only?

- Yes, currently it is just for insulin, and pens only.
- In the future it is hoped that HCWs and other staff increasingly take up a wider range of roles and that they and their employers are reimbursed commensurately.
- The Competency Framework and workbook documents provide the framework for the development of additional standard operating procedures for other medications.

¹ Whilst this document uses the term Healthcare Workers (HCW), this is a generic term assumed to include similar roles with differing titles such as Healthcare Assistant, Health Care Support Worker etc.

Why are you doing this now?

- COVID-19 pressures on staff capacity:
 - specialist diabetes nurses' teams being redeployed
 - people in the community still have diabetes healthcare needs
 - acute hospitals discharging an increasing number of people into community.

Is it mandatory?

- No. Local systems or organisations should decide what benefits and works for them.
- It is about nurses exercising judgement about which individuals can undertake insulin administration training should they wish to, and providing a framework for delegation.
- No healthcare support worker should be forced into such a role.

What are the benefits to people receiving care and staff?

How does this benefit people receiving care?

- The initiative helps keep people at home, avoiding hospital admissions.
- It provides personalised care and empowerment. The person has more control as medication is administered on a more timely basis; timing is not dependent on when the nurse can get to them.

How does this benefit staff?

- It supports social care workforce development and normalises parity of esteem.

What about unpaid carers and family members? Could people be trained to self-administer?

- Our ultimate ambition is to enable as many people to live independent lives in the community, to the fullest extent possible. While we are keen to see trusted carers, family members and individuals themselves learn these skills where they can do so safely and are willing, currently this policy **only** extends to the training and support of health and care professionals.

The care model and delegation of tasks

Will district nurses retain clinical oversight and responsibility?

- Yes. This is about delegating responsibilities in a structured and safe way, supported by a training programme, practice, supervision and mentorship.
- Nurses must be confident to delegate to the appropriate colleague and must be supported by agreed governance through local policies and procedures.

- Nurses themselves be safe to sign others off.

What about indemnity?

- Please see the guidance on temporary funding for adult social care providers during the COVID-19 crisis:

<https://nationalcareassociation.org.uk/content/images/uploads/headers/Provider-fees-summary-of-the-approach-proposed-by-local-government-ASC-final.pdf>

How will mentoring work?

- This will take place over two to three weeks on a one-to-one basis. A mentor will work through the Competency Framework & Workbook and sign-off this off.
- The organisation must be covered through vicarious liabilities.
- .If a registered nurse has a scheduled visit at the same time as the HCA s visiting to give insulin, they should still visit and can work through the workbook with the HCA at this time.
-
- The person receiving care chooses whether or not to accept and consent or not to the HCA the giving insulin.

How do you ensure HCWs are willing and able to take on this extra responsibility?

- Nurses will make the decision about delegation of duties to people on another professional register, pharmacy technicians or anyone who supports nursing.
- It is about nurses exercising judgement about individuals who want to and are able to administer insulin.
- The HCW will need the agreement of their line managers.

Does this require a review of cases before beginning?

- We are not suggesting full case review However, depending on your local system's capacity and the cost or benefit for the individual and MDT supporting them, it may be useful to review arrangements for those people who no longer require insulin.

What about remote supervision?

- This will be a local choice, based on the nurse's judgement.
- As nurses will already be travelling to people to administer insulin, no extra trips will be required for face-to-face supervision.

What support is available to implement this initiative?

Developed package of insulin administration materials:

- The Sample policy document on Delegation of Administration of insulin to adults will set out in a step-by-step manner the roles and responsibilities of registered nurses, HCWs and organisations as they implement this initiative.
- A detailed e-Learning module (available at <https://portal.e-lfh.org.uk/>) will provide the main learning method for HCWs, AHPs and other colleagues. It will ensure they understand the key concepts and procedures.
- The Competency framework and workbook document is a composite of the approaches taken by the exemplar sites and some material from Trend UK. This will support the face-to-face element of training/mentorship which will be essential alongside e-Learning.
- Two checklists are available – one for organisations and one for HCWs and one for health and care professionals.

What ongoing support and advice is available?

- Regional nursing teams.
- Skills for Care regions.
- Diabetes UK.
- We are also planning a series of webinars with exemplar sites in:
 - Sheffield
 - Suffolk
 - North East of England.

Who developed your learning materials? Has there been expert/clinical input?

- NHS England and NHS Improvement have developed the materials with input from an expert group of diabetes clinicians and researchers
- They have been reviewed by diabetes educational experts, practising clinicians, commissioners from eight exemplar sites, and the following organisations:
 - Diabetes UK
 - UK Clinical Pharmacy Association (UKCPA)
 - National Care Forum (NCF)
 - UK Homecare Association (UKHCA)
 - Association of Directors of Adult Social Services (ADASS)
 - Local Government Association (LGA)
 - Royal College of Nursing (RCN)

- Nursing and Midwifery Council (NMC)
- Care Quality Commission (CQC)
- Health Education England (HEE)
- Skills for Care (SfC)
- Foundation of Nursing Studies (FoNS)
- The Queens Nursing Institute (QNI).
- Diabetes Specialist Nurse Forum (DSN UK)
- Trend UK

Information for providers of adult social care

How are you supporting care providers to do this in challenging times?

- This is not a mandatory programme. Some of this work is already happening in some exemplar sites nationally and we hope other organisations will want to implement this initiative. For help with funding, see the guidance on temporary funding for adult social care providers during the COVID-19 crisis:

<https://nationalcareassociation.org.uk/content/images/uploads/headers/Provider-fees-summary-of-the-approach-proposed-by-local-government-ASC-final.pdf>

How are we supposed to do this when staff turnover is high and there is a shortage of carers who visit people at home?

- We think this initiative is part of the medium-to-long term answer to some of these issues, by increasing job satisfaction and, crucially, reducing the number of visits to people at home.

Safety and evidence

How are you making sure that this is safe?

- Safety will be ensured through the e-Learning (concepts and procedures), followed by a minimum of five supervised procedures (as well as the competency framework and workbook) and a sign-off to say the HCW is deemed to be competent.
- Reflections on practice may be undertaken.
- Mentoring from registered nurse.
- The checklists and Sample policy set out the expectations for ensuring delegated monitoring of blood glucose and administration of insulin meets the standards required by the CQC and the NMC professional standards.

Has anyone done this already?

- Eight exemplar sites have successfully rolled out delegation of insulin administration initiatives:

1. Shropshire Community Health NHS Trust
 2. Tameside and Glossop Integrated Care NHS Foundation Trust
 3. Hertfordshire Community NHS Trust
 4. Sirona Care and Health (formerly Bristol Community Health)
 5. North Tees and Hartlepool NHS Foundation Trust
 6. Sheffield Teaching Hospitals NHS Foundation Trust
 7. Barnet, Enfield and Haringey Mental Health NHS Trust
 8. East Kent Hospitals University Foundation Trust.
- Suffolk and Essex Care Homes is not one of the exemplar sites but it is a good source of best practice in the delegation of insulin administration.

What do the regulators say?

- The CQC was part of the working group that produced and signed off these materials.

Policy alignment

Is this specific to England?

- Yes. We are talking to the chief nursing officers from the devolved nations to find out if they are interested in adapting and adopting the initiative.

Is this guidance fixed in stone?

- This policy, guidance and learning package has been developed rapidly in response to the COVID-19 challenge. It will continue to evolve.
- If you have any feedback, please do contact us via the forum and/or the private messaging facility on the FutureNHS website:
<https://future.nhs.uk/Insulin/grouphome> (Insulin Administration programme workspace).

How does this align with community services prioritisation?

- This is a priority work area and it is vital that these services continue.
- The work supports the ongoing priority of home visits and providers of adult social care visits.