Location Location Location

Annual Review of Housebound Patients

Barbara Foster  bfoster@nhs.net
Brenda Scott  brendascott@nhs.net
All people with diabetes are entitled to an annual review

“for screening, prevention and treatment of complications”

“...delivered in the most appropriate place and provide consistent, high quality care”

(CREST, 2003)
Housebound

Confined to the house due to illness, disability or old age??
“A housebound patient is one who is unable to leave home without exceptional effort and support and to whom a GP would normally offer home visits as the only practical means of enabling the patient to consult a general practitioner face-to-face.

A patient is not housebound if she or he is able to leave their home environment with assistance and routinely undertakes unassisted visits or visits minimally assisted by family or friends or other helpers to the doctor, dentist, clinic, hairdresser, supermarket, bingo, luncheon or similar clubs and activities or other leisure venues”

Southern Parishes Community Care Care Team (2012)
11 years ago
NSF for Diabetes (DoH, 2001 p 5)

Standard 4
All adults with diabetes will receive high quality care throughout their lifetime, including support to optimise the control of their blood glucose, blood pressure and other risk factors for developing the complications of diabetes.

Standard 10
All young people and adults with diabetes will receive regular surveillance for the long term complications of diabetes.

Standard 11
The NHS will develop and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of diabetes receive timely, appropriate and effective investigation and treatment to reduce their risk of disability and premature death.
Diabetes UK State of the Nation report 2012

not identifying people with diabetes early enough

in 2011/12 only half of NHS Health Checks had been offered- in some PCTs non at all.

less than half people with established diabetes were receiving all 9 care processes

people with diabetes were not getting the education they need to enable them to act on results form these checks to help them to self manage the condition.
Commissioning Outcomes Framework—indicators recommended to the NHS Commissioning Board

- MI, stroke and stage 5 CKD in people with diabetes
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than a year who are referred to structured education
- People who have had emergency admission for ketoacidosis
- Rates of lower limb amputation
- Rates of complications associated with diabetes

Fellows J. (2012).
Wider “team” responsibilities

- Promote well being
- Improve/maintain quality of life
- Prevent/delay onset of cardiovascular disease
- Manage complications early
- Minimise hypoglycaemia and ADRs
- Provide specialist care at appropriate time

British Geriatric Society (2009)
Patient/Carers responsibilities

- Acquire education and skills to be able to self manage as much as possible

- Achieve optimal quality of life

- Be able to access services and support when they need to.

British Geriatric Society (2009)
Getting started

- Diabetes register/Identify housebound with diabetes
- Is there a call/recall system?
- Follow up DNAs, no access etc?

- Nurse practitioner
- District Nurse
- DSN
- GP
- Podiatrist
- Dietitian
- Retinal screening/optometrist

Who does it?
What do you need?

- Training/Education
- Protected time!
- Protocols/guidelines
- Equipment
- Template/data collection
- Shared records
- Care Plan (NICE 2012, DUK 2010, NHS Diabetes 200?)
- Referral process/support from secondary care
- Support/helpline for patients/relatives/carers
- Audit/evaluation

- Enthusiasm and motivation!
Information Pack
***
Case Studies
Questions
***
Thank You