

# West Hertfordshire PBC Diabetes Commissioning Consortium Overview of Commissioned Diabetes Care Model

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Diagnosed  
**Confirmed Diabetes Mellitus**

Diagnosed in accordance with WHO defines diagnostic criteria)

**Primary Care Management**  
Care of diabetes in accordance with GMS. Includes QoF (optional). In-Practice care should include GP and PN diabetes care as agreed within the PBC locality Plan. For practices not able to deliver GP Diabetes care to this standard, there will be a PBC Commissioned alternate provider of diabetes services at practice level.

referral  
**Passage form Primary Care services to Community Diabetes Services**

**NON-TARRIFF**  
Still within primary care in a PBC Consortium service

**Community Diabetes Services**  
More enhanced care than GP referral.

sPMS  
Specialist  
Provision  
Medical  
Services

**Symptom Description**  
Polyuria  
Polydipsia  
Weight loss  
Lethargy  
Glycaemic-associated infections etc etc

**Incidence and Prevalence**  
Local Prevalence and annual incidence rates here

**Self Assessment and Self Care**  
Person-driven management.

**Primary Prevention**  
Ranging frm individual, through family, practice and public health policy

GP Diabetes Services			
<b>Glycaemia</b> HbA1c <7% (or lower); hypoglycaemic glycaemic excursions, appropriate SMBG	<b>BP Control</b> Target <140/<80 (or lower if CKD or indicated)	<b>Lipids</b> As per JNC4 (<4 & <2)	<b>Others</b> UACR Feet Eyes etc etc

Diabetes sPMS	
- Diabetes Specialist Nurses - Insulin Initiation	- Diabetic Dietetics - Structured Education Programmes (both for new and established)

**Management by GP Teams**  
With support form Level 2

Interventions				
<b>Education</b> From PN and GP	<b>Prescribing</b>	<b>Monitoring</b> Testing as appropriate. QoF should be a MINIMAL STANDARD. Standard of care should exceed QoF indicators	<b>Liason</b> As necessary seek support from Community Service (eg DSNs, dietetics, podiatry)	<b>PDP/Learning</b> Education needs to whole GP Team

Community Diabetes Services		
eg DSNs Support to Patients eg - Insulin Dosing - Advice for new insulin initiation - Insulin regime swaps/alterati	<b>Structured Education Programme</b> - newly diagnosed - review pts - assist with appropriate SMBG	<b>Psy and care</b>

**Person with Diabetes** ← **Patient Empowerment**

**Discharge back to GP wherever f**