

**Tayside Nutrition & Dietetic Network and
Tayside Diabetes Managed Clinical Network**

**GUIDANCE FOR ACCESS TO DIETETIC SERVICES
FOR PEOPLE WITH DIABETES.**

1. PEOPLE WITH TYPE 2 DIABETES	
<p>1.1 Newly diagnosed <i>(Essential Criteria)</i></p>	<p>a) Tayside Diabetes Education Programme (TDEP) sessions booked on line. Dietetic input to all sessions running across Tayside. Patients should be referred to a TDEP programme within 1 month of diagnosis.</p> <p>b) Patients provided with verbal and printed dietary advice from Practice Nurses and GPs (“Healthy Eating & Diabetes” on Diabetes MCN website) within 4 working weeks of diagnosis.</p> <p>c) Direct referral to Dietitian for one to one advice i.e. patients who are unsuitable for group sessions e.g. hard of hearing, vision impaired, housebound, resident in care homes. Where there is no access to a local TDEP programme and the Practice Nurses and GPs cannot provide appropriate dietary advice a referral should be made to Dietitian for one to one advice within 4 working weeks of diagnosis</p>
<p>1.2 Weight management <i>(Desirable Criteria)</i></p>	<p>Clinicians are advised to follow the Tayside ‘Adult Weight Management Pathway’ (draft document agreed in principle).</p> <p>a) Patients with BMI 25 – 28 +/- co-morbidities referred by GP to practice nurse, health care assistant or lifestyle counsellor trained to deliver weight management advice and support or “Winning Weigh” Groups (Level 2 of Tayside Adult Weight Management Pathway) or encouraged to enrol with a commercial weight management programme.</p> <p>b) Counterweight programme delivered by trained health care professionals – Patients with BMI \geq 30 or BMI \geq 28 with co-morbidities (Level 3 of Tayside Adult Weight Management Pathway).</p>
<p>1.3 Weight management for morbidly obese patients BMI>40 <i>(Desirable Criteria)</i></p>	<p>Clinicians are advised to follow the Tayside ‘Adult Weight Management Pathway’ (draft document agreed in principle).</p> <p>Direct referral to Dietitian for one to one advice. Seen by dietitian within 18 weeks of referral (level 5 of Tayside Adult Weight Management Pathway).</p>
<p>1.4 Patients with poor diabetes control <i>(Desirable Criteria)</i></p>	<p>Patients with poor Glycaemic/metabolic control and / or co-morbidities i.e. BMI \geq 28, dyslipidaemia, CHD, renal impairment, hypertension, Ischaemic Heart Disease (three or more months after diagnosis). Seen by Dietitian within 18 weeks of referral.</p>

**Tayside Nutrition & Dietetic Network and
Tayside Diabetes Managed Clinical Network**

**GUIDANCE FOR ACCESS TO DIETETIC SERVICES
FOR PEOPLE WITH DIABETES.**

1. PEOPLE WITH TYPE 2 DIABETES CONTINUED	
1.5 Patients starting on insulin <i>(Desirable Criteria)</i>	Refer directly to Specialist Diabetes Dietitian for one to one advice or dietetic advice given to group starts. Seen by dietitian within 4 working weeks of starting on insulin.

2. PEOPLE WITH TYPE 1 DIABETES	
2.1 Newly diagnosed <i>(Essential Criteria)</i>	Refer directly to Specialist Diabetes Dietitian for one to one advice. Seen by dietitian within 1 week of receipt of referral, otherwise within 2 weeks if patient is provided with printed dietary information on diagnosis.
2.2 Patients with poor diabetes control <i>(Desirable Criteria)</i>	Refer directly to Specialist Diabetes Dietitian for one to one advice. Seen by dietitian within 4 working week of receipt of referral.
2.3 Weight management <i>(Desirable Criteria)</i>	Refer directly to Specialist Diabetes Dietitian for one to one advice. Seen by dietitian within 18 weeks of receipt of referral. (Patient requiring a group programme could access 'Winning Weigh' (see section 1.2) alongside Specialist Diabetes Dietitian support).
2.4 Intensive insulin therapy <i>(Desirable Criteria)</i>	Refer to Specialist Diabetes team for assessment and group education on the use of intensive insulin therapy and carbohydrate estimation / counting (Tayside Insulin Management (TIM) Programme).
2.5 Pump therapy <i>(Desirable Criteria)</i>	Refer to Specialist Diabetes team for assessment and one to one education from Diabetes Specialist Nurse and Specialist Diabetes Dietitian
2.6 Patients with diabetes and renal complications <i>(Desirable Criteria)</i>	Refer to combined Specialist Diabetes Renal Team for one to one dietary education from Specialist Diabetes Dietitian. Seen by Specialist Diabetes Dietitian within 1 working week of receipt of referral.

**Tayside Nutrition & Dietetic Network and
Tayside Diabetes Managed Clinical Network**

**GUIDANCE FOR ACCESS TO DIETETIC SERVICES
FOR PEOPLE WITH DIABETES.**

3. ANTE-NATAL DIABETES CARE	
3.1 Gestational diabetes, pre-pregnancy and ante-natal diabetes Care <i>(Essential Criteria)</i>	Refer to combined Specialist Diabetes & Obstetrics Teams for assessment and one to one dietary education from Specialist Diabetes Dietitian. Seen by Specialist Diabetes Dietitian within 1 working week of receipt of referral.
4. IMPAIRED GLUCOSE TOLERANCE	
4.1 Newly diagnosed patients <i>(Desirable Criteria)</i>	Lifestyle and weight management advice provided by primary care staff within 4 weeks of diagnosis. (See guidance above for Weight Management for patients with Type 2 Diabetes –Section 1.2)
5. ON GOING EDUCATION PROGRAMMES	
5.1 Update sessions for patients with Type 1 Diabetes <i>(Desirable Criteria)</i>	Rolling programme of update sessions at 3 & 6 months after diagnosis with Dietetic input.
5.2 Update sessions for patients with Type 2 Diabetes <i>(Desirable Criteria)</i>	Rolling programme of update sessions with Dietetic input.
5.3 Update sessions for Young Adults (18 –21 years) with Type 1 Diabetes <i>(Desirable Criteria)</i>	Rolling programme of update sessions with Dietetic input.

**Tayside Nutrition & Dietetic Network and
Tayside Diabetes Managed Clinical Network**

**GUIDANCE FOR ACCESS TO DIETETIC SERVICES
FOR PEOPLE WITH DIABETES.**

5. ON GOING EDUCATION PROGRAMMES CONTINUED	
5.4 Education programmes for ethnic minorities i.e. Chinese, Polish and Asian <i>(Desirable Criteria)</i>	Rolling programme of update sessions with Dietetic input.
6. ELDERLY PEOPLE IN CARE HOMES WITH TYPES 1 & 2 DIABETES	
Elderly patients in care homes with Types 1 & 2 diabetes <i>(Desirable Criteria)</i>	Direct referral to Dietitian* for one to one advice. a) Patients referred for nutritional support or poorly controlled diabetes seen by dietitian within 4 working weeks of receipt of referral. b) Patients referred for weight management seen by dietitian within 18 weeks of receipt of referral.
7. NHS QIS STANDARDS	
People with diabetes have access to identified key health professionals (QIS Clinical Standards for Diabetes 2002 – Standard 3) <i>(Desirable Criteria)</i>	Access to Specialist Diabetes Dietitian to provide appropriate and consistent information to people with diabetes and to support Dietitians and other health care professionals caring for people with diabetes

References:

1. NHS Scotland, Quality Improvement Scotland. Diabetes Clinical Standards (October 2002)
2. NHS Scotland, Scottish Diabetes Framework Action Plan (2006)
3. SIGN Guideline 55, Management of Diabetes (2001)
4. 'The Implementation of Nutritional Advice for People with Diabetes' – Nutrition Subcommittee of the Diabetes Care Advisory Committee of Diabetes UK (2003)
5. NHS Tayside, Long Term Conditions Programme Self Care Framework (2007)
6. British Dietetic Association, 'A Workforce and Training Framework for the Delivery of Diet and Lifestyle Care Pathways for Long Term Conditions – A Diabetes Perspective' (August 2006)
7. Better Health, Better Care: an Action Plan, Scottish Government (December 2007)

December 2007