Quality Assurance Visit Report

Service: Diabetes
Date: 03.10.2018
Time: 1:00pm

Summary

Healthwatch Newham (HWN) visited the Diabetes service at Shewsbury Road Health Centre. The aim of our visit was to find out about patients referral pathway experiences as part of our joint Quality Assurance Project with Newham Clinical Commissioning Group (NCCG).

The Diabetes service receives referrals from GPs, consultants and other health care professionals. Once a referral has been made, a diabetes specialist nurse looks into the referral and triages it where possible.

The service aims to see patients within 6 weeks from when the referral is made. Appointments for patients vary as it depends on their individual patient plan. The patient and nurse will agree on a management plan which is relayed back to the patient's GP. The service discharges patients back to their GP and the patient can be re-referred if necessary.

On the day of the visit, HWN were able to speak with one patient. This is due to the timing of the visit as there were no patients available to speak with after 2:00pm.

Understanding of the service

The patient said their GP had referred them to the service and they understood why they were being referred as they had high blood sugar. The patient said they did not receive a lot of information by the GP but when they had their first appointment, the nurse provided them with more information.

The patient said they were informed about their appointment through a letter and email.

Referral Process

The patient said that they waited approximately a month to attend their appointment. The patient did not feel this was a long time as they felt the service was busy and was informed by her GP that it could take a few weeks to attend their first appointment.

Services working together effectively

In relation to the health services working collaboratively, the patient said that their transition was good. The patient did not have to repeat information and felt that they are treated with dignity and respect.

Furthermore, the patient said they felt the diabetes service is addressing all their health needs in relation to their diabetes. The patient could not comment on other needs as they did not have any.

Patient Health Plan

The patient said they understood their health plan. The patient said that their diet plan had been explained to them and what their next steps would be. The patient said they were also provided with contact information if they had any questions or concerns.

Access needs

In regards to access needs, the patient said that the service caters to their needs as they arrange a translator for their appointments.

Quality Assurance Visit Report

Signposting

The patient said the service has signposted them to other services and organisations in the borough. The patient gave the example of a dietician group based in Forest Gate, which they participate in.

Conclusion

The patient said they would rate their experience of the referral process as 'excellent' and had no further comments to make about the service.

Recommendations

Invite HWN to visit the clinic again when there are more patients available to speak with to gain a wider understanding of diabetes services.
HWN is already liaising with NCCG about the GP referrals to diabetes and HWN will liaise with NCCG to emphasise how GPs need to explain the service to patients at an early stage.

Service response

This is a very positive and encouraging report. Just to highlight that patients are notified of their appointments via letter and text messages. Patients are also seen by DSNs for up to 4-6x prior to discharge and this is based on service level of agreement with the CCG. However, if a patient did not achieve optimal glycaemic control after 6 visits, we then advise the referrer to re-refer patient back to the service for further management.

The service strive to see all patients within 6weeks following referral, but for those with very poorly controlled glycaemia, we tend to bring their appointments forward depending on our capacity.