### **Standard Operating Procedure**

# Communication of Insulin Dose Adjustment between Health Care Professionals in Tower Hamlets Housebound Patients

Document version	1.0
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Approving Committee / Group	Quality and Governance Group (QAG) East London NHS Foundation Trust Tower Hamlets Community Health Services
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#### **OBJECTIVES**

This Standard Operating Procedure outlines the communication pathway for housebound patients under the care of Tower Hamlets District Nurses East London NHS Foundation Trust following insulin dose adjustment by the Tower Hamlets Diabetes Specialist Nurse Barts Health NHS Trust or the Tower Hamlets General Practitioner (GP) or Primary Care Non-Medical Prescriber.

### **AUDIENCE**

- GP practice team staff (administrators, nurses, pharmacists, GPs)
- Community health team staff (admin, triage team, district nurses, pharmacy team )
- Community diabetes team staff (specialist nurses)
- Virtual Ward team staff (doctors and nurses)
- Single point of access team staff (administrators)

#### **SCOPE**

This procedure covers the communication pathway from the Diabetes Specialist Nurse Barts Health NHS Trust to General Practitioner (GP) or Primary Care Non-Medical Prescriber; Diabetes Specialist Nurse Barts Health NHS Trust to District Nurses East London NHS Foundation Trust; and from the Tower Hamlets General Practitioner (GP) or Primary Care Non-Medical Prescriber to District Nurses East London NHS Foundation Trust.

### Rationale for the pathway

- Housebound patients on insulin can have their dose adjusted by the Diabetes Specialist
  Nurse Barts Health NHS Trust or the Tower Hamlets GP or Primary Care Non-Medical
  Prescriber. This dose adjustment needs to be made on the patient electronic records
  (EMIS) and in addition communicated to the District Nurses East London NHS
  Foundation Trust in order for the changes to be made on the Medication
  Administration Record (MAR) used by community health service staff. Once changed
  on the MAR the patient will receive the new dose of medication.
- Communication between professionals involved in prescribing and administrating insulin is often delayed, leading to delay in care and treatment to the patient.
   Additionally, these delays also pose clinical risk, as insulin doses are often not adjusted, resulting in hypoglycaemia and risk of falls.

### Diabetes Specialist Nurse Barts Health NHS Trust communication pathway to the GP team

- Diabetes Specialist Nurse Barts Health NHS Trust will send notification, currently a
  letter sent via email, to the patient's GP team with changes to treatment plan /regime
  following review at the Diabetes clinic. In addition Diabetes Specialist Nurse will call
  the GP practice on bypass line <a href="https://digital.nhs.uk/services/nhs-service-finder">https://digital.nhs.uk/services/nhs-service-finder</a> to
  request for the insulin dose change to be actioned the same day on the electronic
  records (EMIS).
- A copy of the notification and treatment plan will be sent to the District Nurses at the same time as GP team via email to the Single Point of Access (SPA) thgpcg.spa@nhs.net
- GP or Primary Care Non-Medical Prescriber will review and prescribe the recommended insulin dose on patient's EMIS record on receipt of the notification from DSN.
- GP or Primary Care Non-Medical Prescriber will send an email to District Nurses via SPA <a href="mailto:theory.org/theory.com/theory.org/">thgpcg.spa@nhs.net</a> for notification of dose amendment. The email will include patient ID + Insulin dose change prescribed in units + date to commence new dose.
- SPA will send an **urgent task message** on EMIS to Triage and Assessment Team (District nurses East London NHS Foundation Trust) with GP team notification.

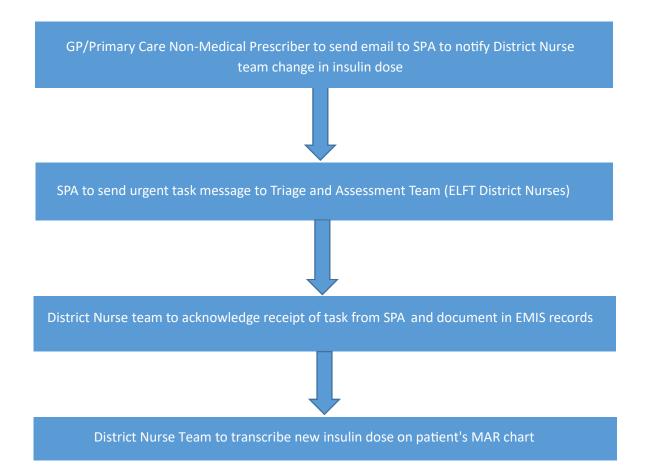
### Diabetes Specialist Nurse Barts Health NHS Trust communication pathway to District Nurses East London NHS Foundation Trust via SPA

- Diabetes Specialist Nurse will send a copy of the GP team notification to Single Point
  of Access (SPA) via email to <a href="mailto:thgpcg.spa@nhs.net">thgpcg.spa@nhs.net</a> at the same time as they send to GP
  team
- SPA will send an urgent task message via EMIS to the Triage and Assessment Team (District Nurses East London NHS Foundation Trust) to notify them of the information from the Diabetes Specialist Nurse.
- If a Diabetes Specialist Nurse with Non-Medical Prescribing qualification recommends
  the insulin dose adjustment and their prescribing credentials are included in the
  signature the District Nurses will transcribe the new dose of insulin onto the
  Medication Administration Record (MAR) based on the information on the letter from
  the Diabetes Specialist Nurse.
- If transcribed, District nurses will send an email at earliest opportunity to GP team to notify and request for GP team to update the Insulin prescription as per the recommendation letter on EMIS patient record.
- If not transcribed, District nurses will check EMIS records to see if GP or Primary Care
  Non-Medical Prescriber has updated with new dose. If not yet updated District
  nurses will contact GP team on bypass line requesting to be actioned the same day so
  that new dose can be transcribed onto MAR chart.

## **GP or Primary Care Non-Medical Prescriber communication pathway to the District Nurses East London NHS Foundation Trust**

- GP or Primary Care Non-Medical Prescriber will send an email to SPA <u>thgpcg.spa@nhs.net</u> which includes patient ID, insulin dose change and date to commence new dose in order to notify District Nurses of any insulin dose adjustment or discontinuation in housebound patient.
- SPA will send an **urgent task message** via EMIS to Triage and Assessment Team (District nurses East London NHS Foundation Trust) on receipt of the message from GP.
- District nurses will acknowledge the receipt of the task message from SPA and record in EMIS.
- District nurses who have been deemed competent to transcribe by ELFT will transcribe new dose from EMIS onto the patient's MAR chart.

### **COMMUNICATION FLOW CHART TO FOLLOW POST INSULIN DOSE ADJUSTMENT**



### **Professional Responsibility**

- It is the responsibility of the Clinical Lead for the District nurse team to ensure that training as outlined by trust policy has been undertaken by staff who are expected to transcribe and administer insulin injection and that staff are competent to do so within their professional scope of practice.
- The GP/ Non-Medical Prescriber/ Diabetes Specialist Nurse initiating or adjusting dose of insulin is responsible for ensuring that patient has received diabetes education around management and lifestyle modifications, oral medications have been optimised, and that insulin medication and its associated risks is in the best interests for the patient. All prescribers have a legal responsibility to prescribe legibly and in accordance with prescription requirements. Non- Medical Prescribers should only work within their scope of practice.

• Diabetes Specialist Nurse will review the recommended dosage of insulin on EMIS, and schedule for a follow up in accordance with the care plan.

### **Patient Communication and Support**

- Healthcare professionals should use every opportunity to provide patients with adequate information about insulin therapy (verbal and written), preferably at point of prescribing.
- All health care professionals, including Diabetic Specialist Nurse, GP, Primary care Non-Medical Prescribers and District Nurse will take an active role in starting conversations with housebound patients and their carers about self-administration of insulin to identify those who would benefit from self-management of their diabetes. Suitable patients can be shared with the District nurse team who can arrange support and education in the community.
- Patients should be adequately counselled and educated to ensure understanding of the dose of insulin to be taken, and the potential risks associated with insulin.
- In addition, patients should be advised of the requirement for regular blood glucose checks and any situations where increased testing may be required, such as illness or changes to therapy.

### **Key Documents**

- https://www.nice.org.uk/guidance/ng28
- <a href="https://www.nice.org.uk/guidance/ng28/resources/visual-summary-full-version-choosing-medicines-for-firstline-and-further-treatment-pdf-10956472093">https://www.nice.org.uk/guidance/ng28/resources/visual-summary-full-version-choosing-medicines-for-firstline-and-further-treatment-pdf-10956472093</a>
- <a href="https://www.nice.org.uk/guidance/ng28/chapter/Recommendations#individualised-care">https://www.nice.org.uk/guidance/ng28/chapter/Recommendations#individualised-care</a>
- <a href="https://www.nice.org.uk/guidance/ng28/resources/patient-decision-aid-on-type-2-diabetes-agreeing-my-blood-glucose-hba1c-target-pdf-2187281198">https://www.nice.org.uk/guidance/ng28/resources/patient-decision-aid-on-type-2-diabetes-agreeing-my-blood-glucose-hba1c-target-pdf-2187281198</a>
- https://www.diabetes.org.uk/about-diabetes/type-2-diabetes
- https://www.diabetes.org.uk/about-diabetes/type-2-diabetes/treatments
- https://www.diabetes.org.uk/living-with-diabetes/life-with-diabetes/illness
- <a href="https://london.hee.nhs.uk/medicines-management-legal-aspects-prescription-writing">https://london.hee.nhs.uk/medicines-management-legal-aspects-prescription-writing</a>