

ABCD

Association of British Clinical Diabetologists

**A Survey of
Consultant Diabetologist-Led Services**

Summary Results

November 2000

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The ABCD Survey of Consultant Diabetologist-Led Services

This survey was conceived by the Association of British Clinical Diabetologists during the summer of 1999 and this report is the culmination of requests for information using a detailed pro forma and follow-up contacts in collaboration with Professor Rhys Williams of the Nuffield Institute of Health at Leeds University with support from Dr Rudy Bilous, the Chairman of the Specialist Care Committee of Diabetes UK.

We are grateful to all our colleagues and their teams who have enabled us to have a response rate of over 80%. We would also like to thank the staff of the Clinical Audit Department at East & North Herts NHS Trust for their assistance with this project.

The enclosed report summarises the important responses which we hope will be of help to individual provider units, Health Authorities and other purchasers in planning services towards the standards recommended previously by Diabetes UK and, hopefully, to be supported in the National Service Framework for Diabetes.

The key areas of this report show that a large number of units have put in bids for additional resources for personnel service improvement with, on average, rejection rates of over 40%. There were significant variations in staffing levels with at least 65 units providing a single-handed Consultant-led diabetes specialist service. There is evidence of significant variation in well-resourced services based on numbers of Consultants providing the service but additionally a geographical bias. The vast majority of Consultant-led services also provide roles in other specialties, particularly endocrinology, along with general medicine.

Almost 30% of Trusts/districts do not appear to have diabetes registers and a significant number (up to 15%) do not at present have guidelines for the processes of diabetes care. Presently screening for diabetes is recommended in just over 25% of district documents. As far as laboratory facilities are concerned, at present 14% of responses suggest a lack of access to HDL measurement and 25% of respondents document no co-ordinated retinopathy screening programme.

40% of responses had no specific service for diabetes impotence and 54% had no psychology input to the care of diabetic patients. Joint ante natal diabetes services were not present in 14% of cases and there was a minimal establishment of services for Elderly Care diabetic patients. There were no joint paediatric diabetic clinics in 38% of responses.

These data reveal significant variation in resources and service provision despite significant efforts on the part of diabetes service providers to improve the facilities. We hope this report will facilitate changes throughout the United Kingdom and in England and Wales in particular following the National Service Framework for Diabetes.

Peter H Winocour MD, FRCP, Consultant Physician and Diabetologist
Secretary of the Working Party on Service Provision for ABCD

John Wales MD, FRCP, Chairman of the Association of British Clinical Diabetologists

November 2000

RESULTS

Number of questionnaires sent:	456	Number of Trusts/Units:	238*
Breakdown of responses:	Forms returned blank (retired/no longer employed)	5	
	Forms returned outside deadline	4	
	Completed questionnaires	<u>183</u>	
	Total number of responses from individual Trusts	192	(81%)
Number of completed questionnaires on database:	183	As % of questionnaires sent:	40%
		As % of Trusts/Units:	77%

**Estimate only as during course of survey Trusts merged etc*

DEMOGRAPHIC DETAILS

What is your geographically defined catchment population? (n = 183)

Mean: 275,635
 Median: 250,000
 Range: 80,000 - 1,480,000

No response 22 (12%)

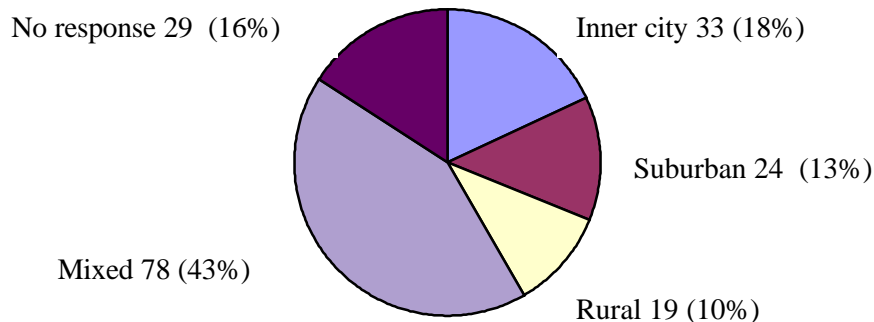
What percentage of your population (geographical and effective) are:

Aged over 65 yrs: Mean: 26.9
 Median: 20.5
 Range: 4.4 - 75

Is your hospital:

- | | | | |
|-----|---|-----|--------|
| (a) | Teaching | 55 | (30%) |
| | Non-teaching | 123 | (67%) |
| | Has postgrad medical school but no undergraduate school | 1 | (0.5%) |
| | I don't differentiate! | 1 | (0.5%) |
| | No response | 3 | (2%) |

(b) Location:



Do you have a local Diabetes Service Advisory Group?

Yes	157	(86%)
No	24	(13%)
No response	2	(1%)

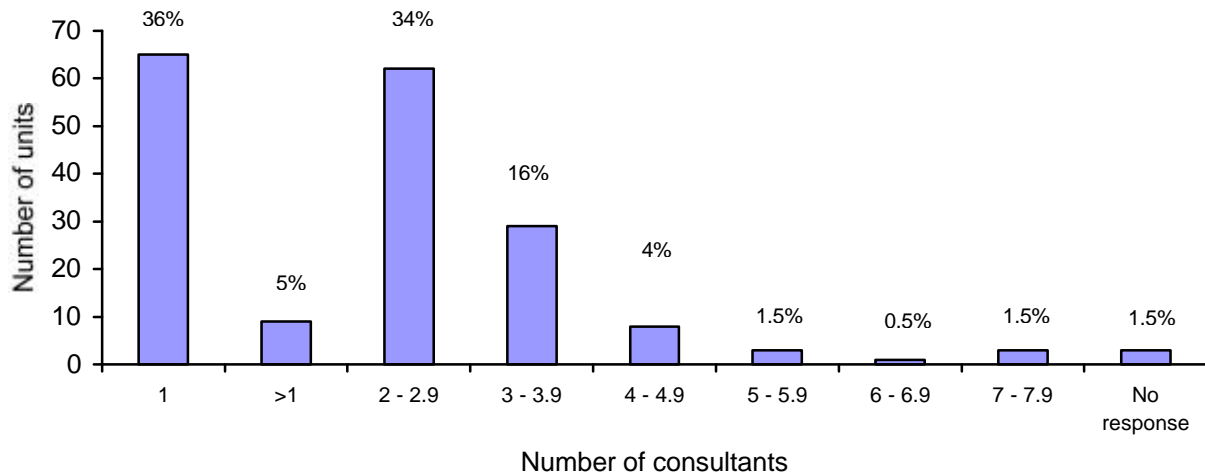
Have you previously put in a bid for additional resources?

Yes	154	(84%)
No	26	(14%)
No response	3	(2%)

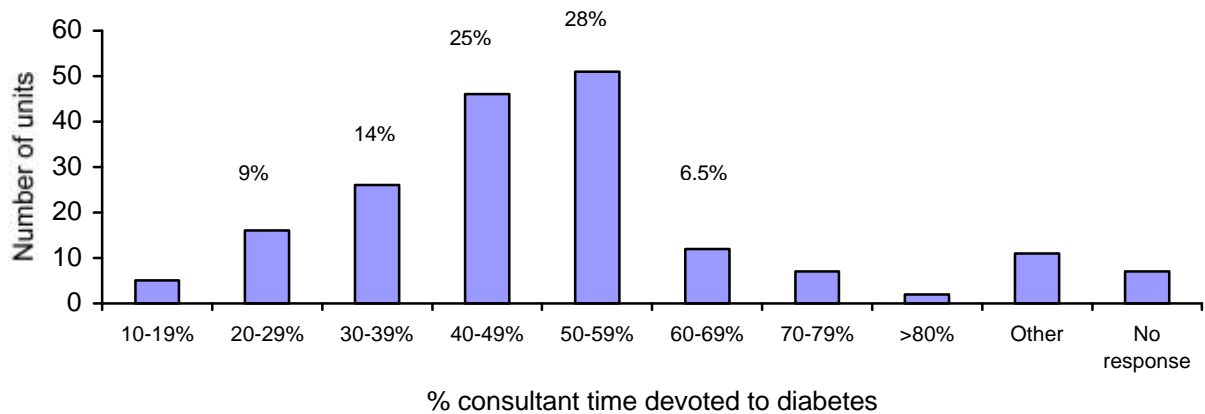
For complete details see Appendix 1

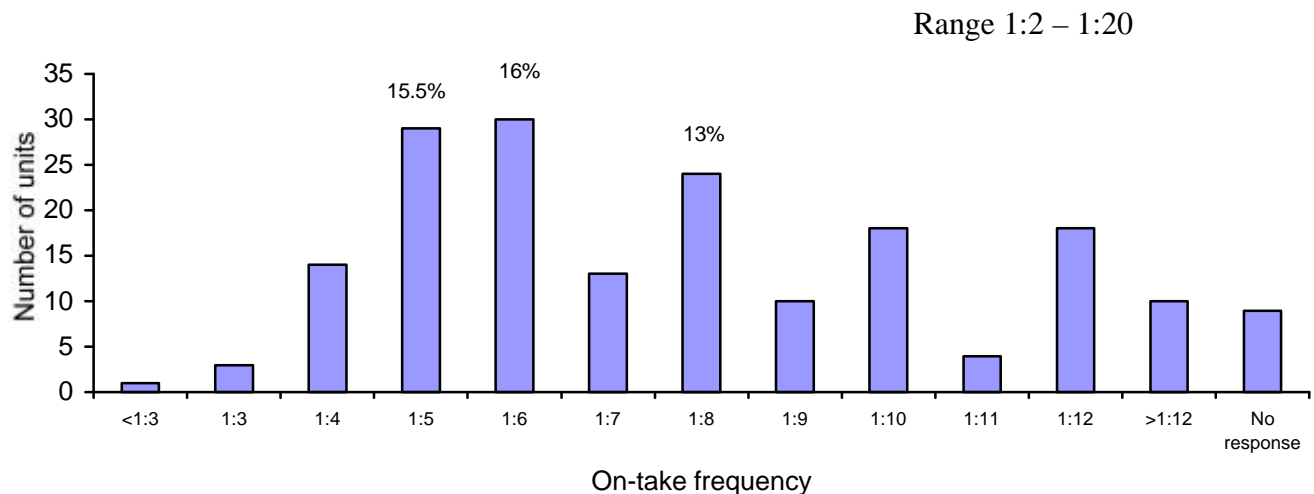
HOSPITAL SERVICE - MEDICAL STAFFING LEVELS IN THE DIABETES SERVICE

Number of consultants providing diabetic services: (n = 183)



Percentage of consultant time devoted to diabetes mellitus:



On-take frequency:**Consultant commitment to Endocrinology:**

	Yes	No	No response
General Endocrinology Clinics	149 (82%)	28 (15%)	6 (3%)
Reproductive Medicine	21 (11.5%)	148 (81%)	14 (7.5%)
Paediatric Endocrinology	25 (14%)	145 (79%)	13 (7%)
Osteoporosis Clinics	18 (10%)	151 (82%)	14 (8%)

Formal Diabetes Service provision from other Physicians:

	Yes	No	No response
Elderly Care Physicians	28 (15%)	152 (83%)	3 (2%)
General Physicians	13 (7%)	166 (91%)	4 (2%)
Chemical Pathologist/Clinical Biochemist	37 (20.5%)	142 (77.5%)	4 (2%)

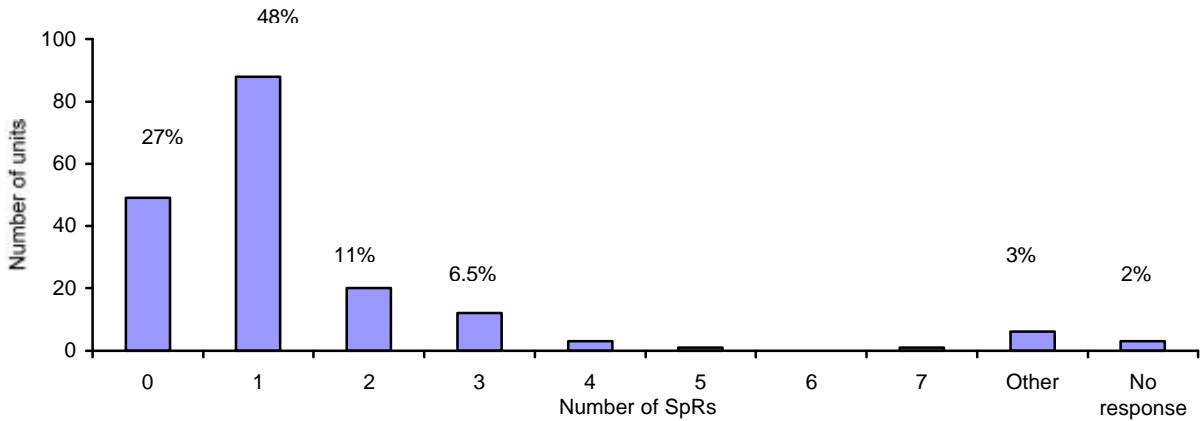
Non-training staff (NTS):

	Mean	Median	Range
Number of Associate Specialists	0.08	0	0 – 2
Number of Staff Grade Physicians	0.4	0	0 – 2
Number of Clinical Associates/Assistants		1	0 – 7
Number of Hospital Practitioners		0	0 – 3

NTS sessions committed per month to:

	Mean	Median	Range
Diabetes	8.6	8	0 – 65
Non diabetes services in General Medicine	4.3	0	0 – 80
Non diabetes services in Endocrine	1.3	0	0 – 16

Training staff: Number of SpRs: (n = 183)



Is the SpR attachment: (n = 131)

Diabetes/Endocrinology only: Yes 103 (78.5%)

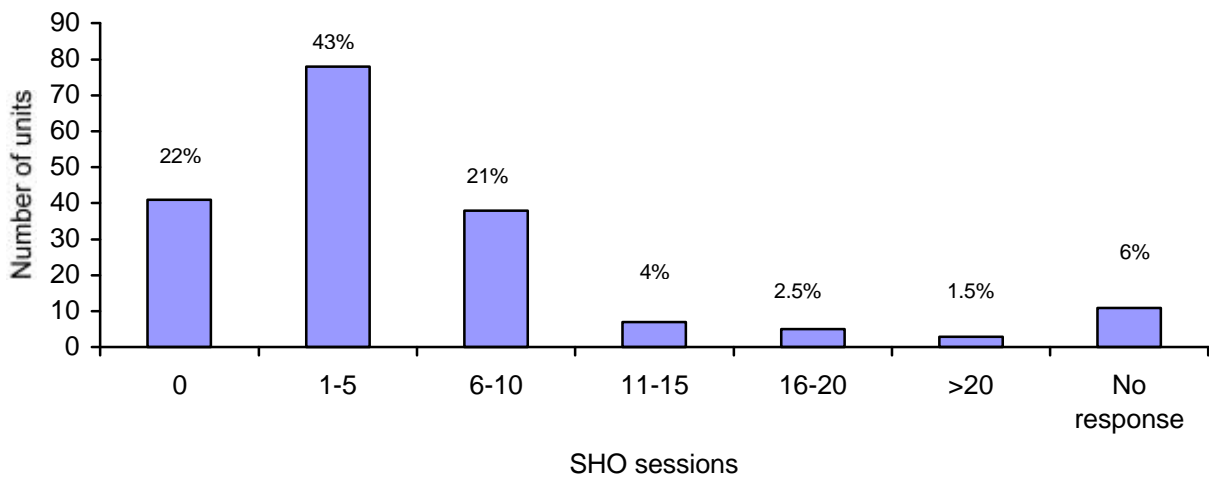
Shared with other consultant led teams: Yes 26 (20%)
Both 2 (1.5%)

If you do not have an allocated SpR slot, do you have an: (n = 49)

	<u>LAT</u>	<u>LAS</u>
Yes	3 (6%)	2 (4%)
No	26 (53%)	26 (53%)
SpR but not at this site	1 (2%)	1 (2%)
Don't know what this is	1 (2%)	1 (2%)
No response	18 (37%)	19 (39%)

Senior House Officers:

Total number of SHO sessions allocated to out-patient diabetes clinics per month:



HOSPITAL SERVICE – CLINIC FACILITIES**How are clinics set up? (multiple response)**

Either:	(a)	Separate New Patient/Follow-up clinics	43	(24%)
or:	(b)	Mixed New Patient/Follow-up clinics	81	(44%)
	(c)	Both	59	(32%)
Also:		Annual Review	68	(37%)
		Other	43	(24%)

Where are the clinics held?

Dedicated diabetes centre	62	(34%)
Multipotential clinic space	93	(51%)
Both	25	(13.5%)
Dedicated diabetes centre (x 3), Multipotential clinic space (x 1)	1	(0.5%)
No response	2	(1%)

At which of the following sites are diabetes clinics held? (multiple response)

Satellite clinics in primary care	27	(15%)
Health Centres	22	(12%)
Community Hospital	61	(33%)
Visiting Consultant to other Trusts	9	(5%)
>1 site coverage by individual Trust	58	(32%)

What is the average clinic list size?

<i>New patient clinics:</i>	Number of responses:	90	Range: 2-33
<i>Follow-up clinics:</i>	Number of responses:	94	Range: 6-80
<i>Mixed new patient/follow-up clinics:</i>	Number of responses:	125	Range: 9-80

CORE ASPECTS OF PROVISION OF DIABETES CARE

(Clinical Standards Advisory Group 1994 - Standards of Clinical Care for People with Diabetes)
(BDA Report 1999 - Recommendations for the Structure of Specialist Diabetes Care Services)

	Yes	No	Not sure	No response
Have you read the CSAG report?	154 (84.5%)	26 (14%)	1 (0.5%)	2 (1%)
Do you have a copy of the CSAG report?	132 (72%)	47 (26%)	1 (0.5%)	3 (1.5%)
Have you read the BDA report?	168 (92%)	12 (6.5%)	1 (0.5%)	2 (1%)
Do you have a copy of the BDA report?	152 (83%)	27 (15%)		4 (2%)

CME OF PROFESSIONALS

Is there provision made for attendance for 'several days each year for continuing education' within your Diabetes Service for: (*tick all that apply*)

Consultants	Yes	174	(95%)
Other Medical Staff	Yes	145	(79%)
Diabetes Specialist Nurses	Yes	157	(86%)
Dieticians	Yes	115	(63%)
Chiropodists	Yes	117	(64%)

Is there a designated PGME budget for the Diabetes Service only?

Yes	7	(4%)
No	174	(95%)
No response	2	(1%)

Have any members of the diabetes team been specifically trained to 'educate' patients and other members of the hospital staff?

Yes	141	(77%)
No	32	(17.5%)
Don't know	1	(0.5%)
No response	9	(5%)

If "Yes": (n = 141)

Which members of the team have been trained? (*multiple response*)

Doctor(s)	49	(35%)
Nurse(s)	127	(90%)
Dietician	20	(14%)
Chiropodist/Podiatrist	8	(6%)

Do any members of the team have the 'administrative skills' to maintain a diabetes register?

Yes	84	(60%)
No	55	(39%)
No response	2	(1%)

GUIDELINES FOR CARE

Do you have clinic guidelines containing the process of diabetes care? (*n = 183*)

Yes	147	(80.5%)
No	28	(15.5%)
No response	8	(4%)

*If "Yes" are they: (<i>n = 147</i>)	Computerised?	Yes	34	(23%)
		Yes/No	1	(1%)
		No	101	(68%)
		Some	1	(1%)
		Partially	1	(1%)
	No response	9	(6%)	

Do you have explicit management targets/guidelines for management of:

		Yes	No	No Response	Other
<u>Glycaemia</u>	Management Targets	143 (78%)	23 (12.5%)	16 (9%)	1 (0.5%)
	Guidelines	124 (67.5%)	32 (17.5%)	27 (15%)	
<u>Dyslipidaemia</u>	Management Targets	136 (74.5%)	29 (16%)	17 (9%)	1 (0.5%)
	Guidelines	122 (67%)	35 (19%)	26 (14%)	
<u>Hypertension</u>	Management Targets	150 (82%)	16 (9%)	15 (8%)	2 (1%)
	Guidelines	131 (72%)	26 (14%)	26 (14%)	
<u>Microalbuminuria</u>	Management Targets	121 (66%)	44 (24%)	17 (9.5%)	1 (0.5%)
	Guidelines	127 (69%)	32 (18%)	24 (13%)	
<u>Obesity</u>	Management Targets	58 (31.5%)	100 (55%)	23 (12.5%)	2 (1%)
	Guidelines	56 (31%)	96 (52%)	31 (17%)	

Do you have guidelines for review/management of adverse outcomes/CVD risk factors:

	Yes	No	No Response
Impotence	84 (46%)	93 (51%)	6 (3%)
Neuropathy	91 (49.5%)	83 (45.5%)	9 (5%)
PVD	92 (50%)	81 (44%)	10 (6%)
Smoking	85 (46%)	88 (48%)	10 (6%)
At risk feet	135 (74%)	41 (22%)	7 (4%)
Fundoscopy	143 (78%)	37 (20%)	3 (2%)
Assessment of retinopathy	151 (83%)	28 (15%)	4 (2%)
Assessment of cataracts	68 (37%)	109 (60%)	6 (3%)
Assessment of glaucoma	28 (15%)	148 (81%)	7 (4%)

Do you have guidelines for:

	Yes	No	No response	Other
Diagnosis of DM	155 (85%)	26 (14%)	1 (0.5%)	1 (0.5%)
Self-monitoring of blood	125 (68.5%)	55 (30%)	2 (1%)	1 (0.5%)
Self-monitoring of urine	83 (45%)	89 (49%)	10 (5.5%)	1 (0.5%)
Injection technique	120 (66%)	59 (32%)	3 (1.5%)	1 (0.5%)
Nutritional recommendations	135 (74%)	42 (23%)	5 (2.5%)	1 (0.5%)

Do you have guidelines for:

	Yes	No	No response	Other
Perioperative management of diabetes	163 (89%)	20 (11%)		
Anti-natal care of diabetes	163 (89%)	19 (10.5%)	1 (0.5%)	
Intra-partum care of diabetes	164 (89.5%)	16 (8.5%)	3 (2%)	
Management of diabetic ketoacidosis	175 (95.5%)	5 (3%)	2 (1%)	1 (0.5%)
Management of hypoglycaemia	136 (74%)	43 (23.5%)	3 (2%)	1 (0.5%)
Diabetes management during MI	138 (75.5%)	42 (23%)	2 (1%)	1 (0.5%)

DIABETES REGISTERS

Do you have a diabetes register? (*n* = 183)

Yes	131	(72%)
No	52	(28%)

If "Yes": (*n* = 131)

Is it hospital or community based?	Hospital	83	(63%)
	Community	31	(24%)
	Both	16	(12%)
	Health Authority	1	(1%)
How is it generated?	By hospital clinic attendance	65	(50%)
	From GP register	9	(7%)
	From GP register + hospital lists	1	(0.5%)
	Both	42	(32%)
	Other	14	(10.5%)

What information is contained on the register: (*multiple response*)

Basic demographics (where care mainly provided)	124	(95%)
Diabetes specific info:	Year of diagnosis	120 (92%)
	Type of treatment	119 (91%)
	Complications and control	111 (85%)
Information on 'annual review'	107	(82%)
Information on individualised target setting/attainment	37	(28%)

DIABETES SERVICE REPORT ANNUAL UPDATE

Do you produce a Diabetes Service Report Annual Update? (*n* = 183)

Yes	34	(19%)
No	147	(80%)
No response	2	(1%)

Are diabetes services separately purchased and costed in your district?

Yes	13	(7%)
No	157	(86%)
Diabetes Centre Budget (staff and consumables), nil else	1	(0.5%)
Don't know/No idea	3	(1.5%)
No response	9	(5%)

ELEMENTS OF PLANNED DIABETES CARE**CASE ASCERTAINMENT****Is screening for diabetes presently recommended in any district documents? (n = 183)**

Yes	49	(27%)
No	124	(68%)
Don't know	1	(0.5%)
No response	9	(4.5%)

If "Yes": (n = 49) (a) Are there any recommendations for:

Frequency of screening:	Yes	27	(55%)
	For pregnancy	1	(2%)
	No	17	(35%)
	No response	4	(8%)
Source location of screening:	Yes	25	(51%)
	No	18	(37%)
	No response	6	(12%)

(b) Which groups are suggested for screening - those with: (multiple response)

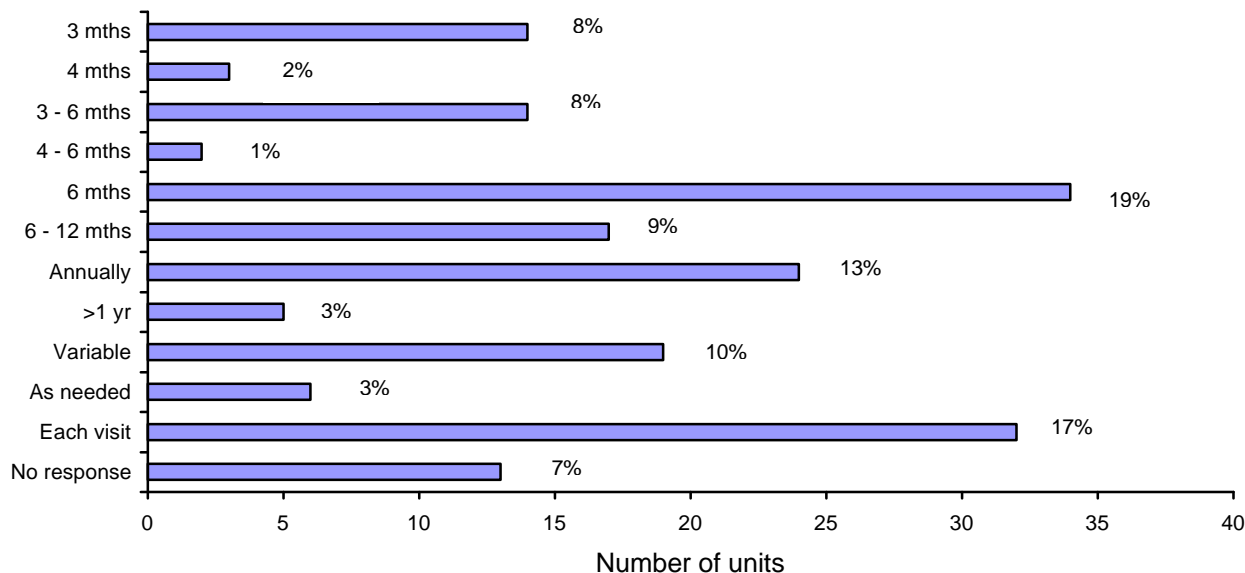
Cardiovascular disease:	27	(55%)
Hypertension:	25	(51%)
Pancreatic disease:	13	(27%)
Thyroid-adrenal disease:	6	(12%)
Leg-foot ulceration:	14	(29%)
Prior gestational diabetes:	36	(74%)
Visual impairment:	11	(22%)
Steroid treatment:	15	(31%)
Obesity:	29	(59%)
Beta blocker/Thiazide treatment:	4	(8%)
Family history (especially 1st degree relative):	26	(53%)
Symptoms suggestive of DM:	34	(69%)
Lower threshold: <i>In the elderly:</i>	15	(31%)
<i>Those of Indian sub-continent or Afro-Caribbean origin:</i>	27	(55.1%)

Present diagnostic criteria - do you:	Follow present BDA criteria	105	(57%)
	Follow present ADA criteria	29	(16%)
	Follow both sets	24	(13%)
	Other	11	(6%)
	No response	14	(8%)

LABORATORY ASSESSMENTS

Present methodology for HbA1c:

(a) Frequency of measurement for patient care: (n = 183)



(b) Present QC scheme operated by your lab:

WEQAS	24	(13%)
NEQAS	16	(9%)
Both	5	(2.5%)
Local	5	(2.5%)
Not specified	60	(33%)
Not known	18	(10%)
No response	55	(30%)

(c) Is test done in 'real time' at the clinic?

Yes	56	(31%)
No	112	(61%)
Yes and No	3	(2%)
No response	12	(6%)

Lipids:

Are lipids measured?	Yes	180*	(98.5%)
	No	1	(0.5%)
	No response	2	(1%)

*If "Yes": (n = 180)

Is there a specific policy with respect to fasting status?

Yes	86	(48%)
No	85	(47%)
Yes/No	1	(0.5%)
No response	8	(4.5%)

***If "Yes":** (n = 87)

(a) What is measured?

Cholesterol	1	(1%)
Lipids (ie triglycerides also)	8	(9%)
HDL + lipids	37	(43%)
Lipids (ie triglycerides also) + HDL + lipids	1	(1%)
Cholesterol + Lipids (ie triglycerides also)	5	(6%)
Cholesterol + HDL + lipids	1	(1%)
HDL + chol.	1	(1%)
Cholesterol (IDDMs ie not fasted), Lipids (NIDDMs ie fasted)	1	(1%)
Cholesterol + Lipids (ie triglycerides also) + HDL + lipids	30	(35%)
No response	2	(2%)

(b) How frequently are measurements taken?

Every visit	3	(3.5%)
Every 6 mths	12	(14%)
Every year	49	(56.5%)
Less frequently	16	(18.5%)
Depends on clinical need and results	1	(1%)
Depends on pt characteristics	1	(1%)
Depends on status and treatment	1	(1%)
Initially in all patients, every 6 months if needed or every year	1	(1%)
Yearly (if on medication may be 6 mthly)	1	(1%)
No response	2	(2.5%)

(c) Do you have a QC scheme?

Yes	56	(65%)
No	8	(9%)
Don't know	2	(2%)
Don't know - assume "Yes"	1	(1%)
DK - UNILABS	1	(1%)
No response	19	(22%)

HDL: Is HDL measured? (n = 183)

Yes	149	(81.5%)
No	26	(14%)
Sometimes	1	(0.5%)
No response	7	(4%)

Do you have a QC scheme? (n = 149)

Yes	89	(60%)
No	9	(6%)
Don't know	9	(6%)
No response	42	(28%)

Microalbuminuria: Is this available in your centre?
(n = 183)

Yes	167*	(91%)
No	13	(7%)
No response	3	(2%)

***If "Yes":** (n = 167)

(a) Is this test carried out in all cases or selected cases only?

All cases	58	(35%)
Selected cases only	108	(64%)
No response	1	(1%)

(b) Timing of collection:

Timed overnight	14	(8%)
Timed overnight/early morning	3	(2%)
Timed overnight/random	3	(2%)
Timed overnight/early morning/random	3	(2%)
Early morning	90	(54%)
Early morning/random	9	(5%)
Random	39	(23%)
Timed 24 hrs	1	(1%)
Albuminuria creatinine ratio = early morning. Albuminuria excretion rate = timed overnight.	1	(1%)
No response	4	(2%)

(c) Method of expression: (*multiple response*)

Albuminuria concentration	40	(24%)
Albuminuria creatinine ratio	139	(83%)
Albuminuria excretion rate	28	(17%)
Other:	9	(5%)

Liver Function Tests: (*n = 183*)

Are these measured:

Routinely	23	(13%)
Only when clinically indicated	131	(72%)
Rarely	17	(9%)
Never	1	
Routinely in new patients then only when clinically indicated	3	
Routinely (at diagnosis)	3	
Routinely - in new patients	1	
Routinely on new patients/rarely in routine review	1	
Varies - depends on consultant	1	
No response	2	

Serum creatinine and/or urea as a measure of established renal disease.*Note: 3 people ticked all 3 options (excluded from figures given below).*

Serum creatinine only	41	(22%)	<i>Frequency: Range: Every clinic - Annually</i>
Urea only:	0		<i>(apart from the 3 who ticked all 3 options)</i>
Serum creatinine + urea:	137	(75%)	<i>Frequency: Range: Every clinic - Annually</i>
No response	2	(1%)	

OTHER ASSESSMENT**What other routine tests are performed at diagnosis/new patient referral?** (*multiple response*)

CXR	17	(9%)
ECG	82	(45%)
Echo	3	(2%)
Thyroid function	110	(60%)
FBC	73	(40%)
Antibodies:		
Islet cell	6	(3.3%)
Thyroid	11	(6.0%)
Other answers (eg Anti GAD, iron studies, LFTs, Paeds coeliac screen, retinal photo, U&E)		

CARE PLAN - EDUCATIONAL GOALS

Do you produce written care plans for patients? (n = 183)

Yes	38	(21%)
No	137	(75%)
Occasional	1	(0.5%)
No response	7	(3.5%)

Do you issue the BDS document "What Diabetes Care to Expect", or a local alternative, to all new patients to the diabetic clinic?

Yes	93	(51%)
No	77	(42%)
No response	13	(7%)

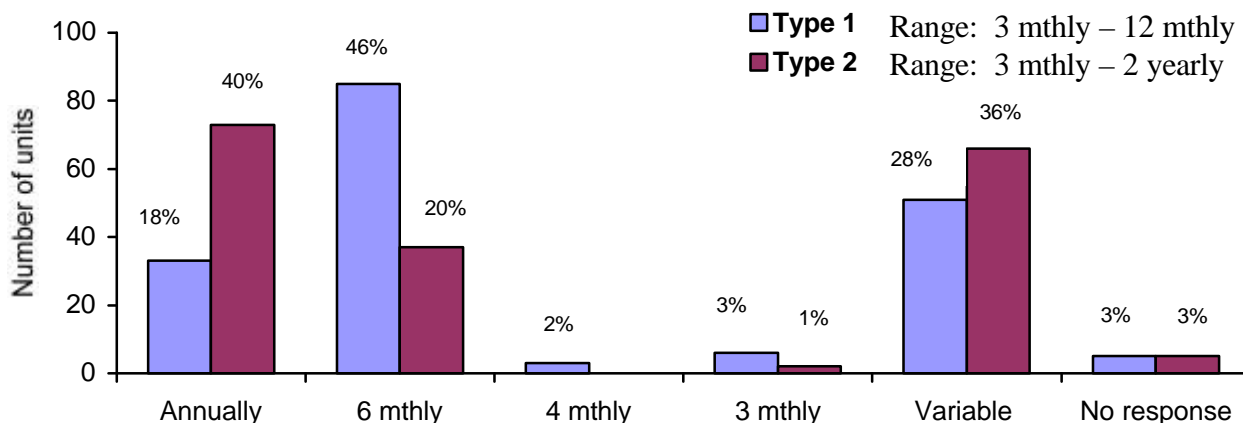
Which of the following do you use? (multiple response)

DM shared care cards:	Routinely	36	(20%)
	Only occasionally	71	(39%)
	Routinely in 2 hospitals, only occasionally in other 2	1	(0.5%)
Blood pressure shared care cards:	Routinely	18	(10%)
	Only occasionally	62	(34%)
GP monitoring cards:	Routinely	9	(5%)
	Only occasionally	51	(28%)
None:		27	(15%)
Other:		27	(15%)

CONTINUING CARE

Routine review general frequency: (n = 183)

(a) Type 1 Diabetic Patients:



(b) Do you have individualised explicit targets?

	Type 1		Type 2	
Yes	90	(49%)	89	(48.5%)
No	50	(27%)	48	(26.5%)
No response	43	(24%)	46	(25%)

Discharge planning - do you: (multiple response)

Have an individual tailored approach	130	(71%)
Have effective shared care	55	(30%)
See patients for initial management only	20	(11%)
Hospital Type 1, GP Type 2 (98%). All Type 2 seen for suit. education.	1	(0.5%)

Do GP's specify nature of expected care:

Always	6	(3%)
Sometimes	143	(78%)
Never	25	(14%)
Can't answer this sensibly	1	(0.5%)
No response	8	(4.5%)

RETINOPATHY SCREENING

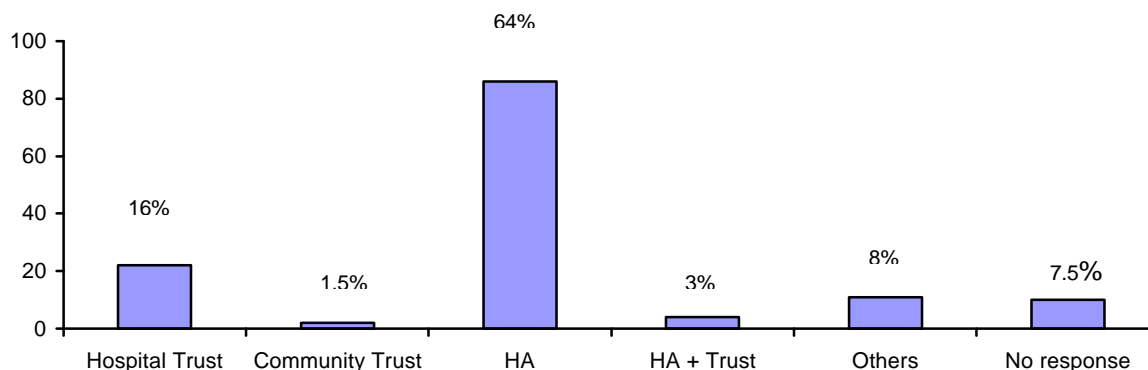
There are clear statements in the various documents about the need to have some form of regular screening programme, but inevitably no specific recommended approach other than using pupillary dilation for fundoscopy, and the standard of re-screening 6 monthly if retinopathy is detected.

At present do you have a co-ordinated diabetic retinopathy screening programme? (n = 183)

Yes	135	(74%)
No	45	(24.5%)
Screen on annual basis within clinic - dilated pupils & fundoscopy	1	(0.5%)
No response	2	(1%)

If "Yes": (n = 135)

(a) Who is this funded by?



- (b) Who is responsible for the scheme?

Responsibility lies with Diabetologists, Ophthalmology Dept, HA and/or combinations of all departments.

(c) Are only selected optometrists involved? (<i>n</i> = 135)	Yes	78	(58%)
	No	18	(13%)
	N/A	33	(24.5%)
	No response	6	(4.5%)

- (d) Have specific fees been recommended for optometrists or are they paid standard rates for 'standard eye checks'?

Specific fees recommended	51	(37%)
Paid standard rates	26	(19%)
Not known	5	(4%)
Certainly not	1	(1%)
Neither	2	(1.5%)
N/A	2	(1.5%)
No response	48	(36%)

- (e) Is pupillary dilation with ophthalmoscopy mandatory?

Yes	105	(78%)
No	17	(12.5%)
No response	13	(9.5%)

- (f) How is information from optometry processed? (
- multiple response*
-)

To ophthalmologist	37	(27%)
To GP	82	(61%)
To hospital diabetologist	51	(38%)

- (g) If retinal camera is used, how is information processed?

Information is processed in a variety of ways both manually and by computer using video, polaroid film and digital images.

- (h) If digitised imaging is used, how is information processed?

Again the information is processed in different ways including computerised and manual systems.

- (i) How are patients screened for retinopathy? (
- Note: Respondents were requested to tick one answer only but the question has been answered as a multiple response question*
-)

At specific annual review clinic	45	(33%)
On annual basis according to check list	78	(58%)
Opportunistically	16	(12%)
Bi-annually	1	(1%)
Annually call-recall	1	(1%)
No response	5	(4%)

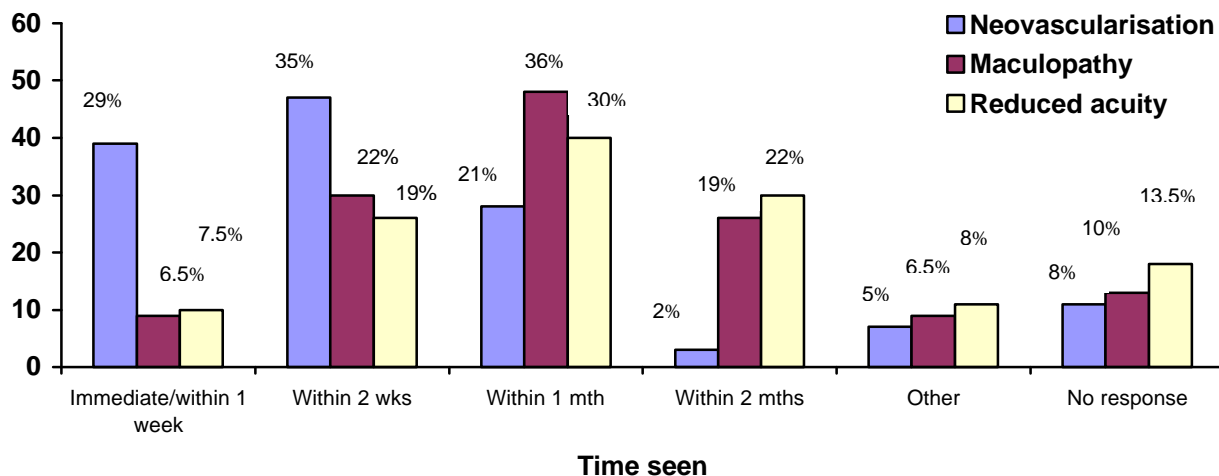
(j) Does screening take place at the hospital Diabetes Service?	Yes	110	(81%)
	No	20	(15%)
	No response	5	(4%)

(k)	Are patients screened for cataracts? (n = 135)	Yes	108	(80%)
		No	21	(16%)
		No response	6	(4%)
(l)	Are patients screened for glaucoma?	Yes	33	(24.5%)
		No	96	(71%)
		No response	6	(4.5%)
(m)	Is diabetic retinopathy care provided by specified ophthalmologist?	Yes	104	(77%)
		No	25	(18%)
		Yes/No	1	(1%)
		What does this (care) mean?	1	(1%)
		No response	4	(3%)
(n)	Is there a joint diabetes/ophthalmology clinic in your service?	Yes	21	(16%)
		No	111	(82%)
		No response	3	(2%)

If "Yes": (n = 21)

(i)	How often does it run?	Weekly	11	(52%)
		Fortnightly	2	(10%)
		Monthly	7	(33%)
		Less often	1	(5%)
(ii)	Do patients have other aspects of diabetes care eg metabolic control, complications, foot care/checks, covered at the same visit?	Yes	12	(57%)
		No	8	(38%)
		No response	1	(5%)
(iii)	Does the joint diabetic/eye clinic run concurrently with the regular diabetic clinic?	Yes	12	(57%)
		No	8	(38%)
		No response	1	(5%)

(o) How soon are patients seen by the ophthalmologist? (n = 135)



ASSESSMENT AND SERVICES FOR IMPOTENCE**Do you have a specific service for diabetic impotence?** (*n* = 183)

Yes	108	(59%)
No	73	(40%)
No response	2	(1%)

Do you have a joint diabetic impotence service?

Yes	17	(9%)
No	155	(85%)
No response	11	(6%)

Do you have standard guidelines for assessment of impotence?

Yes	69	(38%)
No	106	(58%)
No response	8	(4%)

Have you been involved in discussions about access to sildenafil (Viagra) treatment for diabetic patients?

Yes	123	(67%)
No	49	(27%)
No response	11	(6%)

NEPHROLOGY SERVICES FOR DIABETIC RENAL FAILURE**Do you operate a joint diabetic-nephrology clinic?** (*n* = 183)

Yes	42	(23%)
No	136	(74%)
No response	5	(3%)

SERVICES FOR DIABETIC CORONARY HEART DISEASE**Do you have a local facility (eg within the Trust) for assessment and care of diabetic CHD?** (*n* = 183)

Yes	143	(78%)
No	32	(16%)
No response	8	(4%)

If "Yes", what facilities are available? (*n* = 143) (*multiple response*)

<i>Non-invasive:</i>	ETT	140	(98%)
	Echo	141	(99%)
	Ambulatory BPM	131	(92%)

<i>Invasive:</i>	Yes	66	(46%)
	By referral to cardiology only	1	(1%)
	No but our cardiologist angio at tertiary centre	1	(1%)
	Not in Trust	1	(1%)

Are specific costs for diabetic CHD determined with:	Cardiology Services	14	(8%)
	Health Authority	9	(5%)
	Both	2	(1%)
	Neither	127	(69%)
	Don't know	6	(3%)
	Gen Medical pot!!	1	(0.5%)
	Nothing determined	1	(0.5%)
	No response	23	(13%)

VASCULAR SURGERY SERVICES

Do you have a local Vascular Surgeon in your hospital? (n = 183)

Yes	159	(87%)
No	21	(11%)
No response	3	(2%)

If "Yes", do you run a joint clinic? (n = 159)

Yes	31	(20%)
No	126	(79%)
No response	2	(1%)

If "No", do you refer to a tertiary centre, or a local centre where there is a vascular surgical service? (n = 21)

Tertiary centre	9	(43%)
Local centre	7	(33%)
Tertiary/Local centre	1	(5%)
No response	4	(19%)

Are there facilities for aorto-femoral angiography/angioplasty in your hospital? (n = 183)

	Yes	No	No response
Aorto-femoral angiography:	152 (83%)	25 (14%)	6 (3%)
Aorto-femoral angioplasty:	143 (78%)	30 (16%)	10 (6%)

OTHER FACILITIES/SERVICES

PSYCHOLOGY

Do you have access in your Trust to Psychologist input to diabetes care? (n = 183)

Yes	82	(45%)
No	99	(54%)
No response	2	(1%)

PREGNANCY

Do you have a joint ante-natal diabetes service? (n = 183)

Yes	155	(85%)
No	26	(14%)
Yes/No	1	(0.5%)
? - separate antenatal diabetes clinic alongside obstetric clinic	1	(0.5%)

If "Yes": (n = 155)

(a) Are all pre-existing/newly diagnosed gestational diabetic women under such a clinic?

	Yes	No	No response
Pre-existing:	143 (92%)	4 (3%)	8 (5%)
Gestational:	126 (81%)	7 (5%)	22 (14%)

(b) Is such care provided by a specified obstetrician?

Yes	141	(91%)
No	10	(6%)
No response	4	(3%)

(c) Are there written guidelines for targets/approaches to diabetes ante-natal care?

Yes	127	(82%)
No	25	(16%)
No response	3	(2%)

(d) How often are patients seen at the joint clinic? Range: Weekly to monthly

Do you use HbA1c and/or fructosamine measurements in the care of diabetic pregnancy? (n = 183)

	Yes	No	Most DM preg seen at local maternity hosp outside this Trust	Our pregnant patients are transferred to the care of other consultant diabetologists	No response
HbA1c measurements:	172 (94%)	6 (3%)	1 (0.5%)	1 (0.5%)	3 (2%)
Fructosamine measurements:	24 (13%)	111 (61%)	1 (0.5%)	1 (0.5%)	46 (25%)

Do you screen for microalbuminuria in diabetic pregnancy?

	Yes	No	Sometimes	Most DM preg seen at local maternity hosp outside this Trust	Our pregnant patients are transferred to the care of other consultant diabetologists	No response
Pre-existing	78 (43%)	91 (50%)	2 (1%)	1 (0.5%)	1 (0.5%)	10 (5%)
Gestational	17 (9%)	132 (72%)		1 (0.5%)	1 (0.5%)	32 (18%)

Do you carry out fundoscopy on all/some type 1/gestational diabetic women each trimester?

	All	Some	None	Most DM preg seen at local maternity hosp outside Trust	Not each trimester	Our pregnant pts are transferred to care of other consultant diabetologists	No response
Type 1	150 (81.5%)	25 (14%)		1 (0.5%)	1 (0.5%)	1 (0.5%)	5 (3%)
Gestational	45 (25%)	44 (24%)	62 (34%)	1 (0.5%)	1 (0.5%)	1 (0.5%)	29 (15.5%)

Do you have a separate pre-pregnancy diabetic service for women of child-bearing age?

Yes	36	(20%)
No	140	(76.5%)
Most DM preg seen at local maternity hosp outside this Trust	1	(0.5%)
We see ladies for pre-pregnancy counselling in the combined ante-natal diabetes clinic	1	(0.5%)
Our pregnant patients are transferred to the care of other consultant diabetologists	1	(0.5%)
No response	4	(2%)

Do you have guidelines for conception/contraception advice to diabetic women of child-bearing age?

	Yes	No	Most DM preg seen at local maternity hosp outside Trust	No response
Conception advice	91 (50%)	82 (45%)	1 (0.5%)	9 (4.5%)
Contraception advice	74 (40%)	83 (45.5%)	1 (0.5%)	25 (14%)

ADOLESCENT/PAEDIATRIC DIABETES CARE**Do you have a Paediatric Department/Paediatric DOPD in your hospital? (n = 183)**

Yes	159	(87%)
No	21	(11%)
No response	3	(2%)

If "Yes", do you have a joint DOPD clinic or guideline for handover of adolescent diabetic patients? (n = 159)

Joint DOPD clinic:

Yes	91	(57%)
No	61	(38%)
In our own adolescent clinic, some DSN paediatrics and adolescents	1	(1%)
No response	6	(4%)

Guideline for handover of adolescent diabetic patients:	Yes	66	(42%)
	No	59	(37%)
	No response	34	(21%)

If you have a joint clinic with the paediatricians: (n = 91)

- (a) What age group of children do you see? Range: 11 – 24 and ‘all ages’
- (b) How frequently is the clinic run? Range: Weekly – 6 mthly
- (c) When is the clinic held?

During normal hours	52	(57%)
Out of hours	25	(27%)
4-7 pm	1	(1%)
3-6.30 pm	1	(1%)
Both	6	(7%)
No response	6	(7%)

ELDERLY CARE OF DIABETES

Are there any separate clinical services for: (n = 183)

	Yes	No	No response
Elderly care patients (>75 years old) with diabetes:	22 (12%)	159 (87%)	2 (1%)
Housebound diabetic patients:	20 (11%)	159 (87%)	4 (2%)
Institutionalised diabetic patients	16 (9%)	162 (88%)	5 (3%)

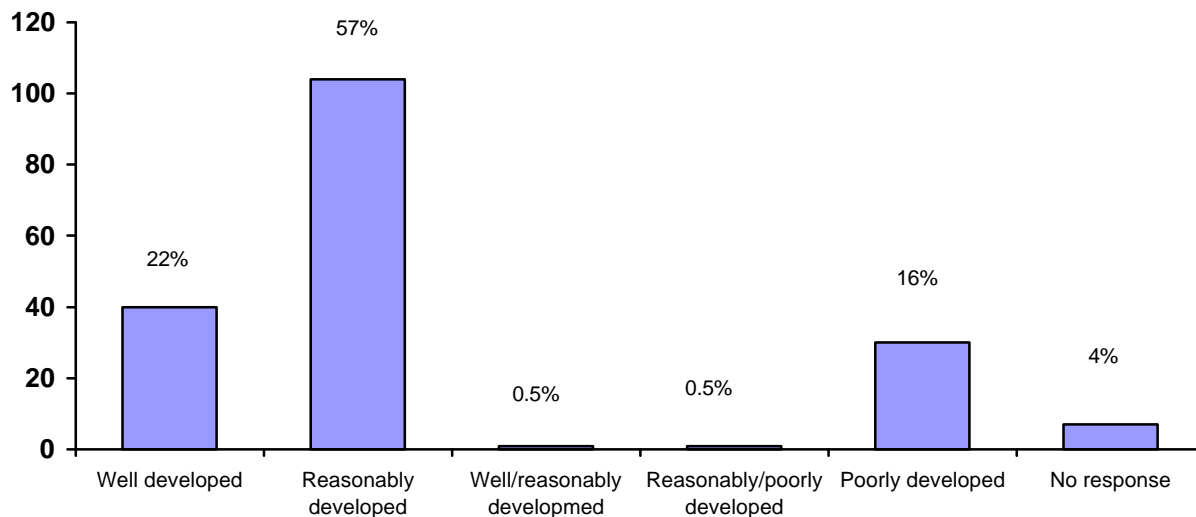
- Do you run a joint clinic with the Geriatricians?**
- | | | |
|-------------|-----|--------|
| Yes | 8 | (4.5%) |
| No | 174 | (95%) |
| No response | 1 | (0.5%) |

Do you see all/some elderly care patients with diabetes?

- | | | |
|--|-----|--------|
| All | 35 | (19%) |
| Some | 136 | (74%) |
| Most | 7 | (4%) |
| Many | 1 | (0.5%) |
| Some - specific COTE physician with interest in diabetes | 1 | (0.5%) |
| No response | 3 | (2%) |

Would you describe your Diabetes Service as:

(As per BDA report 'Recommendations for the structure of specialist diabetic are services')



Personal assessment of the strengths and weaknesses of the service:

Number of replies: 139 (76%)

Analysis of principal themes:

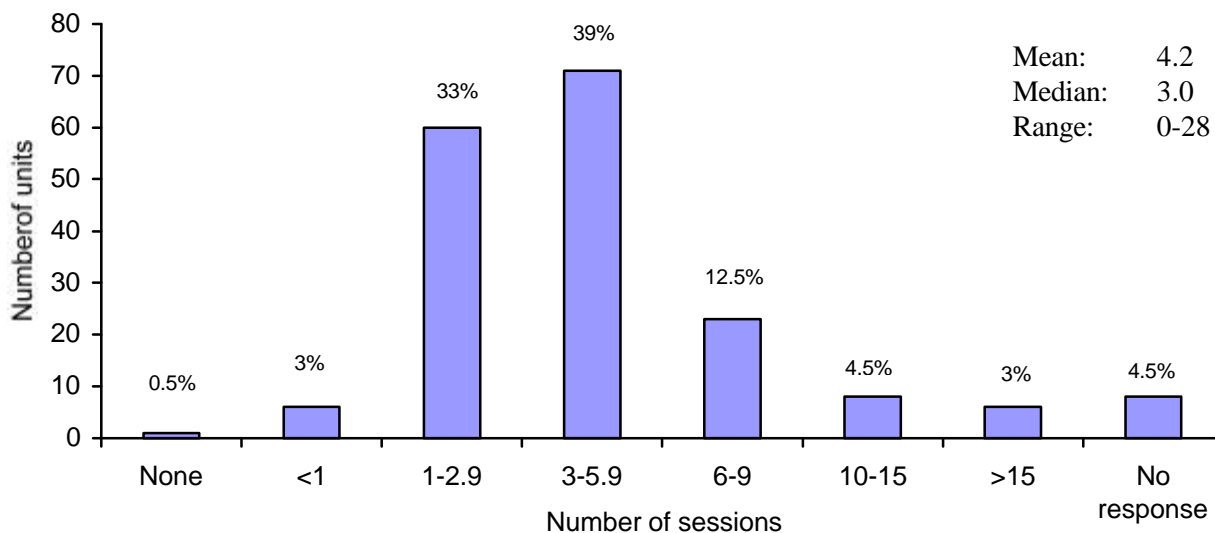
Strengths	Commitment, loyalty and hard work of overworked staff Strong links between diabetes and other specialities Strong links between primary/secondary care with associated register and protocols								
Weaknesses	Excess workload because of: <table border="0" style="margin-left: 20px;"> <tr> <td>Staffing</td> <td>Shortages in all grades of doctors</td> </tr> <tr> <td>Space</td> <td>Shortages in rooms for staff/resources</td> </tr> <tr> <td>Equipment</td> <td>Lack of specialist equipment</td> </tr> <tr> <td>IT</td> <td>Lack of hardware and software</td> </tr> </table> Primary/secondary interface: Poorly developed links Management culture and funding: Lack of interest and support	Staffing	Shortages in all grades of doctors	Space	Shortages in rooms for staff/resources	Equipment	Lack of specialist equipment	IT	Lack of hardware and software
Staffing	Shortages in all grades of doctors								
Space	Shortages in rooms for staff/resources								
Equipment	Lack of specialist equipment								
IT	Lack of hardware and software								

PODIATRY/CHIROPODY SERVICES

Is there a State Registered Chiropodist attached to the Diabetes Service? (n = 183)

Yes	177	(97%)
No	6	(3%)

How many Chiropody sessions are available for hospital diabetes care each week?



Is care provided by a pool of chiropodists or by a designated chiropodist?

Pool of chiropodists	37	(20%)
Designated chiropodist	136	(74.5%)
Both	9	(5%)
No response	1	(0.5%)

What services are provided by the chiropodists?

Trouble shooting only	28	(15%)
Trouble shooting + regular foot checks/advice	150	(82%)
Both	2	(1%)
No response	3	(2%)

Do the chiropodists review patients with 'peripheral neuropathy, PVD, foot deformity, poor skin care, poor eyesight, physical problems preventing foot care' at least every 2 months, as advised by CSAG?

All of these patients	26	(14%)
Some of these patients	127	(70%)
None	25	(13%)
All - in theory but probably less	1	(0.5%)
All of these patients but not every 2 mths	1	(0.5%)
No response	3	(2%)

Do chiropodists:

	Yes	No	No response
Prescribe local treatment	160 (87.5%)	19 (10.5%)	4 (2%)
Prescribe systemic antibiotics	12 (7%)	167 (91%)	4 (2%)
Apply plaster casts	71 (38.5%)	109 (59.5%)	3 (2%)
Fit orthoses	108 (59%)	68 (37%)	7 (4%)
Fit Scotch Cast Boots	90 (49%)	88 (48%)	5 (3%)
Fit other foot protective apparatus	111 (60.5%)	38 (20.5%)	34 (19%)

Has the foot service used the following for foot ulcers?

	Yes	No	Don't know	No response
Dermograft:	50 (27%)	120 (66%)	1 (0.5%)	12 (6.5%)
Regranex:	39 (21.5%)	130 (71%)	1 (0.5%)	13 (7%)
"Aircast" boots available	95 (52%)	78 (42.5%)	1 (0.5%)	9 (5%)

Are chiropodists present in all diabetic clinics?

Yes	80	(44%)
No	100	(54%)
No response	3	(2%)

Approach to screening for foot problems: What type of equipment is used for assessing vascular and peripheral nerve function? (multiple response)

Tuning fork	129	(71%)
Neurothesiometer	60	(33%)
Monofilament	142	(78%)
Other	43	(23%)

Do you have a separate diabetic foot clinic?

Yes	90	(49%)
No	91	(50%)
No response	2	(1%)

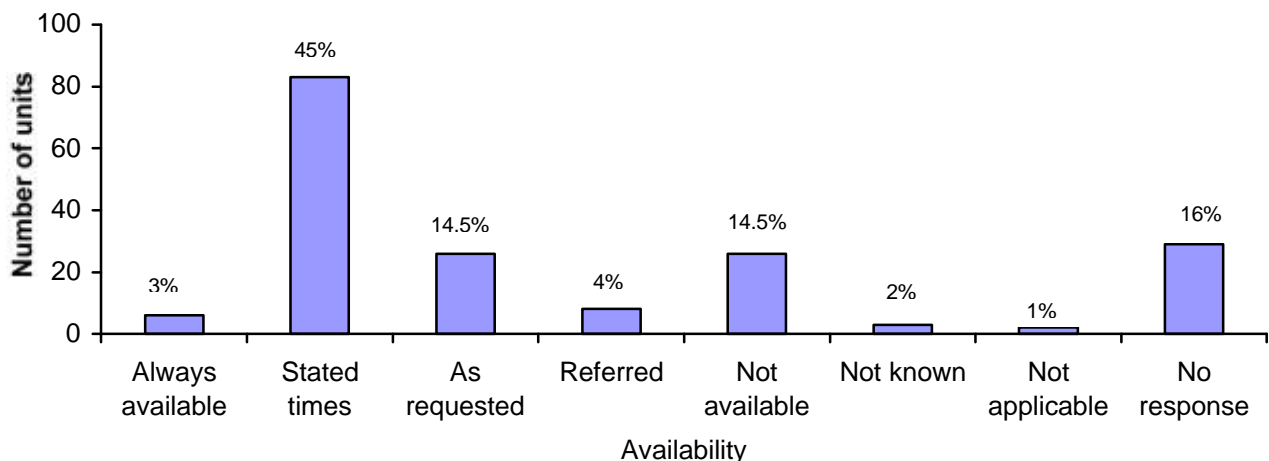
Plaster Technician: (a) Is the Plaster Technician under a separate directorate?

Yes	146	(80%)
No	18	(10%)
N/A	4	(2%)
Don't know	1	(0.5%)
No plaster technician yet	1	(0.5%)
No response	13	(7%)

(b) Are you satisfied with their availability?

Yes	88	(48%)
No	51	(28%)
?	1	
No access	1	
Not always	1	
Not required for our service	1	
Poor access. Difficult liaison.	1	
Reasonably	1	
N/A	3	(2%)
No plaster technician yet	1	
No response	34	(19%)

Attendance by Orthotist?



Facilities for investigating foot problems within hospital or tertiary centre: (multiple response)

	Within hospital	Tertiary Centre
Isotope scanning: <i>Prolonged Phase Tcnetium</i>	92 (50%)	48 (26%)
<i>White Cell Labelled scanning</i>	99 (54%)	53 (29%)
MRI scanner:	122 (67%)	50 (27%)

Personnel for assistance with foot care:

(a) Is there a dedicated 'foot surgeon' in hospital?

Yes	84	(46%)
No	91	(50%)
? (1 Vascular Surgeon + 1 Orthopaedic Surgeon).	1	(0.5%)
No response	7	(3.5%)

- (b) Are foot problems considered for surgery referred to local/tertiary orthopaedic/vascular surgeons?

<i>Referred to <u>local</u>:</i>	Orthopaedic surgeons	9	(5%)
	Vascular surgeons	66	(36%)
	Both	90	(49%)
	General	1	(0.5%)
	Vascular surgeons/Plastic surgeons	1	(0.5%)
<i>Referred to <u>tertiary</u>:</i>	Orthopaedic surgeons	8	(4%)
	Vascular surgeons	26	(14%)
	Both	3	(2%)

Is there an agreed strategy for care of:

	Yes	No	No response
Neuropathic foot problems	105 (58%)	68 (37%)	10 (5%)
Vascular foot problems	108 (59%)	67 (37%)	8 (4%)
Neurovascular foot problems	101 (55%)	71 (39%)	11 (6%)

DIETETICS

Do you have a dedicated dietician supporting a diabetes service? (*n* = 183)

Yes	134	(73%)
No	49	(27%)

If "Yes", does he/she: (*n* = 134) (*multiple response*)

- | | | | |
|---|-----|----|-------|
| (a) See all patients at or within 1 month of diagnosis? | Yes | 60 | (45%) |
| (b) See only those patients under hospital care? | Yes | 53 | (40%) |
| (c) See <u>all</u> patients? | Yes | 23 | (17%) |

How many hours per month does he/she spend on diabetes care? Range: 4 hours – 3 WTE

Are all patients afforded an 'annual dietetic review'?

Yes	27	(15%)
No	150	(82%)
NEVER	1	(0.5%)
If felt appropriate at annual review	1	(0.5%)
Hospital 1 = Yes, Hospital 2 = No	1	(0.5%)
No response	3	(1.5%)

Are there more frequent visits to the dietician for patients with: (*multiple response*)

Obesity:	Yes	121	(66%)
Dyslipidaemia:	Yes	114	(62%)
Hypertension:	Yes	26	(14%)
Poor glycaemic control:	Yes	142	(78%)
Specific circumstances (eg pregnancy, athletes):	Yes	124	(68%)

DIABETES SPECIALIST NURSES

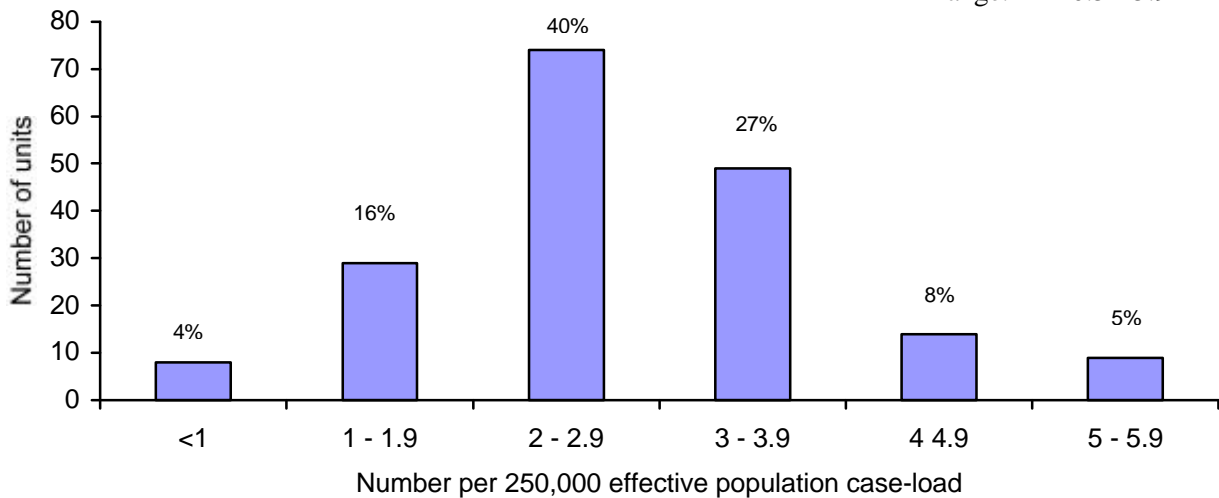
There seems to be no specific section in CSAG document on the role, training, responsibilities and numbers of Diabetes Specialist Nurse required to meet the 'standards of care'.

Are there Diabetes Specialist Nurses working in your unit? Yes 183 (100%)

If "Yes": (a) How many full-time Diabetes Specialist Nurses do you have working in your unit?

(i) Total number WTE: Mean: 2.96
 Median: 3.0
 Range: 0.2 - 10

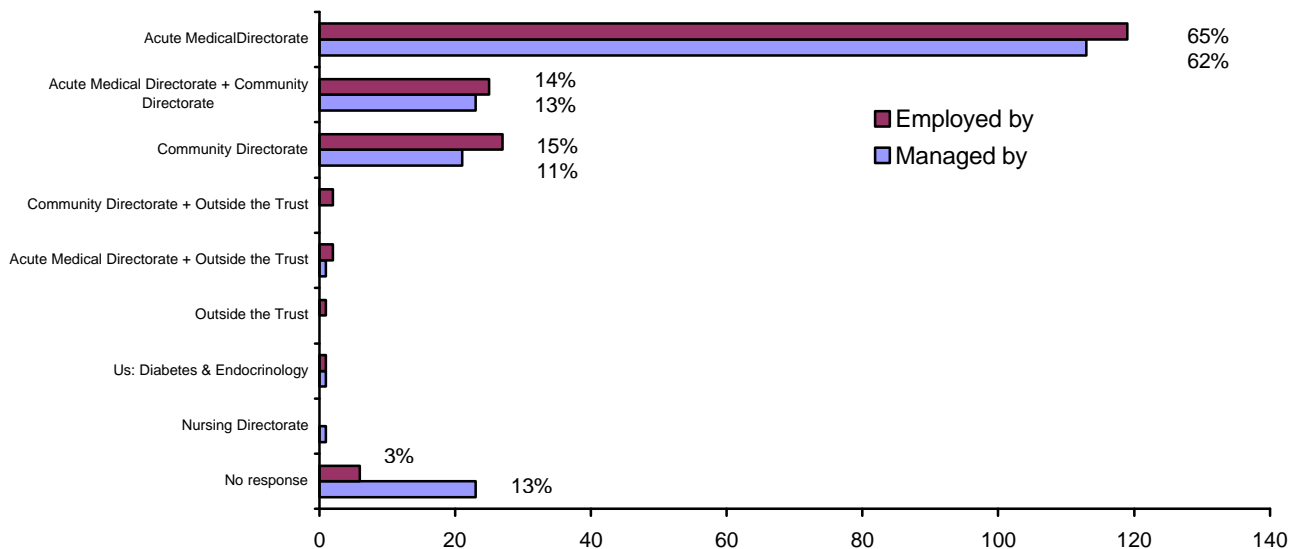
(ii) Per 250,000 effective population case-load: Mean: 2.6
 Median: 2.5
 Range: 0.5 - 5.9



(b) Where does the Diabetes Specialist Nurse carry out her work with patients?

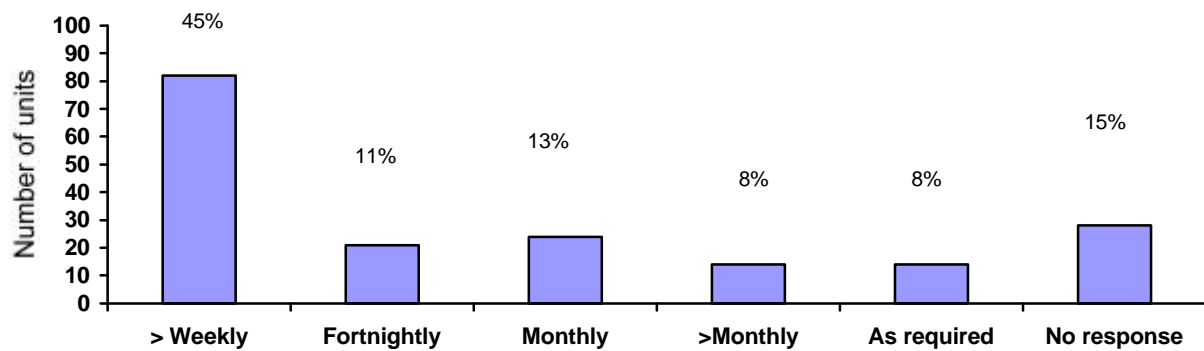
Hospital only	18	(10%)	*Range: Hospital 10 - 98 Community 2 - 90
Community only	8	(4%)	
*Cross hospital community	155	(85%)	
No response	2	(1%)	

(c) Who are the nurses employed/managed by:



- | | | | | |
|-----|---|-------------|---------|--------|
| (d) | Do they cover any other roles ie not solely in diabetes? | Yes | 14 | (8%) |
| | | No | 162 | (88%) |
| | | No response | 7 | (4%) |
| (e) | Is there a separate Paediatric Diabetes Specialist Nurse? | Yes | 108 | (59%) |
| | | No | 71 | (39%) |
| | | N/A | 1 | (0.5%) |
| | | No response | 3 | (1.5%) |
| (f) | Do the Diabetes Specialist Nurses have any role in diabetes research? | | | |
| | Yes | 87 | (48%) | |
| | No | 85 | (46%) | |
| | No response | 11 | (6%) | |
| (g) | What are their specific clinical roles? (<i>multiple response</i>) | | | |
| | Patient management | 177 | (97%) | |
| | Prescribing | 57 | (31%) | |
| | Dose adjustment only | 141 | (77%) | |
| | Education | 179 | (98%) | |
| (h) | Education: Which topics are covered? (<i>multiple response</i>) | | | |
| | Nature of diabetes | 180 | (99%) | |
| | Why metabolic control is important | 178 | (97%) | |
| | Impact of diet and exercise | 178 | (97%) | |
| | Home blood monitoring | 179 | (98%) | |
| | and/or Home urine monitoring | 134 | (73%) | |
| | Coping with diabetes during illness | 179 | (98%) | |
| | Footwear | 139 | (76%) | |
| | Contraception | 149 | (81%) | |
| | Driving | 172 | (94%) | |
| | Insurance | 168 | (92%) | |
| | Employment | 158 | (86%) | |
| | Injection technique | 178 | (97%) | |
| | Prescription charges | 152 | (83%) | |
| | Travel | 167 | (91%) | |
| | Other: | | | |
| (i) | Method of education: | | | |
| | Group | 2 | (1%) | |
| | One-to-one | 62 | (34%) | |
| | Both | 117 | (64%) | |
| | No response | 2 | (1%) | |
| | Other | | | |
| (j) | Who carries out the education? (<i>multiple response</i>) | | | |
| | Input from medical staff: | 120 | (65.6%) | |
| | Input from chiropody staff: | 153 | (83.6%) | |
| | Input from dietetics: | 161 | (88.0%) | |
| | Input from pharmacy staff: | 15 | (8.2%) | |
| | Other: DSN, company reps | | | |
| | Ward & District nurses | | | |
| | Psychology | 29 | (16%) | |

(k) How frequently are sessions held?



(l) Do the Diabetes Specialist Nurses have a liaison role with Primary Care Practice Nurses?

Yes	176	(96%)
No	4	(2.5%)
No response	3	(1.5%)

(m) Is there a written Job Specification for the role of Diabetes Specialist Nurse?

Yes	158	(86%)
No	16	(9%)
?	1	(0.5%)
No response	8	(4.5%)

If "Yes", is it for a: (n = 158)

Grade H ENB 928	48	(30%)
Grade H ENB 998	14	(9%)
Grade H ENB 928 + Grade H ENB 998	18	(11%)
Don't know/not sure/can't remember	17	(11%)
N/A in Scotland	1	(0.5%)
Other	26	(16.5%)
Not specified	34	(22%)

PRIMARY CARE OF DIABETES

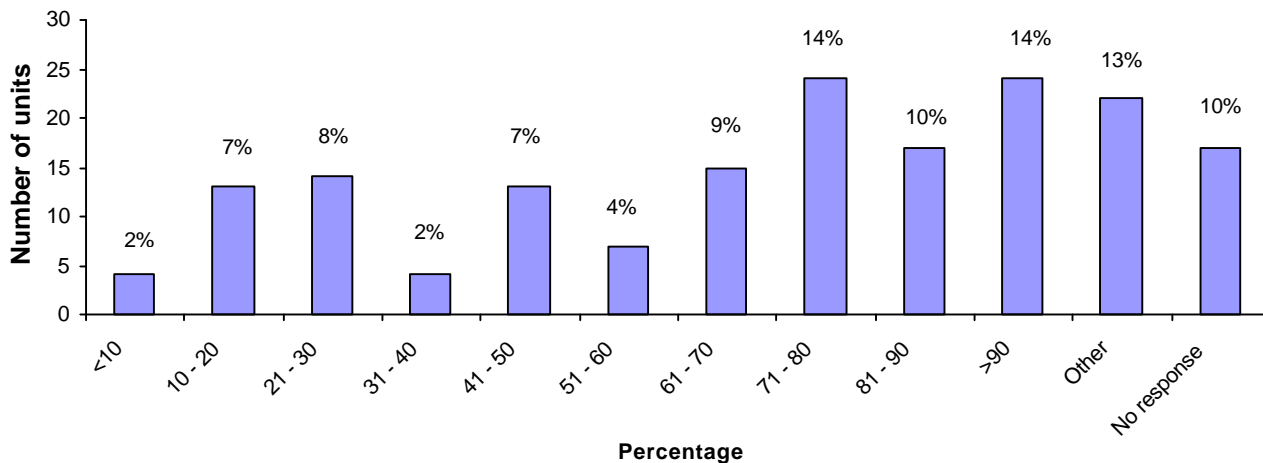
Much is written about the diabetes service in primary care without specifying the core resources required for this.

Do any Primary Care Teams in your district operate diabetes clinics? (n = 183)

Yes	174	(95%)
No	7	(4%)
No response	2	(1%)

If "Yes": (n = 174)

(a) What percentage of primary care teams in your district claim to operate diabetes clinics?



(b) Have these clinics been accredited?

Yes	22	(13%)
No	109	(62.5%)
Don't know/not sure	21	(12%)
Some	1	(0.5%)
Mostly	1	(0.5%)
In the process of this now	1	(0.5%)
No response	19	(11%)

(c) What is your understanding of the basis of these clinics?

Separate from general surgeries	13	(7%)
Practice nurse led (+/- guideline based)	94	(54%)
Both	43	(25%)
Other	19	(11%)
No response	5	(3%)

(d) Are there agreed standards/hospital referral criteria?

Yes	104	(60%)
No	60	(34.5%)
For SOME groups of GPs	1	(0.5%)
No response	9	(5%)

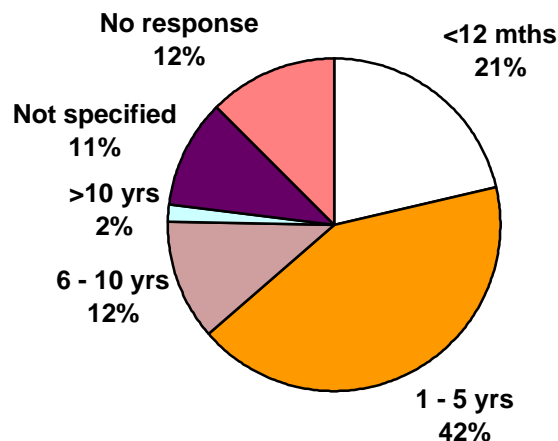
(e) Do you have shared guidelines in operation?

Yes	103	(59%)
No	65	(38%)
No response	6	(3%)

(f) Do you have common guidelines for aspects of diabetes care?

Yes	121	(70%)
No	46	(26%)
No response	7	(4%)

If "Yes": (n = 121) How old are these?



(g) Do you know what community access there is to dietetic care / chiropody / eye screening for those patients not under hospital diabetes care? (n = 174)

	Yes	No	Depends on individual health centre	Other	No response
Dietetic care:	137 (79%)	20 (11.5%)	1 (0.5%)		16 (9%)
Chiropody:	142 (82%)	17 (10%)	1 (0.5%)	1 (0.5%)	13 (7%)
Eye screening:	136 (78%)	23 (13.5%)		1 (0.5%)	14 (8%)

(h) Do you know what proportion of diagnosed diabetic patients only attend for primary care of their diabetes?

Yes	87	(50%)
No	73	(42%)
Don't understand question	1	(0.5%)
No response	13	(7.5%)

APPENDICES

APPENDIX 1**Analysis of bids for additional resources**

Bid category	Successful	Unsuccessful	Not known	Total
Medical	20 <i>45%</i>	17 <i>39%</i>	7 <i>16%</i>	44
Nurses	33 <i>48%</i>	30 <i>43%</i>	6 <i>9%</i>	69
Eye screening	16 <i>64%</i>	5 <i>20%</i>	4 <i>16%</i>	25
Podiatry	4 <i>21%</i>	11 <i>58%</i>	4 <i>21%</i>	19
Dietetics	6 <i>21%</i>	18 <i>62%</i>	5 <i>17%</i>	29
Lab staff/facilities	4 <i>80%</i>	1 <i>20%</i>	-	5
Psychiatry	2 <i>50%</i>	2 <i>50%</i>	-	4
Register/IT software/IT support	13 <i>56%</i>	8 <i>35%</i>	2 <i>9%</i>	23
Buildings/clinic space etc	7 <i>37%</i>	9 <i>47%</i>	3 <i>16%</i>	19
Clerical support	3 <i>38%</i>	4 <i>50%</i>	1 <i>12%</i>	8
TOTAL	108 (44%)	105 (43%)	32 (13%)	245

Grades for Scoring Assessment

<u>Grade</u>	=	<u>Score</u>
A*	=	24 – 27
A	=	21 – 23
B	=	18 – 20
C	=	15 – 17
D	=	12 – 14
E	=	<12

Results of the Scored Assessment of a “Well-Resourced Service”

A*	25	(14%)
A	65	(35%)
B	55	(30%)
C	32	(17%)
D	5	(3%)
E	1	(1%)
TOTAL	183	

4 Trusts did not return the questionnaire within the deadline and were therefore not included in this analysis. However their service was scored as follows:

403	24	A*
144	21	A
346	21	A
195	19	B

APPENDIX 3**Scoring Assessment by Teaching/Non-teaching Hospital**

	A*	A	B	C	D	E	TOTAL
Teaching	7 12.5%	23 42%	16 29%	7 12.5%	1 2%	1 2%	55
Non-teaching	16 13%	40 33%	39 32%	25 20%	3 2%		123

When grouped into A*/A, B and C/D/E there was no significant difference between teaching and non-teaching hospital.

APPENDIX 4**Scoring Assessment by Location**

	A*	A	B	C	D	E	TOTAL
Inner City	4 13.5%	10 33.5%	15 50%	1 3%			30
Suburban	4 17%	8 33%	6 25%	4 17%	1 4%	1 4%	24
Rural		4 22%	7 39%	7 39%			18
Mixed	9 12%	30 40%	21 28%	14 19%	1 1%		75

APPENDIX 5**Scoring Assessment by Region**

		Score %					
	No.	A*	A	B	C	D	E
England – Region							
South East	24	4	21	46	25	4	
Trent	13		62	15	23		
South West	13	31	31	7.5	23	7.5	
London	23	8.5	35	35	13	8.5	
West Midlands	17	12		53	35		
North West	24	29	58	13			
Eastern	15		47	13	27	6.5	6.5
Northern & Yorks	20	20	40	35	5		
Wales	9		33.3	33.3	33.3		
Scotland	17	29.5	29.5	35	6		
Northern Ireland	8		37.5	37.5	25		

There was a significant difference between regions in the distribution of grades ($p \leq 0.001$)

APPENDIX 6

Tables showing the scoring assessment according to the number of consultants, either <2 consultants or ≥ 2 consultants.

As the number of consultants was used to divide the trusts into the 2 groups, the consultant component was not included in the final scoring assessment.

<2 consultants	74
≥ 2 consultants	106
Unknown	3
TOTAL	183

<2 consultants (74) - Gradings:

A*	0	
A	5	(6.8%)
B	24	(32.4%)
C	26	(35.1%)
D	16	(21.6%)
E	3	(4.1%)

≥ 2 consultants (106) - Gradings:

A*	0	
A	13	(12.3%)
B	48	(45.3%)
C	37	(34.9%)
D	7	(6.6%)
E	1	(0.9%)

When grouped into A*/A, B and C/D/E, there was a significant association between grade and number of consultants ($p < 0.05$).

APPENDIX 7**Addendum to questionnaire**

Please describe your ethnic composition - please give approximate percentage of population in each group: ($n = 183$)

White European:	Mean	86.5%
	Median	95%
	Std Deviation	21.1
	Minimum	0%
	Maximum	100%
Asian Indian subcontinent:	Mean	6.5%
	Median	2%
	Std Deviation	9.96
	Minimum	0%
	Maximum	55%
Africano Caribbean:	Mean	2.1%
	Median	0.5%
	Std Deviation	4.3
	Minimum	0%
	Maximum	25%
Chinese:	Mean	0.6%
	Median	0.3%
	Std Deviation	1.2
	Minimum	0%
	Maximum	10%
Other:	Mean	1.3%
	Median	0.0%
	Std Deviation	8.3
	Minimum	0%
	Maximum	100%

Note: No response = 29 (15.8%)

Do you hold any evening or out-of-hours diabetes sessions?

Yes	46	(60%)
No	109	(25%)
No response	28	(15%)

Is there a telephone help/advice line available?

Yes	145	(79%)
No	14	(8%)
No response	24	(13%)

Is there a telephone help/advice line available? (*contd*)If "Yes": (*n* = 145)**When is the telephone help line available?**

Week days office hours:	Yes	118	(81.5%)
	No	25	(17%)
	No response	2	(1.5%)
Week day evenings:	Yes	9	(6%)
	No	134	(92.5%)
	No response	2	(1.5%)
Weekends office hours:	Yes	4	(2.5%)
	No	139	(96%)
	No response	2	(1.5%)
24 hours/7 days per week:	Yes	30	(20.5%)
	No	113	(78%)
	No response	2	(1.5%)

Which members of staff supervise the telephone help/advice line? (*please specify*)
(*n* = 145)

Diabetes Nurse Specialist	102	(70%)
DSN and mobiles emergency	1	
Education centre/on call medical staff	1	
DSN and Diabetes Consultants	10	(7%)
DSN ansaphone	11	(8%)
DSN and HV	1	
Diabetes ward	1	
Medical Secretaries	2	
DSN and Registrars	2	
DSN and ward staff out of hours	5	(3%)
DSN/Podiatrist	1	
DSN/ward nurses/consultant	1	
Staff mobile numbers	1	
Diabetic liaison	1	
No response	5	(3%)

Do you have responsibility for covering the care of people with diabetes in residential and nursing homes? (*n* = 183)

Yes	41	(22%)
No	115	(63%)
Other	3	(2%)
No response	24	(13%)

If "No", please specify who has responsibility: (*n* = 115)

GP with DSN support	10	(9%)
GP	63	(55%)
Diabetic Clinic/GP and PAM support	1	
Primary care	3	
No-one	1	
Consultants/Elderly Care Team	1	
None identified	1	
GP and Diabetes Clinic if requested	9	(8%)
GP and Community Dietician and Diabetes Chiropodists	1	
Primary and secondary care teams	4	
Link nurse training scheme	1	
DSN	3	
Education meetings for staff/consultations	1	
DSN for elderly	1	
GP Community Nurses	1	
Community DSN	1	
Elderly Care Team	1	
No response	12	(10%)

Is there space for display of educational/health promotion materials in the diabetes clinic?

Yes	147	(80%)
No	11	(6%)
No response	25	(14%)

If "Yes", what materials are available? (*please tick appropriate boxes*) (*n* = 147)

In house posters:	92	(63%)
In house booklets/leaflets:	96	(65%)
In house videos:	20	(14%)
Drug company posters:	95	(65%)
Drug company booklets/leaflets:	118	(80%)
Drug company videos:	80	(54%)
BDA posters:	132	(90%)
BDA booklets/leaflets:	134	(91%)
BDA videos:	80	(54%)

Do you have a dedicated room for patient education?

Yes	110	(60%)
No	48	(26%)
No response	25	(14%)

Do you provide membership forms for the BDA?

Yes	143	(78%)
No	16	(9%)
No response	24	(13%)

