What constitutes an Urgent appointment?

- Referrals from LTHT until new pathway introduced
- Hypos (at clinicians' discretion)
- Any other clinical reason you feel the patient needs to be seen asap Please document reason on the RAS

What constitutes a High Priority appointment?

- HbA1c > 100mmol/mol
- Rapidly rising HbA1c which leads to diagnostic doubt
- Insulin treated and recurrent hypoglycaemia will sometimes fall into this group
- Any other clinical indicator or patient specific issue you feel from the information presented indicates an high priority appointment is needed eg high HbA1c pre op and urgent operation needed
- EOLC (end of life care) and poor diabetes control/where rationalisation of insulin regime required.
- Symptoms indicating possibility of cancer eg excessive weight loss or age >60 and new onset diabetes-see
 https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#upper-gastrointestinal-tract-cancers
- Gross new abnormalities in U&Es (eg rapidly declining eGFR), LFTs or FBC that indicate further assessment needed (may just require GPsi to look at referral)

Advice and Guidance

If you feel that there can be medications changes made (e.g a switch from a gliptin to a sglt2 etc or not on maximum medication etc) then you can accept the referral and mark it from admin to be added to Advice and Guidance clinic. Add on all information /rationale as normal on the referral.

Pathways

• If you feel that the patient is eligible for a glp1 please triage as normal and add onto referral -please state add to GLP1 pathway.

• If you can see next /only option is insulin – please add this to the referral.

All other referrals are to be triaged as routine

NB If a patient is already under the care of any renal team such as Dr Mooney or Woodrow then no need to discuss at MDT.

Most of the queries we discuss are around egfr and where best to place them. Remember it is completely acceptable to put in the MDT to discuss – it generates good learning between MDT members.

Please see below for additional information.

Renal referral supporting information

Please remember if unsure this can be placed in the MDT pot for discussion each Thursday

- Diabetes plus
- Recent kidney transplant
- On transplant dialysis program
- EGFR <30 not a one-off reading should be a decline/trend over time
- 2separate results 2-3 weeks apart for true value?
- EGFR 30-60 (drop of more than 10 or more in a year)
- An ACR of 70mg/mmol or more, unless known to be caused by diabetes and already appropriately treated. An ACR of more than 30mg/mmol together with haematuria
- A sustained decrease in EGFr of 25% or more and a change in category withing 12 months
- A sustained decrease in eFGR 15ml/min/1.73m2or more per year

https://www.nice.org.uk/guidance/ng203/chapter/Recommendations#investigations-for-chronic-kidney-disease

Cardiometabolic clinic referrals

-These referrals will come in via email and admin will add to S1, please triage according to their need to either: Community Dietetics, Diabetes service or Leeds Programme.

Dietetic referrals

- On 1-2 meds and no medication advice needed -- sent to dietetics
- On 3 meds and Hba1c < 70 and no med advice needed send to dietetics.

This can be done on ERS by changing the box that says "general management" to dietetics

Libre referrals- This will be updated when the NICE guidelines are finalised.

If the patient does not meet the referral criteria, please reject the referral with the below:

Until a commissioning process for the expansion of access to this technology is concluded and until a time when access pathways and criteria are available for this technology, in Leeds existing people should only be continued and new people started if they qualified under the previous criteria for access see below:

https://www.wypartnership.co.uk/application/files/5016/1124/8307/Flash_Glucose_Monitoring_Commissioning_Policy_Jan.21.pdf

For further support with freestyle libre, please contact the Abbott Primary Care rep for Leeds: chandeep.singh@abbott.com