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P004 -Improving Patient Access to Diabetic Services on Unit Haemodialysis – A Pilot Study

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Introduction: Diabetic Nephropathy (DN) remains the principal cause of end-stage renal failure in the UK. People with diabetes on regular unit-based haemodialysis (UHD) are a vulnerable group at high risk of adverse cardiovascular outcomes, which is the leading cause of mortality in this population. Preliminary studies from 2 new satellite dialysis units in South East Wales found that diabetic patients had significant time and symptom burden from being on dialysis. As a result, they were missing secondary care diabetes appointments including clinics and screening services.

Methods: We developed a multi-disciplinary (MDT) approach to managing diabetic services in these 2 satellite HD units, involving renal physicians, link nurses, renal dieticians and senior diabetes specialist nurses with links to diabetic services. This was aimed at improving the delivery of diabetes care, by organising services around the needs of the patient. To improve access to screening services, we approached Diabetic Eye Screening Wales (DESW) to run a pilot retinopathy screening clinic in each unit. Additionally, specialist podiatrists started attending the unit to see patients whilst they were on dialysis.

Results: Of the 49 patients with diabetes on HD, 33 (69%) of patients were on anti-diabetic therapy. Following implementation of a 4 monthly MDT meeting, 49% (n=16) had significant changes to their anti-diabetic therapy resulting in an improvement in HbA1c in 42% (n=14). 51% (n=25) of patients were known to podiatry services in the trust. From March 2016-2017, these patients DNA'd 24 hospital appointments and cancelled 67 appointments due to dialysis session clashes. 59% (n=29) of patients screened required further referral to podiatry services and 20% (n=5) had active wounds requiring urgent treatment. Following in-house retinopathy screening, 49% (n=21) of patients identified as being due or overdue on their annual DR screening had missed their last annual recall, whereas 90% (n=20) attended the in-unit screening visit. 28% of these patients screened required referral to specialist Hospital Eye Services (HES) for potentially sight threatening DR and non-DR lesions. The observed referral rate for DR was significantly higher than the national average (19.0% vs 2.0%).

Conclusions: We identified that existing systems or care were failing to meet the needs of our diabetic patients on dialysis. The introduction of an MDT approach and a focus on bringing services into the units enhanced patient care and enabled more timely identification of problems. We believe that this model is likely to prove cost effective in the long term and will improve the outcome of this high risk patient group.