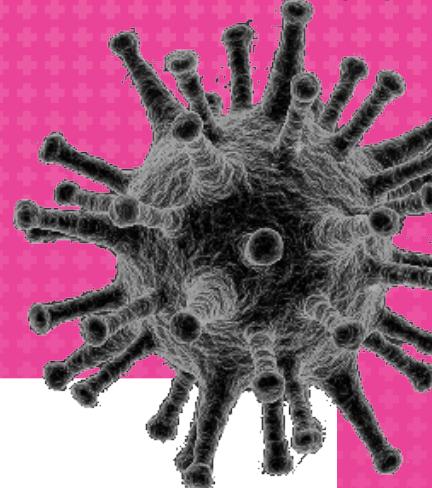


# Community Nursing Covid-19 Innovation/Best Practice

## CASE STUDY

### The Development of a Diabetes Diary for People Living with Diabetes in Gloucestershire



**1/**

#### Personal details

**Name:** Beverley Bostock, QN

**Job title:** ANP and Education Facilitator

**Employer:** Mann Cottage Surgery and Devon Training Hub

**2/**

#### Please describe your practice innovation.

I've developed a 'Diabetes Diary' which helps people to understand where their measurements are compared with ideal and acceptable values. The measurements include blood and urine tests for sugar levels and kidney function, BP, BMI etc. There is a word-based version and a pictorial version.

**5/**

#### Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

Absolutely as an evolving and ongoing addition to existing care. There has been a lot of interest in the diary and yet the concept is very simple.

**3/**

#### How has this enabled you to treat/support individuals/residents/families/carers more effectively and safely?

During the pandemic this has supported patient self-efficacy and engagement and has encouraged people to self-monitor e.g. with BP and foot checks when face to face contact has been limited.

**6/**

#### Please describe any new and continuing challenges you had to overcome.

I worked on making the diary short and simple, with 'need to know' information and advice, including links to key support documents and organisations such as Diabetes UK. Currently the diary explains what care they should expect in the pandemic. Moving forward this will need to be updated to reflect any changes to practice. The diary takes a little time to complete as it includes current and previous results so people can see the direction of travel but the investment is well worth it, according to the people who have had a copy.

**4/**

#### How has this enabled you to work more effectively with colleagues/partner organisations?

I have written an article for Practice Nurse Journal on the diary which is due to be published shortly. I have also shared the diary around the UK when delivering webinars on the topic of remote diabetes management. I've also explained how the diary can be shared prior to consultations (remote and face to face) to forearm people living with diabetes in order to facilitate informed decision making.

7/

**Please list any websites, online platforms or apps that have helped you**

The sites mentioned in the document at present include:

Diabetes care during the pandemic: [www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/care-to-expect](http://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/care-to-expect)

General information: [www.diabetes.org.uk](http://www.diabetes.org.uk) and [www.diabetes.co.uk](http://www.diabetes.co.uk) and [www.nhs.uk/conditions/diabetes](http://www.nhs.uk/conditions/diabetes)  
Touch the toes test <https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/touch-the-toes>

8/

**Please email any images.**

See excerpts of the diary below.

Touch the toes test <https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/touch-the-toes>

**Current and previous results, plus 'ideal' and 'acceptable' results.**

Measurement	Result and date	Ideal result	Acceptable result	Last result/date	Comments
eGFR – kidney blood test	Over 90 March 2021	Over 90	Over 60	88 Feb 2020	All good ☺
ACR – kidney urine test	1.5 March 2021	Less than 1.0	Less than 3.0	0.7 Feb 2020	Annual check recommended
Body mass index	33.5	Less than 25 (healthy)	25-30 = overweight 30+ = very overweight	34.8 Feb 2020	Weight loss will help reduce complication risk and improve other readings
HbA1c	54 March 2021	Less than 53	Less than 58	67 Feb 2020	Much improved ☺
BP	126/78 March 2021	130/80 or less	140/90 or less	137/80 Feb 2020	On target ☺
Non-HDL cholesterol	1.9	2.5 or less	2.5 or less	1.6 Feb 2020	Excellent results!

Contact Bev at Mann Cottage if you have any questions or concerns ☺

**Diabetes diary**

The main focus when treating diabetes is to reduce the risk of complications. People with diabetes are at increased risk of complications such as heart attacks, heart failure, diabetic kidney and eye disease and foot complications such as ulcers, poor circulation and reduced sensation. However, the good news is that these risks can be significantly reduced with some lifestyle changes and, where needed, medication. Our focus should be on reaching good blood sugar, blood pressure and cholesterol levels.

Diabetes UK has produced a document which sets out the care you should expect as standard when you have your annual review. This includes:

- A foot check and diabetic eye test at least once a year
- A blood and urine test to assess kidney function at least once a year – the blood test is usually done at least twice a year.
- A blood test to check your average blood sugar reading over the past 3 months (HbA1c)
- A blood pressure check (home readings are often best – sitting and standing readings are even better!)
- A cholesterol check – normally looking at your total cholesterol, subtracting your good HDL cholesterol and ending up with what we call the non-HDL cholesterol.
- Lifestyle support – healthy eating, physical activity, advice on alcohol intake and help to stop smoking.
- Advice on psychological well-being, including offering help with any sexual health issues, such as problems with erections.
- We also check your vitamin B12 level as metformin, although great for diabetes, can interfere with the absorption of this vitamin in the gut.

Useful resources:

Diabetes care during the pandemic: [www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/care-to-expect](http://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/care-to-expect)

During the pandemic, this has supported patient self-efficacy and engagement and has encouraged people to self-monitor.  
Beverley Bostock

