

# **B&NES Diabetes Risk Assessment Audit**

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# Aim

- To better understand the potential impact of the NHS Health Check programme in B&NES in generating referrals to the NDPP.

# Methodology

- Practice based pharmacists completed searches across all 26 GP practices in B&NES for the period April 1<sup>st</sup> 2015 – 31<sup>st</sup> March 2016.
- » Practices also completed a template to clarify their practice protocol for follow on care for this patient group.

# Search Criteria

- » Had a NHS Health Check during the period **and:**
- » triggered the diabetes risk assessment criteria **and**
- » had a HbA1c or FPG blood test

# Diabetes risk criteria

» BMI equal to or greater than 27.5 for people from black, Asian and other ethnic groups

or

» BMI equal to or greater than 30

or

» blood pressure is at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg respectively

# Results

- 6216 people identified as having had a health check
- 33% met the diabetes risk criteria
- 35% (729/2,074) of those who met the criteria had a HbA1c or FPG on record.
- This ranged from 7% - 62% across GP surgeries.
- 25/26 practices returned information on their protocol

# Results

- » Practices with the highest % of patients with HbA1c or FPG blood tests took HBA1c blood samples at the point of the health check or asked the patient to make an appointment for a HbA1c.
- » Those practices with the lowest % reported doing a venous random blood glucose test at time of the health check.

# Results

A range of additional factors were reported including:

- » Not doing venous blood tests at the time of the health check on those patients with a raised blood pressure
- » Timing of blood collections affecting decision not to take bloods in the afternoon
- » Not all staff delivering health checks trained to take blood



# Recommendations

- » Either HbA1c **OR** FPG is the preferred blood test for those that trigger the diabetes risk criteria.
- » Random (non-fasting) plasma glucose tests are not recommended.
- » It is recommended that if a patient has confirmed raised blood pressure that a HbA1c or FPG is carried out in line with best practice guidance.

# Recommendations

- » Practices can store blood samples for HbA1c, cholesterol and kidney function overnight if storage instructions are adhered to. This allows health check appointments to be held in the afternoon and samples to be transported to the laboratory the following morning.
- » Practices are reminded of the importance of following through with the HbA1C or FPG blood test on eligible patients, both to identify those who may be eligible for the NDPP, and to identify those with undiagnosed diabetes.

# Summary

- » Audit is a useful tool to promote and enable best practice
- » Use of practice based pharmacists reduced impact of data collection on primary care
- » Audit needs repeating to ensure recommendations have been implemented