**York Teaching Hospital NHS Foundation Trust Diabetes Specialist Outreach Team (DSOT) Access Policy: Access to patient records in general practice protocol**

Applies to:

York Teaching Hospital NHS Foundation Trust - Diabetes Specialist Outreach Team (DSOT**)**

Rationale:

The Diabetes Specialist Outreach Team (DSOT) from York Teaching Hospital NHS Foundation Trust has been created from funding received from NHS England to review specific cohorts of patients with diabetes. The specialist diabetes team has been working collaboratively with both NHS Vale of York CCG and NHS Scarborough Ryedale CCG to progress this project.

The successful bid aims to optimise therapy to improve the three NICE recommended targets for HbA1c, Cholesterol and Blood Pressure through a multi-disciplinary team model.

Accessing patient records in line with NHS information governance (IG) requirements is an essential part of the project to review specific cohorts of patients and help improve achievement of the three NICE recommended targets.

This protocol is to allow practices to agree to the YTHFT Diabetes Specialist Outreach Team (DSOT), who have up to date information governance training, remote access to the full clinical system. The purpose of this is to review specific cohorts of diabetes patients including altering medication, reviewing and requesting investigations and communicating directly with patients.

It is important that IG requirements are adhered to regardless of the work that is undertaken, in order to safeguard patient and business confidentiality.

This protocol should be used in conjunction with the [NHS Confidentiality Policy (NHS England, June 2016)](https://www.england.nhs.uk/wp-content/uploads/2016/12/confidentiality-policy-v3-1.pdf)

Clinical Searches:

In order for the Diabetes Specialist Outreach Team (DSOT) to identify diabetes patients eligible for intervention, clinical searches will be undertaken on practice patient data.

This will include the investigation of:

***Phase one - Primary Care***

* People with HbA1c over 100 mmol/mol
* People with three risk factors all above target: HbA1c > 59mmol/mol, BP > 140/80, Cholesterol > 5.0mmol/l
* People with no record of HbA1c in primary care record in last 15 months

***Phase two - Medicines Management / Pharmacy***

* People on GLP-1 with neither weight loss (3%) nor HbA1c reduction (11mmol/mol) in 9 months since starting GLP-1
* People on DPP4 or SGLT2 with last two recorded HbA1c over 80mmol/mol
* People with type 2 diabetes, on Lantus or Levemir with last two recorded HbA1c over 80mmol/mol
* People who live in a nursing home/residential home/other institution
* On insulin and HbA1c either below 59mmol/mol or above 100 mmol/mol
* On sulphonylureas and HbA1c either below 59mmol/mol or above 100 mmol/mol
* People with cholesterol >5.0mmol/l
* Not on a statin and no ‘declined’ or contraindicated code
* On simvastatin
* On atorvastatin 20mg or 40mg

The clinical cases the DSOT will be reviewing are only those who have been identified through the above clinical searches. If an identified patient has explicitly asked that their patient records are not shared then the practice must supply the team with this information and the team will not review this case. The process for this is at the discretion of the practices.

Following this the clinical cases will be reviewed by the Diabetes Specialist Outreach Team (DSOT). The DSOT will subsequently contact General Practice to provide people who are not meeting NICE recommended treatment targets with appropriate support and education including optimisation of treatment. The team will offer a period of specialist support, which may include care home or surgery visits; psychology and social worker intervention. In primary care a suggested medicines management plan will be recorded. It is envisaged that this will assist our Primary Care colleagues with the cohort of patients who have difficulty managing their condition.

Access Policy Agreement

The members of the Diabetes Specialist Outreach Team (DSOT) who require remote access to your practice clinical system are:

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Smartcard no.** |
| Sarah Eaton | GP |  |
| David Powell | GP |  |
| Clare MacArthur | Diabetes Specialist Nurse |  |
| Tara Kadis | Diabetes Specialist Nurse |  |

The DSOT will inform practices when access is no longer required so they can remove the DSOT from their clinical systems

I agree on behalf of my practice to grant and create smart card access for the YTHFT Diabetes Specialist Outreach Team (DSOT) to enable full access to our practice clinical system to conduct the work referenced in this document.

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| --- | --- |
| Signature of practice Caldicott Guardian |  |
| Name of practice Caldicott Guardian |  |
| Practice name |  |
| Date |  |