Improving the coding and follow up of patients diagnosed with gestational diabetes

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Background

- NICE guidance states that women with gestational diabetes should have annual fasting glucose checked for the rest of their lives.
- Two recent papers in the BJGP looked at whether this guideline is being achieved. It was found that there is confusion about who should be following patients up and when. Also that GPs found it difficult to identify patients with gestational diabetes from the hospital letters. (BJGP 2011; 61:609)
- Long term follow up of patients was poor with around 20% getting an annual blood glucose. (BJGP 2014;DOI:10.3300/ bjgp14X676410)

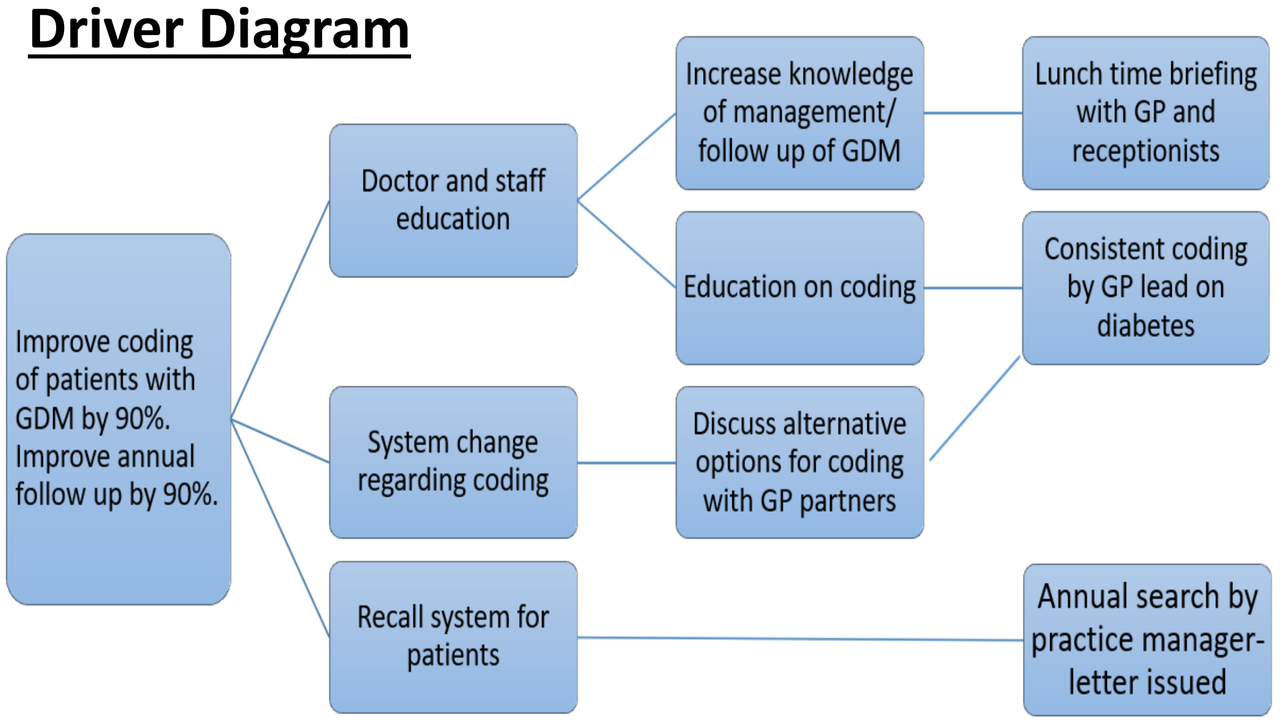
Aim

Improve coding of patients with gestational diabetes by 90%. Improve annual follow up by 90%.

Improvement Methodology

- A search was performed on EMIS to identify patients coded for gestational diabetes, 4 were identified. Following this a search was performed for patients coded as pregnant who had been prescribed medication for diabetes/ test strips. This identified a further 3 patients.
- None of the 7 patients identified had had a blood glucose checked since their 8 week post-natal follow up
- Current system- either receptionist/ GP/pharmacist codes for gestational diabetes. It was identified that different codes were being used making it hard to follow up. Now all hospital letters with a diagnosis of GDM are followed up by a GP partner at the practice with an interest in diabetes who codes the letters, creating consistency.
- Letters have been sent out to all the current patients advising that they will need an annual glucose check, this was done on 21/03/19.
- The letter explains to the patient why the blood test needs to be done and suggests that a good way to remember to come in is to do this on their child's birthday each year. Plan is opportunistic health promotion during this attendance to the treatment room, also check blood pressure/ BMI.

Driver Diagram



Outcome Measures

Outcome Measure: Number of women with a previous diagnosis of gestational diabetes that had a fasting glucose checked in the past year.
Process Measures: Number of women with a diagnosis of gestational diabetes that have been appropriately coded.
Balancing Measures: Treatment room time doing bloods/ opportunistic health promotion. Time of practice manager running annual searches. Administrative staff time spent posting letters.

Results

The yearly recall has not started yet. As I will remain with the practice until the end of the year I plan to do this around November with the practice manager.

Next Steps

- This year 100% of the patients coded for gestational diabetes should receive an invitation for follow up and opportunistic health screening, with the aim of 90% taking up this screening. Hopefully when I move on from the practice this will be something that is continued.
- Aim to set up a system so that when a code is entered for GDM it automatically generates a letter than can go out to the patient. This will mean less work for the practice manager and hopefully increased uptake. I have been unable to put this into place yet due to issues contacting EMIS support.