Virtual Diabetic Clinics in Dorset

The way we commission and provide diabetic care is transforming across Dorset. We are working closer together across organisations to improve patient experience and outcomes while meeting a growing demand

We are introducing a new way of managing patients through Virtual Clinics. A virtual clinic is a face to face meeting where a GP and a consultant discuss patients of concern across a practice. GPs decide which patients are discussed. This can be patients who need support to meet their own treatment targets, are at risk of complications or who are ‘hard to reach’.

This approach offers benefits and improved outcomes for patients. It gives patients more equitable access to specialist advice and reduces the need for some patients to travel to hospital for specialist appointments. This approach quickly identifies patients who are deteriorating. Reviewed patients have their care plans updated and their medication optimised and this helps them stay in better control of their condition.

Virtual clinics improve the working relationship between GPs and consultants and they learn from each other and helps to share best practice from around the county. This proactive way of working allows heath care professionals to intervene to support patients earlier when they are having problems or they are hard to reach. GPs and Consultants discuss how to improve clinics, meaning patients receive appropriate care according to their needs.

Two virtual clinics were held recently:

*“I found it a cathartic experience. As a result I feel empowered to use newer agents more freely when needed. I have referred more patients to Fiona and the community teams for optimisation of regime appropriately. I use the diabetes advice line frequently and generally feel as though I have the support I need.”*

**Dr Rachel Stow, GP Wyke Regis**

*I found the process very helpful. Prior to meeting I asked my other GP colleagues if they had specific patients they wished to discuss. I also reviewed a list of patients (type 2 Diabetics) who were already on 3+ drugs and whose Hba1c was poorly controlled. It was a very helpful session in that we not only covered general problems but also very specific often tricky individual cases. We did seem to cover an awful lot in those few hours.*

**Dr Tanya Stead, GP Royal Crescent**

*We spent about 1 hour discussing how the practice runs diabetes clinics and how that might change/improve. Following our meeting Rachel has completely restructured diabetes care at the practice. They now run joint Diabetes Specialty Nurse / Practice Nurse clinics with Multidisciplinary Team meetings at the end of clinics to discuss complex patients with the GP. If other surgeries want to improve how their clinics run we could support them too.*

*GPs really know the patients and have useful insight, that we do not. Individualised patient Care plans are the way forward. To support the virtual clinics access to data is essential – PRIMIS is excellent for identifying patients and highlighting themes. We also need access to SystmOne for reviewing and recording the virtual consultation and care plan.*

**Dr Fiona Wotherspoon, Consultant in Diabetes and Endocrine**

Given the success of the two virtual clinics the next steps are to hold more clinics throughout the West Dorset Cluster.

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