

NEWSLETTER

DIABETES UK CYMRU

July, same seat, same room, same keyboard... However the world outside is starting to change as Covid19 begins to recede and Wales slowly starts to see what this new world looks like. This, in many ways is the most difficult period, we know that the virus is still out there and we're all cautiously reviewing how best to move forward...whilst keeping safe. It feels a bit like coming out of a lengthy hibernation and checking to see if it's really spring outside. This is what we're going to be exploring in this newsletter, readjusting to, and venturing back out into the real world.

Although it may seem the same outside, things have obviously changed massively and part of that is that we've all changed – things are not as safe as they once seemed and part of that is because we are more nervous or anxious than we once were. Nobody knows the pressures that Covid has brought, other than yourselves or course, better than our Clinical Champion psychologists Rose Stewart. She's written a number of excellent pieces exploring ways of 'keeping calm' while you get used to this new world. She's done a piece here for people who may have been shielding and are now facing the risks involved with meeting other people. Josh, our Policy Guru has been working with Welsh Government to ensure that the nuts and bolts of returning to work, what are your right and how can you ensure that you're getting them....and of course we're always here to help. You can check the latest on CV & diabetes in Wales on https://www.diabetes.org.uk/in_your_area/wales/coronavirus

Diabetes UK Cymru are also working with NHS Wales on getting essential diabetes services back. Some of course have never been away, while some have been paused as staff have been pulled to support Covid services.

DIABETES UK
DEALL DIABETES. BRWYDRO DIABETES.
KNOW DIABETES. FIGHT DIABETES.
CYMRU

What I would ask is for a bit of patience with the system here, I realise that some of you are frightened as a result of the pandemic and not being able to see your HCP doesn't help. Please remember that the staff that have been treating you haven't had it easy for the last few months, they've had all leave stopped and have seen a part of the NHS that they had hoped never to engage with... they are as tired and frayed as the rest of us. We are after all in this together.

I spoke to a colleague who works in one of the Health Boards about this earlier today. They told me that it was all well and good talking about how slow some health boards were in restoring diabetes services, but that this was the system catching up.

In reality HCPs have been incredibly innovative and by starting up virtual or telephone consultations have in fact 'virtually' seen far more of their patients than ever before. In addition more people are being referred back to their GP as they simply don't need to go to an outpatients department when they can be seen locally. In short, if you are concerned make contact with your local DSN – they will ensure that your area safe and that you will be contacted.. We'll try and update you the best we can.

If you are feeling that you're not quite on top of your diabetes, you can of course always try our 'Learning Zone' <https://learningzone.diabetes.org.uk> This offers a personal journey to support you and your diabetes and help you manage it successfully. Our very own Jason Harding explains how.

Finally I'd like to sign by thanking all our partners out there that have helped us to help you and had their hard work recognised by being awarded an Inspire Award – we'd be lost without you.

Thanks guys, diolch yn fawr iawn i chi gyd!!

Take care and stay well.

DAI

GETTING BACK TO “NORMAL” – PRIMARY CARE



Dr Sarah Davies

GP Partner Woodlands Medical Centre,
Cardiff Community Director for Diabetes,
PCIC, Cardiff and Vale UHB

The COVID-19 pandemic meant that we had to change the way we work in GP Practices overnight – we were busy working in “hot hubs” assessing patients with the virus, closing busy waiting rooms and quickly rolling out new, safe ways of working while still providing good care.

Of course, diabetes care needs to continue. In the early stages we very much prioritised seeing people living with diabetes who were unwell, any possible new diagnoses of type 1 diabetes and any person with suspected DKA or acute hypoglycaemia.

As we have moved forwards we are fully open and seeing patients, although many reviews are being done remotely when appropriate for the person and their condition. If you do need to attend the surgery,

we are making sure it is safe with very limited people in the building at any time and strict social distancing, cleaning and protective measures. It is a good idea to wear a face mask when you attend.

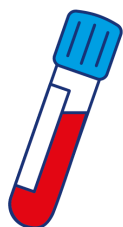
We know that people living with diabetes are at some increased risk of severe outcomes from COVID-19. We are therefore prioritising reviews for those people at higher risk, such as those with other conditions, high blood glucose levels and those living with obesity. As we return further back towards normal, those people living with diabetes without other risk factors will also be invited for their regular diabetes reviews.



Regular diabetes review will be carried out but may look a little different. If you have a home blood glucose monitor or a home blood pressure machine you may be asked to provide some home readings. This is a very accurate way of assessing things. You may be sent a questionnaire prior to your review to record some of these facts and also allow you to write down what may be concerning you most about your diabetes. This helps us to focus the review better.



GETTING BACK TO "NORMAL" – PRIMARY CARE CONTINUED...



You may well find that your review consists of a single visit to the surgery for blood tests, BP, urine collection and foot check, and then the follow-up to discuss the results will be carried out remotely. This may happen by telephone or video consultation and you will be informed about this beforehand. If you cannot take part in this sort of "remote review", for example if you struggle with hearing or using the telephone, do let your surgery know and a face to face review can be arranged instead.

It is a good idea before a remote review to prepare a little. Make sure you are in a quiet place, and can chat confidentially and without disturbance. Have someone else with you if you like. Write down any questions you would like to ask beforehand, it is easy to forget otherwise.



The important message is that primary care is fully open. If you have any urgent concerns about your diabetes, do not hesitate to contact the surgery straight away. Your regular diabetes reviews will also be restarting, but may just look a little different. Be reassured that we will be looking after you and your diabetes in your practice just as well as we always have.

15 Healthcare Essentials

Getting the care you need

When you have diabetes, you're entitled to certain checks, tests and services **every year**. We call these the **15 Healthcare Essentials** – these will **help you manage your diabetes** and they're all free.

Take this list to your GP and start ticking the things off you've already got an appointment for. You won't have all of these on the same day. Talk to your GP about the things you still need help arranging.

Blood glucose test (HbA1c test)	<input type="checkbox"/>	9 Group education course	<input type="checkbox"/>
Blood pressure check	<input type="checkbox"/>	10 Care from diabetes specialists	<input type="checkbox"/>
Cholesterol check (for blood fats)	<input type="checkbox"/>	11 Free flu jab	<input type="checkbox"/>
Eye screening	<input type="checkbox"/>	12 Good care if you're in hospital	<input type="checkbox"/>
Foot and leg check	<input type="checkbox"/>	13 Support with any sexual problems	<input type="checkbox"/>
Genetic tests	<input type="checkbox"/>	14 Help to stop smoking	<input type="checkbox"/>
Advice on diet	<input type="checkbox"/>	15 Specialist care if you're planning to have a baby	<input type="checkbox"/>
Emotional and psychological support	<input type="checkbox"/>		

on plan

...my GP to help me get the things I haven't ticked

- I know how to help manage things myself too, in between yearly checks ☐
- I'll get more info from www.diabetes.org.uk/15-healthcare-essentials ☐

The British Diabetic Association operating as Diabetes UK, a charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136).
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For more information on the 15 Health Care Essentials please visit <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/15-healthcar-essentials/what-are-the-15-healthcare-essentials>

GETTING BACK TO WORK— 5 STRATEGIES FROM PSYCHOLOGIST DR ROSE STEWART

During lockdown lots of us have had time away from work and our other normal activities. While the threat of COVID hasn't gone away, life is starting to resume some sense of normality and for many of us that means going back to work. If the thought of this is making you feel anxious, here are five strategies from our Clinical Champion, Psychologist Dr Rose Stewart that might be helpful:



1. Know your rights – many workplaces are asking their staff to undergo a COVID risk assessment which should take into account any additional vulnerabilities such as diabetes. Your workplace should also have a COVID risk policy that you can ask to see. If you have any particular concerns, it's important that you communicate these to your manager/HR department, ideally before you go back. It may be helpful to think about what adaptations you'd need to address your concerns before you have this conversation.

https://www.diabetes.org.uk/in_your_area/wales/coronavirus

2. Take sensible precautions – ensuring that you keep your distance, washing your hands, and wearing a face covering in public areas are strategies recommended for everyone; however it's important to follow these more stringently if you live with a condition like diabetes. It's been demonstrated that people whose blood glucose is in range tend to have the best COVID outcomes, so staying on top of your blood glucose when at work is essential.

How can you stop coronaviruses spreading?

If you need to cough or sneeze

Catch it
with a tissue

Bin it

Kill it
by washing your hands with soap and water or hand sanitiser

You should wash hands with soap & water or hand sanitiser

After breaks & sports activities

Before cooking & eating

SCHOOL ETC.

On arrival at any childcare or educational setting

After using the toilet

Before leaving home

Try not to touch your eyes, nose, and mouth with unwashed hands

Do not share items that come into contact with your mouth such as cups & bottles

If unwell do not share items such as bedding, dishes, pencils & towels

For the latest information on Coronavirus - COVID-19
Visit phw.nhs.wales
including what you should do if you feel unwell

lechydd Cyhoeddu
Cymru
Public Health
Wales

Llywodraeth Cymru
Welsh Government

GETTING BACK TO WORK— 5 STRATEGIES FROM PSYCHOLOGIST DR ROSE STEWART

CONTINUED...

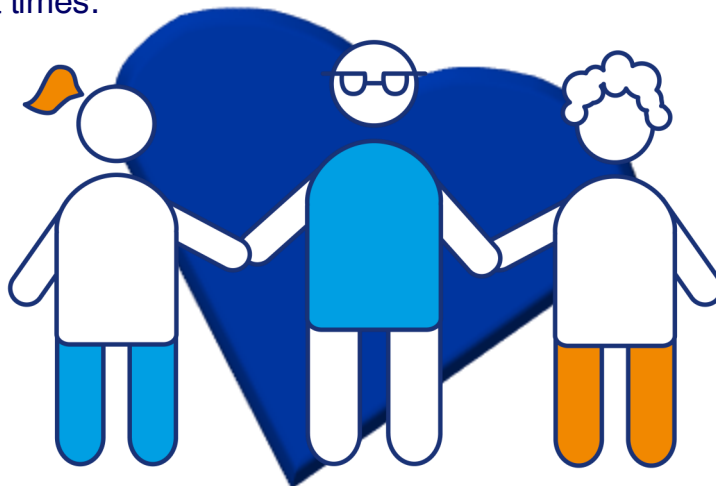
3. Be assertive – if you're finding that the people around you aren't respecting COVID guidelines, you may need to use your assertiveness skills to address this issue without coming across as aggressive or 'nagging'. It might help to use the **'ABC'** approach:

- A. Outline what the person is doing. Be specific about describing their behaviour and try to keep to the point. e.g. ***'I've noticed that you don't wear a face mask in the staff room...'***
- B. Tell them the effect it has on you. Use 'I' statements; don't be afraid to own your feelings e.g. ***'... this makes me feel really anxious and unsafe...'***
- C. Tell them what you'd like them to do instead. Have a clear and realistic solution in mind. e.g. ***'...I'd like you to start wearing your mask unless you're eating, in line with our company policy.'***

4. Self-care – being back at work will present you with new challenges as you adapt to potential changes in your work environment. You may also have a backlog of work that you need to catch up with. This could increase your stress levels, so it's really important to protect some time to look after yourself. Taking time for relaxation, exercise and play will help you to manage your stress levels and will make you more effective at your work in the long-term.



5. Kindness and understanding - when you're feeling anxious it's all too easy to take your frustrations out on other people; this usually results in frayed relationships and more anxiety. Try to remember that everyone is currently doing their best to manage in a new situation that is difficult and stressful; approaching others and ourselves with kindness is key to getting through these difficult times.



DIABETES UK LEARNING ZONE

Over the last few months, everybody's life has changed. The things we previously took for granted; we appreciate that little bit more. The things that felt like a reliable pattern in our lives, we've had to adapt. Covid-19 has affected everything, including our diabetes care.

Outside of the emergency response, many NHS services are gradually, tentatively adapting to this new situation. While we may all need to acknowledge, that at least for the time-being, some of our healthcare appointments may be by phone or remotely, those looking for help to access diabetes education cannot access the face to face courses that were widely available.

Whether a person has been living with diabetes for some time and they encounter a new challenge in managing their diabetes or for a person newly diagnosed, information and advice directly to a computer, tablet or phone is available.

Learning Zone is Diabetes UK's free online education service for adults with Type 1 and Type 2 diabetes, and for parents and carers looking to improve their understanding of diabetes so they can help look after a family member or friend. It is a website with videos, quizzes and information designed to help you learn more about your diabetes and manage the condition more effectively. We ask you a few questions about your diabetes when you register in order to show you diabetes

COVID-19

Courses

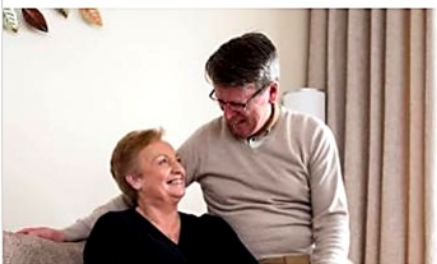
Tools

Vlogs

Podcasts

Managing diabetes during the pandemic

Staying Safe



Being unwell can raise your blood sugar levels, which can be dangerous. Here's what you need to know.



2 quizzes



4 resources



15 mins

Coping At Home



The pandemic has changed some things, but some things have stayed the same. Here's how to plan ahead.



3 quizzes

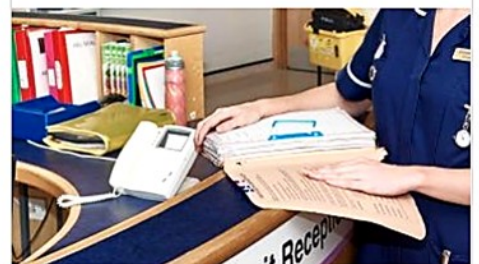


2 resources



20 mins

Get The Right Care



We know things aren't back to normal yet, but healthcare and support are still here for you. Here's how to get it.



2 quizzes



4 resources



20 mins

DIABETES UK LEARNING ZONE

How to look after yourself

Healthcare essentials Check out Taking Control



Coronavirus caused huge restrictions on our lives and our healthcare. But your diabetes self-care is still a priority. Here's what to do now.

If you'd like to find out more about how to manage your diabetes and stay safe during COVID-19 and when and how to reach out for help if you feel you need to; how to make some easy and sensible food swaps to start eating more healthily, or how to cope with your diabetes when things get a bit difficult, Learning Zone may have everything you need.

Diabetes UK's clinical team has worked closely with a large group of people living with diabetes, parents and carers from the across the UK to help create Learning Zone. They hope that users will be able to improve their knowledge and understanding; get some practical advice on how to manage diabetes more effectively; learn some new skills, activities and behaviours to take better control of the condition; and hopefully help people improve their confidence and reduce their feelings of anxiety."

Jason Harding, Digital Learning Lead for Diabetes UK said, 'You never know what you might learn from someone who has encountered similar issues and challenges as you. Even just by listening to their experiences, it might help you think about your diabetes in new and different ways.'

'Understanding and learning more about your diabetes is the first step to managing the condition well, reducing fears and anxieties and protecting yourself for the future. We all rely on help from our family and friends or our local healthcare team but for now, some of this support may be a little difficult to access. If you need it, information and advice is just a click away'.

Over 70,000 people from across the UK have accessed Learning Zone. If you haven't tried

Emotional health Our Help Is At Hand



It's still natural to be worried about coronavirus. So here's how you can keep emotionally well, and manage your diabetes more effectively.

Healthy Eating Get new Food Hacks



Coronavirus changed how we shop and what we eat. Find out how healthy home cooking can help you enjoy your summer safely.

RESTORING AND IMPROVING DIABETES SERVICES IN WALES

The COVID-19 pandemic has altered so many aspects of life for everyone and this includes usual diabetes services across Wales. These were disrupted because health care professionals were redeployed to focus on the pandemic, some needed to shield and to protect people with diabetes from contracting the infection from contact with others. Essential services such as inpatient care, antenatal services, foot emergency care and advice to manage high and low glucoses continued throughout the peak of COVID-19.

Now we are trying to re-establish more routine services bearing in mind that COVID-19 hasn't gone away.



Dr Julia Platts
National Clinical Lead
for Diabetes in Wales

We are armed with more knowledge than we were 4 months ago. We know the risk to children with diabetes is extremely low and most services for children are re-established. Most adult diabetes clinics have restarted but often in a different format. Many services are trying to keep in person contact for those who need it and using telephone and video consultations, virtual review, diabetes technology and pre-consultation questionnaires to enable safe consultation. There are of course challenges, however as the pandemic has caused an urgent need to change the way services are delivered it also gives the opportunity to change services for the better and give greater choice in the future.

An example of this is the ability to offer a choice of virtual consultation or in person consultation in the future, something that some services have aspired to do for years but lacked the infrastructure to do this. The important part of this in the future will be the ability to choose what is right for the individual; some may prefer not to take time off work and not struggle to park in hospitals or surgeries, whereas some may prefer a face to face interaction. We are looking at the interface of primary and secondary care services to ensure everyone has access to the right services at the right time.

Access to blood tests has been more limited over the last few months. Several services have developed “point of care” finger prick tests for HbA1c in a “drive through” style. If feedback is positive then this could become a long-term choice, reducing unnecessary inconvenience and blood tests for the person with diabetes.

Technology in diabetes has been rapidly expanding over the last few years. Even before the pandemic there has been interest in using this technology to provide an alternative to the HbA1c measurement to assess the level of overall diabetes management. Devices such as Freestyle Libre and Continuous Glucose Monitors can provide measurements such as “time in target” and an estimated HbA1c. There is emerging evidence that this technology may be helpful in a variety of situations. In addition, it may be downloaded and viewed by the person with diabetes or remotely by a health care professional to help solve any issues. It has become important that anyone eligible for this technology has an opportunity to use it.


RESTORING AND IMPROVING DIABETES SERVICES IN WALES

Services in Wales have been upgrading insulin pumps remotely in recent months and are now starting insulin pumps remotely, providing the ability to share expertise across Wales in the future.

We have explored different ways of providing education and empowerment in diabetes over the last few months, especially as we have needed to suspend group education sessions. We are trialing X-PERT on-line, DAFNE on-line and SEREN Connect using virtual groups, as well as many other education packages and we are fortunate to have the excellent Pocket Medic films for everyone in Wales. In the future this will mean a much greater range of options to choose from.

We have discovered that remission of type 2 diabetes services may be effectively supported remotely and are exploring the same for prevention of diabetes. We will pilot newly structured preconception services and microalbuminuria services in the coming few months.

We are very aware that services which have a new reliance on technology must not exclude anyone and have a particular work stream to prevent this and ensure everyone's needs will be met. It is hoped that we will emerge from this pandemic with better services for everyone with diabetes with an emphasis on more choice to suit individual needs.




Type 2 Diabetes

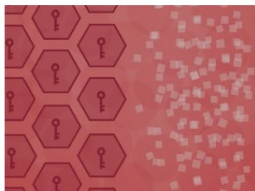
NHS healthcare professionals and patients have worked with the PocketMedic team to make this series of health information films. Each film has been reviewed by clinicians and patients alike to ensure that the information they share can help you to understand and manage your condition. However, if you have any concerns or worries about your health you should contact your healthcare professional for advice. The films you can watch here are:

PAGE 1


1. At risk of type 2 diabetes?
2. What is type 2 diabetes?
3. Jill's Story
4. Introducing Remission




At Risk Of Type 2 Diabetes



What Is Type 2 Diabetes



Jill's Story



Introducing remission

Please click on the pictures below for more information

There are a number of videos available of Type 1, Type 2 and Pre-diabetes



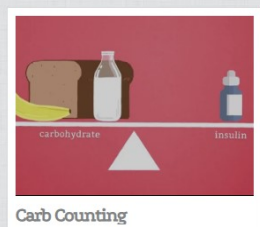
Type 1 Diabetes

NHS healthcare professionals and patients have worked with the PocketMedic team to make this series of health information films. Each film has been reviewed by clinicians and patients alike to ensure that the information they share can help you to understand and manage your condition. However, if you have any concerns or worries about your health you should contact your healthcare professional for advice. The films you can watch here are:

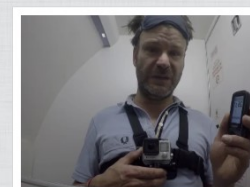
- PAGE 1
1. Living With Type 1 Diabetes
 2. Carb Counting
 3. Travel and Type 1 Diabetes
 4. T1 Diabetes & Family



Living With Type 1 Diabetes



Carb Counting



Travel and T1 Diabetes



T1 Diabetes & Family

HEALTH BOARD UPDATES – DIABETES SERVICES DURING COVID-19 UPDATE

SWANSEA BAY UNIVERSITY HEALTH BOARD DIABETES SERVICES DURING COVID-19 UPDATE



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NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Singleton Hospitals main out-patient clinics shut down quickly due to cancellation of non-essential care and cessation of normal outpatient activity due to Government advice on Covid-19 service provision.

Neath Port Talbot, NPT, undertook a handful of face to face consultations within its Diabetes Centre for those identified as clinically needing to be seen.

Morriston diabetes outpatient services were maintained mainly remotely during Covid-19. During the period, only urgent new patients, those requiring insulin and urgent foot problems were seen face to face. There were >120 patient telephone consultation per week. This has continued to the present time with patients having annual review bloods prior to the telephone consultation. This appears to have worked well. Diabetes Specialist Nurse input and support was maintained with outpatients, primary care and inpatients teams. Diabetes Specialist nurse maintain telephone contacts as previously and saw patients' face-to-face (10/week) to manage insulin and initiate Insulin therapy.

With a recognized significant decrease in face-to-face consultations and significant decrease in appointment slots than usual across the health board, virtual consultations became best available option to providing essential care to those with the greatest need.

As an example of reduction in clinic capacity the usual 40 person Friday morning clinics in one OP department corridor in Singleton Hospital, will reduce to 20 people all day on Fridays in the entire department. As such it needs to be recognized that there will continue to be a substantial reduction in available clinic capacity across the health board as a result of recommended social distancing implications.

Due to the relocation of Diabetes Consultants within NPT to COVID duties a retired colleague who was scheduled to work 2 days a week returned to work fulltime for a period of 4 months to support virtual clinic capacity.

People living with Diabetes, PWD appointments cancelled by text where details available and accurate, notes reviewed, and appointments rescheduled. Remote monitoring and request to upload Freestyle libre data (almost all being people with type 1 diabetes) to support virtual consultation.

Consultation primarily by phone where results discussed and issues addressed as necessary, Attend anywhere trialed within Singleton Hospital but found to be too time consuming in main, this will be reviewed again in near future. One of the consultants within NPT was involved in a direct consultation app which allowed primary care to contact directly for diabetes related advice (Consultant connect). The effectiveness of these new ways of working will continue to be monitored as necessary.

SWANSEA BAY UNIVERSITY HEALTH BOARD

DIABETES SERVICES DURING COVID-19 UPDATE



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Bae Abertawe
Swansea Bay University
Health Board

Move in most areas across the health board to Primary Care for GLP initiation and monitoring, as well as basal insulin monitoring; as a result, 25 % of capacity of people with Type 2 diabetes transferred back to Primary Care.

However, within NPT primary care were not ready to take appropriate patients back despite having gone through training. As a result, a lot of these patients have been re-referred back to secondary care.

Direct Enhanced Service training undertaken in most areas of the health board supported this activity transfer within Singleton but has been laboriously slow in NPT.

Within the first few weeks of COVID no bloods testing were undertaken. Primary care showed a marked variation across GP practices, some positively engaged but not all. A return to some blood testing within the phlebotomy service at NPT now being undertaken where this is not happening within primary care.

Dietetic consultations and education continued and was delivered virtually within Morriston Hospital, within Singleton Hospital Diabetes Education halted with intention of moving to X-pert remotely planned, also some remote Free Style Libre consultation undertaken.

Where possible across the health board Dietetics team mainly telephone triaged PWD based on need by dietetic staff from home. Limited Diabetes education delivered where contact details previously captured in previous education sessions were available and where clinically required.

Diabetes Specialist Nurse activity increased based primarily on an email and telephone triaged process, issuing blood glucose diaries supported this approach where ability to upload data not available. Effective social distancing is practiced in the Diabetes Centre in Morriston Hospital.

In addition the Diabetes teams maintained inpatient diabetes activity as well as a heavy commitment by the medical staff to caring for patients with Covid-19 on the medical wards.

In podiatry, there's no information about any sustained or coordinated foot screening available, however people with identified diabetes related complications were transferred to Morriston Diabetes Centre where clinically necessary. Podiatry Services manage their own clinics which have remained active and face to face where possible.

Diabetic eye screening appears to slowly recommence but seems to be treated as low priority. Some diabetic eye screening undertaken in Opticians across health board and referrals to Ophthalmology have been undertaken.

There is a possibility of introducing move to screening those with no/low risk of diabetic retinopathy based on history of previous screening results to every two years as per previous proposal for this as a result of capacity and demand challenges due to COVID 19. Public Health Wales's support will be needed for this.

The diabetes teams across the health board are now hoping to increase patient face-to-face attendance in line with social distancing and have submitted a plan for action to the health board managers. The plan is to return to face-to-face consultations with patients.

All diabetes patients need to be seen at least annually (for a full check as per national guidance and practice and diabetes annual review). For follow-up patients potentially 25-50% of diabetes patients could have virtual clinic follow-up by phone or other means.

POWYS TEACHING HEALTH BOARD

DIABETES SERVICES DURING COVID-19 UPDATE



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Addysgu Powys
Powys Teaching
Health Board

CONSULTANT CLINICS

All in reach Consultant Clinics were cancelled at the beginning of the pandemic, but work has started to see how these clinics can be reintroduced.

Patients from Powys who would be seen in Consultant clinics in secondary care are receiving telephone contact.

DIABETES SPECIALIST NURSES (DSN)

OUT PATIENT CLINICS

All face -to-face clinics were cancelled, telephone clinics were established and continue. Provision of support for those with type 1 diabetes using flash glucose monitoring via IT programmes have increased and will continue. Training has been provided to staff on “attend anywhere” and further work is starting to provide clinic appointments in this format.

IN PATIENT CARE

Telephone support has been offered to all in patient areas throughout and will continue, with ward visits as required.

HOME VISITS

All referrals are triaged, the majority of home visits were cancelled and replaced with telephone contact, as time progresses the necessity for face to face contact is increasing, the DSN is offering to see these at home following Health Board guidance.

DIETITICS

OUT PATIENT CLINICS

All face-to-face clinics were cancelled and prioritisation of caseload started , all urgent cases contacted on telephone, this has continued throughout. Currently reviewing caseload and exploring the provision of telephone contact for all routine and follow-up appointments. All staff have been trained on “attend anywhere” and clinic appointments may be offered in this format.

IN PATIENT

Telephone support and visits as required.

HOME VISITS

Available for urgent cases that cannot be resolved following telephone contact.

PODIATRY

All clinics for people with diabetes and foot wounds continued throughout, work is being undertaken to restart all podiatry clinics.

PRIMARY CARE

Initially all annual reviews and follow-ups were suspended but many practices offered telephone support, more recently many of the surgeries are prioritising appointments and organising appointments to complete the eight annual care/screening processes which is followed up with a telephone call to discuss results and treatment options

EDUCATION & MEETINGS

Provision of education and meetings using Microsoft teams and other formats is being explored.

HYWEL DDA UNIVERSITY HEALTH BOARD

DIABETES SERVICES DURING COVID-19 UPDATE



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

BACKGROUND AND CONTEXT

Dealing with COVID 19 has had noticeably different demands on our Diabetes and Endocrinology physicians in the different locations around the Health board, depending on whether they were on the COVID or the non-COVID patient facing side of the acute services we provide. Those dealing with the COVID front line have been dedicated to focussing on patients with /suspected of having COVID, being on intense on call rotas and learning/advising on the way COVID affects diabetic patients. These demands have meant that the physicians have until fairly recently had little time to focus on the regular outpatient clinics. However physicians on the green (non-COVID) side have been able to maximise their ability to address their waiting lists and cover the others work, particularly on the Endocrinology side, as the acute demands have been relatively slight in comparison. Although this has changed recently as the non-COVID acute demand has increased back to pre-COVID levels.

We are now working hard to ensure that all outpatient activity returns to pre-COVID levels, predominantly as virtual clinics by telephone and video.

CURRENT SITUATION

Many of our multi-disciplinary staff working in the diabetes Health Board team have been redeployed and are either still redeployed or coming slowly back into their normal roles so the current diabetes service provision is limited. However we have looked a new ways of supporting our diabetes patients through this time.

This has been through:

- Virtual clinic appointments
- Drive through clinics
- Using videos for education
- Telephone consultations
- Information sent out in the post with follow up support
- Virtual group sessions

DIETETICS

Have prioritising complex and urgent referrals. As a service they are piloting “attend anywhere” for their virtual clinics.

PODIATRY

All urgent cases are being dealt with as well as current services. Still managing to do MDTs for the complex cases.

CHILDREN AND YOUNG PERSONS

Have started a patient drive through clinic. Patient stays in car whilst HCP review and assess. Provided telephone support readings and plan of care in relation to insulin pumps and meters.

ANTENATAL AND DIABETES SERVICES

Have continued. Initial appointments and scan done normally and in-between appointments done via virtual means.

COMMUNITY DSN SERVICES

Have utilised the telephone and Microsoft teams to run clinics. Urgent cases have continued to have home visits.

SECONDARY CARE DIABETES SPECIALIST NURSES

Contacted all their patients on their lists offering support via telephone, using national information leaflets for all those who needed information to support their self-management.

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BACKGROUND AND CONTEXT

Over the course of the pandemic, Cardiff and Vale Diabetes Services have worked collaboratively to maintain and optimise the health of individuals with diabetes. We do not underestimate the importance of these contributions to the overall health service response.

Where possible, services have adapted accordingly and will continue to do so, in order to reduce the impacts and risk to patients with diabetes, whilst maintaining patient contact in the most appropriate way. We continue to review our hospital and community based service models and the impact of new ways of working.

The challenge Covid-19 has presented (and continues to present for the foreseeable future) means that working even more flexibly as a multidisciplinary team will ensure we meet the needs of people with diabetes in Cardiff and the Vale during the pandemic and beyond.

CURRENT SITUATION

1. Community Diabetes Specialist Nurses (DSN)

The DSN is often the first point of contact for our patients, referring them to other specialist services that are appropriate to their needs. The team are usually based within the local dietetic team and consist of 1.4 nurses to support diabetes education and care for primary care staff and their patients.

At the beginning of the pandemic the team were asked to leave their base (although never a permanent base) for social distancing and are now using the hot desk facilities within the Primary, Community and Intermediate Care (PCIC) team. At the beginning of Covid-19, members of the team had contracted the virus and as a result, there were several weeks with a limited community service.

On returning to full capacity, they resumed contact with patients by telephoning and home reviews these included joint visits with the Community Resource Team (CRT), District nurses, Dieticians and our wider community colleagues. The team have undertaken collaborative working with the 14 district nurse teams, reviewing patients virtually to support them with their housebound patients to reduce hypo/hyperglycaemia by decreasing/increasing insulin within a timely manner. Also changing insulin regimes when appropriate.

We have promoted our community referral and advice email to support the community and primary care colleagues. As a result, have seen an increase in our referral rate -it has doubled, with an increase in our telephone contact and e-mail advice.

The team have been supporting our secondary care colleagues in facilitating timely discharge, implementing individual management plans. This has supported the GP, district nurses and nursing homes with this vulnerable patient group. We have also provided support and provided face-to-face diabetes education to nursing homes over this time. We are providing a Monday to Friday service. The Team have also been able to recruit a third member during this difficult time taking our staffing level up to 2.4 at the end of July.

2. Dietetics

Telephone consultations were set up to facilitate behaviour change enabling diabetes self-care via dietary & lifestyle management through the provision of education and support. Delivery of virtual diabetes group education was offered utilising Skype for Business initially, moving to Microsoft Teams when this becomes available. Currently developing open access to diabetes awareness films,

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Providing education for nursing and residential home staff to support diabetes management. Diabetes Remission project: Virtual group consultations using AccuRx initially, with a view to use Skype for Business or Microsoft Teams to provide support for an intensive weight management programme to facilitate diabetes remission. Triage for X-pert digital-licences purchased to trial the X-pert digital app. Home visits made available for housebound patients who require a face-to-face consultation. A range of video education resources under are under development

3. PAEDIATRICS

We as a Cardiff and Vale Paediatric diabetes team implemented new working methods to ensure the care needs of children and families, living with Type 1 diabetes, are met and their health and wellbeing are maintained through the pandemic.

We focussed on the following areas:

1. **Communication with families:** We communicated to all our families at the start of the lockdown period highlighting Covid-19 information sources, reiterating the sick day rules, 24-hour open access to the children's assessment unit at the Children's Hospital for Wales and our contact numbers for advice. All our families have been encouraged to download the DigiBete App, and we now use the app to proactively communicate important information to families. (Appendix1)
2. **Facilitating early diagnosis:** Type 1 diabetes is a medical emergency in children and needs immediate clinical management to prevent potentially life-threatening diabetic ketoacidosis. Possible delayed presentations due to fear of exposure to Covid-19 was a concern. We engaged with primary care in Cardiff and Vale UHB in promoting early diagnosis and reiterated the referral pathway for children with suspected type 1 diabetes (Appendix2). A public awareness message of the symptoms of type 1 diabetes was drafted by the Cardiff and Vale paediatric diabetes team and sent to parents of school age children via their school communication system via the directors of education and the Children and Young People's Wales Diabetes Network (CYPWDN).
3. **Risk assessment:** We have used a 'traffic light' system to prioritise clinical engagement, including face-to-face consultations. Families/children and young people categorised as 'red' have been offered face-to-face consultations, with regular follow up calls. (Appendix3)
4. **Acute admissions:** The newly diagnosed children (8 since the start of lockdown to date) have been seen in the Children's Hospital for Wales, admitted to the paediatric ward, with treatment and structured education commenced by the Paediatric diabetes team and early discharge facilitated with continued virtual education. For children with established diabetes, we have maintained the diabetes on-call rota between 7 AM and 11 PM throughout this period, thus preventing hospital admissions. Those who have required admission for inter-current illness have been appropriately admitted, treated, reviewed by the paediatric diabetes team and we have facilitated early discharge.
5. **Outpatient clinics:** We have not cancelled a single paediatric diabetes outpatient clinic despite staff shielding and shortage during the pandemic. As a paediatric diabetes team, we have worked hard to maintain the services for our children and families with diabetes. We had virtual clinics in place prior to the pandemic; we proactively changed all the clinics to virtual clinics. We reinstated face-to-face clinics as soon as safely possible - these are currently in restricted numbers due to the safe distancing measures.

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The virtual clinics are multidisciplinary, and include the Paediatrician, Paediatric Diabetes Specialist Nurse (PDSN), psychologist, and the dietician where possible. Families are able to download their blood glucose meters, pumps and flash /continuous glucose monitors, which we can review virtually. We have facilitated downloads in the drive through appointments for those who are unable to download at home. We established the drive-through HbA1c clinic at Children's Hospital for Wales and the Llandough children's centre; this is managed by our team. The drive-through HbA1c clinic together with virtual communication enables the families and our team to maintain a high level of care through the pandemic. We plan to continue with the current structure of face-to-face, virtual clinics, and HbA1c drive through clinics for the near future. We have continued virtual psychology clinic appointments throughout this period in view of the combined impact of lockdown and managing diabetes of our children and families.

6. **Schools:** We have communicated with families that there is no current evidence that children with Type 1 diabetes are at any greater risk of contracting Covid-19 than other children. Our schools educator PDSN is planning virtual training sessions for schools to manage children with diabetes in school in a safe way.
7. **Insulin Pump and CGM service:** We had an initial hiatus on new insulin pump starts due to the safety concerns. We have successfully started pumps-virtual education pump upgrades and new 'pump starts' are planned with a combination of virtual and face to face sessions.
8. **Children moving to adult services (Transition clinics)** have been a weak point in view of the lack of resources during the pandemic in the young adult services. The young adult team have been unable to attend the transition clinics due to the impact of Covid-19 on the adult services. We have delayed moving young people to young adult services temporarily, but this has in turn puts significant pressure on the paediatric diabetes team and services.

The CYPWDN has issued guidance on maintenance of Essential Paediatric Diabetes Services through the Covid-19 Pandemic (Appendix4)

4. Secondary Care - Consultant & Nursing led

From a secondary care point of view, we have been offering virtual clinics with telephone conversation for some and zoom or skype for others. This has enabled majority of clinics to run with the same numbers and frequency as pre-Covid but in a virtual capacity. The remote access to blood glucose monitoring is being used where appropriate such as Florence, Diasend, Libre View and Dexcom.

Patients with an appointment will be asked to be available for a remote consultation with either a specialist nurse or doctor and will in most cases be asked to have an HbA1c test prior to the review. A limited number of face-to-face reviews are being offered but considering the risks to patients with diabetes and the fact that we are all working in the hospital and frequently with COVID patients, it doesn't seem sensible to extend at this time.

Our medical antenatal clinic is running weekly as a normal face-to-face service, the health board are following the guidelines from the royal college of obstetrics. Therefore there are far more patients being diagnosed with gestational diabetes. The clinic is running as usual but without Dietetic cover as they are unable to staff at the moment. These women are being seen out of clinic time for insulin initiation if required.

The diabetes clinics are offered as telephone consultations running once a fortnight (same frequency) at a slightly reduced template to allow the Specialist Registrar to attend to ward patients. Cystic Fibrosis diabetes clinic will be restarting in September, which will be held once a month.

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Practice visits are temporarily suspended but offering skype and e-advice if suitable to GPs and their teams. We are seeing a small number of diabetes patients in weekly Barry general medicine / endocrine clinic but this is also virtual at the moment, numbers and frequency are the same as normal. Acute diabetes complications are managed on the wards and MEAU as usual.

The following clinics, being held by telephone or video consultation are full; pump clinics, young adult clinics and critical analysis MDT foot clinics (podiatry pre-assess the patients and they are discussed at the MDT using Skype for Business). Where virtual reviews have not been appropriate for some patients, they have been reviewed face-to-face in the diabetes centre separate from the main hospital where necessary.

There is greater access for people with diabetes who identify an acute problem to prevent admission. Acute complications with face-to-face reviews for treatment, or admission avoidance where applicable, on the wards and MEAU in University Hospital Llandough. Increased use of remote technology to obtain data relevant to these clinics wherever possible including FSL & continuous glucose monitoring data, pump downloads etc. to minimise non-urgent hospital attendance for high-risk individuals. Holding virtual MDTs about high-risk people such as those with eating disorders and young adults.

See Appendix 5 for a detailed clinical guide including further input from secondary care, nursing and dietetic teams.

6. Podiatry

The recent COVID 19 crisis has necessitated prioritisation of services within Podiatry to ensure essential services are maintained in line with Welsh Government guidelines 'Emergency Podiatry Services and Limb at Risk Monitoring' in diabetic foot care, alongside retraining of Podiatrist and Healthcare Support Workers for potential deployment. The Podiatry service has focused on ensuring those that had emergency or urgent potential limb threatening wounds had access at times of crisis. This care was provided outside the hospital sites to ensure avoidance of A&E but also to support early discharge from hospital of patients admitted due to foot wounds. New ways of working and centralisation of wound services has maintained a safe provision of care alongside ensuring self-isolation for those most vulnerable was not compromised.

It should also be recognised that the investment the department has put into place through wound rotations and access to Diabetic foot Modules has ensured a very competent workforce that maintained a high level of care within the community. New ways of working have also been embraced looking at delivery of virtual consultations through telephone and video consultations i.e. Attend Anywhere. This is currently being evaluated to see where it fits in the patient's pathway. The Podiatry service has also maintained its 'walk in clinics' so patients can attend at times of crisis, reducing need to attend their primary care physician.

The access to the multidisciplinary team has also been maintained through Skype presentations to the consultants by the podiatry team. The vascular services have also started to run 'Hot clinics' which is proving successful for podiatry to access this services at times of urgent referral. Podiatry have now started to review its exit strategy out of COVID-19 and will be using the Podiatry Taxonomy to prioritise contact with patients. This contact will embrace the new ways of working and also focus on patients' activation to self-care through the introduction of a Patient recorded outcome measure (PROM) pre-consultation questionnaire (appendix 8).

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7. Diabetic Eye Screening Wales (DESW)

Services have paused since March 2020. All Ophthalmology services are now accepting both routine and urgent cases. DESW are going through a substantial restart plan with an aim to start on a phased basis from late Summer (*Appendix 9*).

Alongside retraining for all staff, changing booking processes and revisiting infection, prevention and control processes, this is currently a pressured time for DESW. Capacity will substantially reduce when service restarts because of the 20-minute wait time following receiving eye drops. Patients need to wait in a safe waiting room which has to be a socially distanced waiting area.

Primary care practices are variously opened in every GP cluster area on a national basis and listed under Eye Care Wales website. Local practices are open and able to provide telephone triage/assessment and possible face-to-face support if needed, or if necessary are being redirected elsewhere.

8. Issues and Concerns

Whilst online consultations and appointments work well for many, this does require patients to have the required technology. Telephone consultations are also offered, we cannot assume that everybody has access to a digital platform and needs to be considered.

Staff workloads across the sector have been particularly high due to supporting Covid-19, the response to adapting services and staff redeployed to support elsewhere i.e. Dragons Heart Hospital (field hospital) but this is starting to return to normal.

Due to the impact of Covid-19 on the adult services, there was a temporary delay moving young people to young adult services, this has in turn puts significant pressure on the paediatric diabetes team and services.

Following a patient engagement survey conducted by All Wales Patient Reference Group (AWPRG) reps (92 respondents across Wales, 12 from Cardiff and Vale) with diabetes felt socially isolated, suffered high anxiety levels and feeling vulnerable during the pandemic. The survey results will be looked at in more detail to consider how future communication methods with patients can support better access to information and reduce anxiety regarding their diabetes care, particularly if we see a second wave. Options to be considered alongside future patient engagement methods.

A large challenge for DESW will be around identification of venues, because of the amount of space now required for Covid safe practices. Some of the current venues are not suitable under current social distancing guidance.

18% of hospital beds are occupied by someone with diabetes and people with diabetes are more likely to realise more severe manifestations of coronavirus infection, so this proportion is likely to increase beyond 18% over the next few weeks or months. Continued efforts to deal with demand are detailed in *appendix 5*.

ASSESSMENT AND CONCLUSION

In a combined effort to maintain services and care, many face-to-face appointments were quickly converted to online support across large parts of the service, resulting in substantial continuation of clinic and patient contact wherever possible.

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Where patients still required face-to-face contact, urgent treatment etc. those services continued using the safest possible option. Staff have worked extremely hard to maintain services wherever possible, and have reinstated face-to-face services as soon as it was deemed safe enough to do so.

Diabetes teams across the service have established virtual meetings and an e-referral process to maintain communication. Many areas are now reviewing their exit strategies following Covid-19, how they will continue to function under current restrictions and social distancing measures and if some of these new ways of working can benefit the patients/service in the long-term.

1 Letter to Paediatric Patients



Appendix
1CoronaVirus_letter.doc

2 Referral Pathway Paediatrics



Appendix -2 referral
pathway.pdf

3 Risk Assessment Tool Paediatrics



Appendix 3-Risk
assessment tool.doc

4 CYPWDN Guidance - Continuation of Paediatrics Services



Appendix 4
Continuation of Paedi.

5 Cardiff & Vale MDT Clinical Guide



Clinical guide for the
management of diab

6 Primary Care Guidelines



C+V DM Guidelines
for remote DM review

7 Pre review questionnaires



Example of Pre
remote diabetes revie

8 PROM Pre-consultation Questionnaire



PROMs (NEW)
JULY2020 FINAL.asd (I

9 Press Release – PHW Screening Programmes



PRESS
RELEASE_Public Health

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All diabetes teams have been working very hard to maintain essential diabetes services, while adapting to the changing situation with COVID-19.

Patient communication about Diabetes services and COVID 19

All patients were contacted by medical records team to inform them of cancellation of outpatient diabetes services, and provided with contact advice in an emergency.

Patients served by the Royal Glamorgan Hospital (RGH) diabetes centre were sent individual letters including information about the closure and temporary relocation of this unit to the “antenatal unit”, clinic cancellation, sick day rules, diabetes related medication and equipment, as well as general advice in regards diabetes and COVID 19. They were also directed to other useful external links for up to date advice.

General information and advice for people with diabetes was posted on the CTMUHB internet site with useful links / contact numbers.

Staffing

All consultants and diabetes junior staff were redeployed to the wards and participated in the emergency COVID 19 on call rota during the first wave. All three acute sites will have stepped down fully to the normal Senior and Junior rotas from August 5th.

The diabetes unit ran on a skeleton diabetes specialist nursing service during the first wave as a result of the need of some members to work from home and redeployment to deliver ITU, HDU and ward based care. The redeployed diabetes specialist nurses have now returned to the diabetes units but some remain working from home.

Inpatient diabetes team

All 3 hospitals maintained a skeleton diabetes inpatient team during the COVID 19 first wave but this has returned to normal with the return of redeployed staff.

The medical teams and sub-specialty specific wards have also been re-established, with all three units having a dedicated diabetes base ward and team.

Outpatient clinics

Antenatal and high risk/very high risk/emergency diabetes podiatry clinics were maintained across all 3 sites during the pandemic. Emergency insulin initiation has been facilitated face-to-face by the DSNs and in the Princess of Wales Hospital (POW) the DSNs have been able to run their insulin pump and individual follow up clinics. All other clinics were undertaken virtually using Libreview, DIASEND, pump downloads. “Attend Anywhere” software which facilitates virtual clinics has been trialled at POW and has just started at RGH. Telephone advice and support was maintained and the purchase of IT equipment and mobile phones enabled this to be carried out by staff working from home. The number of telephone enquiries from patients and other healthcare professionals has increased during COVID 19 pandemic and demand remains high.

Community and GP practice support by email and telephone has continued across all 3 localities, throughout the crisis, as and when required.

Face-to-face virtual clinics, and multidisciplinary meetings have been difficult to establish or run at the RGH site due to inadequate IT equipment and poor connectivity, the latter is a significant problem.



Dietetics

The dietitians covering Prince Charles Hospital (PCH) and POW are currently based at a local Health Park (Kier Hardie). Consultations are largely run virtually across the 3 sites although they have continued to provide support for antenatal services, and people with newly diagnosed Type 1 diabetes. In PCH and RGH they have also managed to provide some support for inpatients with diabetes as and when required.

No DAFNE courses run since March and none have been currently booked.

Podiatry

High risk and very high risk diabetic foot clinics were maintained during COVID 19 crisis at all 3 sites. In POW the dedicated podiatry room has been available throughout the crisis, albeit with reduced capacity due to the precautions required (social distancing and cleaning). In PCH podiatry led clinics were relocated to Kier Hardie Health Park and in RGH they were relocated to Ysbyty Cwm Rhondda.

Paediatrics

Outpatient clinics continued as virtual throughout the initial COVID-19 crisis. A drive through HbA1c service for children was established during the crisis.

Primary care

With the arrival of the COVID-19 pandemic, in an attempt to reduce infection risk to both patients and staff members, General Practices changed to a telephone triage system whereby all requests for appointments were dealt with by telephone consultation with a health care professional first, and face to face attendance at the surgery was by invite only. All routine work was temporarily suspended to reduce coronavirus exposure. This included routine blood tests, blood pressure checks and foot checks for some of our patients with diabetes.

It soon became evident that the outcomes are worse in patients with COVID-19, who have poor diabetes control and obesity, than those who are well controlled and slimmer. Therefore practices began concentrating on the management of sugar control in those most at risk, whilst reducing their attendance as much as possible.

Issues and Concerns

Inpatients

Pre-COVID 20% of inpatients had diabetes and initial data suggested this is nearer 25% during COVID with people having diabetes accounting for 26% of deaths from COVID 19. T1 and T2DM confer a 3.5 and 2 fold greater risk of death from COVID 19 than the general population, with risk reduced by better control and fewer diabetes complications. Increasing age, BMI and BAME are also high risk, all of which are associated with increased risk of developing diabetes. Despite the high levels of diabetes in the acute hospital sites, the number of WTE diabetes consultants with responsibility for managing inpatient diabetes care is low compared with the other inpatient medical sub-specialties. This is a concern in all 3 acute hospital sites, a situation exacerbated by the recent COVID 19 crisis, and which will continue to get worse.

Whilst the inpatient DSN teams were stretched during the first wave, the redeployment of the DSNs back to their diabetes team means that this situation is now improving although additional inpatient DSN



Whilst the inpatient DSN teams were stretched during the first wave, the redeployment of the DSNs back to their diabetes team means that this situation is now improving although additional inpatient DSN requirements had been highlighted pre COVID.

Diabetes inpatient wards

These have recently been re-established although the location may have changed. All HCP staff based on the diabetes template need to receive additional education and support to manage complex diabetes care. This will require sufficient inpatient medical and DSN time.

Outpatients

The majority of consultations continue to be carried out virtually with a limited number of face to face consultations dependent on need. Whilst there is a desire to continue virtual appointments for the majority of people with diabetes whilst COVID19 remains a risk, capacity is a problem in all sites given the need to maintain social distancing, but is particularly a problem at the Royal Glamorgan Hospital where clinic space is severely limited following the units relocation to the antenatal unit during COVID 19. At present there are no plans to move the team back to the purpose built diabetes unit which it occupied for the previous 20 years.

Whilst we are attempting to prioritise appointments for people with diabetes, the lack of capacity is impacting on our ability to manage the backlog of follow up appointments in the various diabetes sub-specialty clinics, and remains a significant concern.

Dietetics

Virtual DAFNE training expected in September, although places limited to 2 per Health Board for initial course. The ability to re-establish the face to face DAFNE course in Cwm Taf will be limited by social distancing and available facilities. This is a particular problem at the Royal Glamorgan Hospital given the acute lack of facilities having lost the dedicated diabetes centre during this crisis.

Most dietetic consultations remain virtual with limited access to dietetic advice in clinics particularly in, PCH as they are temporarily based in Kier Hardie Health Park, and in POW where there was already insufficient capacity pre COVID.

Paediatrics

During the COVID-19 crisis the department repeatedly had to justify the need to maintain the PDSN service even though their input into these CYPs and families was even more critical to keep them out of hospital

Annual review clinics are slowly being re-established, including HbA1c testing

Transition services stopped during the crisis and these are also re-starting gradually, although it will be some time before they are back to pre-COVID 19 levels, and this may become an issue

Podiatry

Podiatry services available in POW were limited pre-COVID and this needs to be increased. There are limited facilities available to run the full podiatry service that had previously been established at the Royal Glamorgan Hospital diabetes centre, following its relocation, including access to the casting service. This will potentially be detrimental to patient care. In addition there is concern that the rooms currently used by podiatry in Ysbyty Cwm Rhondda may be re-allocated and therefore become unavailable in the near future which will further impact podiatry capacity and patient care.

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The services in each locality are already seeing an increasing demand and additional clinic facilities and capacity are urgently required to facilitate attendance.

Primary care

Practices have now begun their routine work once again and the way that this is arranged will vary across the localities. Many however are still striving to reduce exposure and infection risk by carrying out diabetes checks during one attendance at the surgery – blood tests, blood pressure, foot checks etc. Appointments are arranged to minimise the number of people in the waiting room at any one time so that social distancing rules can be applied. Staff wear PPE for each patient contact and some practices will request that the patient also wears a mask. A follow up consultation by telephone to discuss blood results/blood pressure control/ lifestyle advice and medication changes will then be arranged.

In Primary Care we are attempting to balance patient infection risk verses achieving good diabetic control.



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BACKGROUND AND CONTEXT

The aim of the Diabetes Services in the Health Board, through the Diabetes Planning and Delivery Group is “to give the best possible care and support to people with Diabetes.” This aim is unwavering, especially in the challenging times that the COVID-19 pandemic presents.

As we establish a new normal whilst COVID-19 is still with us (which it clearly will be for a while), we must ensure that we respond to all health needs in our community, which will require us to adapt the way we usually work. This is very much at the forefront of our planning right now and we will ensure that we work collaboratively with our multidisciplinary teams, partners and stakeholders on this new way of working.

CURRENT SITUATION

1. Dietetics

A. Inpatient Dietetics

There is a team of dietitians on each of the acute sites although the redeployed team members from the Community Dietetics and Weight Management have now in the main returned to their usual team. The team are available to provide inpatient diabetes advice as needed. The team are still working shifts over an extended day to facilitate social distancing. The team are providing telephone contact for on call to the critical care units instead of weekend cover as the numbers are now much lower – not quite normal but nearly.

B. MDT working

The Team are covering antenatal diabetes clinics in person where possible – with some additional patient contact outside of clinic time over the phone. The team are also part of the team covering the virtual insulin pump clinics. The Diabetes MDT insulin pump clinics running at NHH moved onto Attend Anywhere in the week beginning 18th May. Paediatric Dietitians continue to work as part of the MDT covering the paediatric diabetes service.

C. Outpatient Dietetics

There is a team of dietitians working remotely in a non-patient facing capacity which includes two diabetes specialist dietitians. They are providing some telephone consultations for patients on our waiting list. The team have received Attend Anywhere training which is being implementing for virtual outpatient clinics.

D. Very Low Calorie Diet (Diabetes Remission)

Before the pandemic there were 10 patients who had already started on VLCD (Very Low Calorie Diet) – they were doing well and the decision has been made to continue to support them remotely. One person has since decided to pause but we hope will re-start when direct support is back up and running.

2. Secondary Care Diabetes Services (for Adults)

The Secondary Care Diabetes Services (for Adults) have been working very hard to maintain essential diabetes services, while adapting to the changing situation with COVID-19.

A. Wards and Staffing

Our Consultants are still heavily involved in the management of all aspects of patients with COVID-19 infections as part of the commitment to General internal medicine. One Consultant at the royal Gwent hospital is working solely from home (on health grounds). Our specialist diabetes nurses had been recruited to support General inpatient nursing. Our Specialist diabetes nurses have now reverted to their usual duties and we now have an inpatient Diabetes team in operation.

B. Inpatient Diabetes Care

Unfortunately our inpatient Diabetes ward has been re-designated for other purposes. This still remains the situation. The team are concerned as 25% of COVID-19 casualties have diabetes as a secondary diagnosis.

Inpatient Diabetes Care is continuing to be provided at all 3 acute hospitals with advice and care to diabetic patients in hospitals, including those with COVID-19 infection. The adult diabetes service across the 3 main hospital sites was being managed by only a small number of Diabetes Specialist Nurses (DSN's) at the peak of COVID-19 but staff number are now returning to normal.

C. Outpatient Clinics

The Outpatients Clinics are being carried out virtually/ over telephone, but with provision for face-to-face consultation where essential (e.g., antenatal diabetes care – coordinating appointments with their scans). All other Face to Face clinics remain suspended, but we need to plan to phase these in gradually, over the next 4 weeks as part of the HB strategic plan.

We are in close contact with our pregnant women and insulin pump patients. Some clinics have had to be cancelled due to essential/ COVID-19 related and on-call work. We are using technology – such as libre view and Diasend – enabling patients to upload their glucose monitoring data and pump downloads to facilitate review. Consultant E-mail advice line for Primary Care is in operation with rapid response times. We also continue to receive a higher number of telephone enquiries from patients and other HCP from secondary and primary care for advice.

Diabetes Support Nurses are providing telephone support for patients Monday to Friday

3. Primary Care Services

Primary Care is currently looking at how to restart chronic disease reviews. In the initial days of the pandemic all face to face appointments were cancelled. The diabetes enhanced service was and is still suspended.

Virtual reviews of patients with higher risk or poorly controlled diabetes continue as deemed necessary. The need to undertake phlebotomy, BP and foot checks has to be weighed against the risk of contact with HCAs/DNs etc.

It's been a huge upheaval in working practices in primary care and colleagues are telephone triaging every patient contact and dealing with everything on a same day basis where possible with no pre-bookable clinics. As lockdown measures are eased Primary Care will continue to strive to get chronic disease care back to more normal levels working within all the constraints around us.

4. Paediatrics

A. Acute Admissions

The newly diagnosed children (six between lockdown and 21st May) are still being seen in the hospital, they have been admitted and treatment and education have commenced as per the newly diagnosed pathway and this will continue. All children who have required admission for incurrent illness have been appropriately admitted and treated.

B. Outpatients

In paediatrics, the six consultants have been asked to cover the acute medical rotas, some of the clinics have been cancelled and the Paediatric Diabetes Support Nurses are running virtual and phone clinics and making contacts with patients and families and managing the out of hours phone calls. Families are able to contact the team as normal and the dietitians are helping to take the out of hours phone calls. The paediatric dieticians have also progressed a planned move to carbohydrate counting from diagnosis

Families can download their pumps and meters for the team to review all contact is recorded on TWINKLE our database. Paediatric Diabetes Support Nurses and dieticians have continued to review insulin pump downloads and Libre downloads and feedback provided to the family.

In the week beginning 11th May the team started drive through HbA1c clinics where families literally drive up at a designated time – provide a finger prick blood sample and their devices are downloaded – the family are then followed up with a virtual appointment. There is a website, a Facebook account and a twitter account for sharing information with families.

Further information about the Children and Young People's Wales Diabetes Network is included in Appendix one

C. Schools education

As the summer is usually a busy time for preparing schools for the children starting with Diabetes and also moving up to new classes a programme of schools training usually takes place. We are planning to film the usual training sessions for dissemination and this may be rolled out across Wales using the ABUHB team videos. Following the successful appointment of our 2 clinical psychologists we have been able to start to contact some of the families who are struggling the most and offer intervention.

D. Insulin Pumps

The new insulin pump starts have been suspended except where clinically necessary (i.e. preschool age child) – However we have not yet had confirmation that we are able to proceed with the purchase of pumps and sensors for the year 20/21

E. Moving forward

The consultant paediatricians all reverted to their normal working patterns and Rotas from the week beginning 25th May, and we plan to reinstate medical MDT clinic appointments using attend anywhere virtual clinics where possible.

5. Podiatry

In response to the COVID-19 situation, the ABUHB Podiatry & Orthotics Service is operating essential provision only. Currently, all podiatry clinical resource has been redirected to deal with the vascular/tissue viability cohort of patients and those presenting with urgent wound/infection or limb at risk, this includes but is not limited to those living with diabetes. It also includes the subsequent increase of this vulnerable caseload from secondary care devolved patients. Urgent access is following clinical triage and an escalation pathway has been developed for patients with the following criteria: admission avoidance, uncontrolled infection, acute ischemia and diabetic foot abscess.

Currently, at Richmond House Professor Harding is unable to run a full clinic due to re-deployment of his team. However, urgent reviews are being supported during this situation and this has been absorbed as additional case load within the community podiatry service. Additionally, the service is piloting virtual activities, where appropriate, extending returns of those with express clinical need and where services users are declining face to face interventions. It also continues to provide response and an emergency communication portal to reduce demand on General Practitioners, Primary care services, District Nursing Teams and Emergency Departments including admissions due to medical crisis / deterioration.

The service has relocated outpatient and community activity to 4 community hubs across the health board for urgent rapid access, together with domiciliary and in reach to inpatient requirements. Clinical provision at the hubs is overseen by a podiatry member of the MDT whilst supporting delivery by a skill mix model. It has been essential for us to upskill clinicians in order to maintain service provision, going forward, should we experience the significant staff shortage we experienced at the start of the current situation. Joint MDT services with vascular colleagues are also provided at designated Hub for opinion and reviews together with the Hospify platform to assist with remote support both internal and external to the department

6. Issues and Concerns

F. Inpatients

The inpatient teams have noticed a higher proportion of patients with diabetes needing hospitalisation due to COVID-19. This situation is being monitored. We are concerned as 25% of COVID-19 casualties have diabetes as a secondary diagnosis

G. Inpatient Ward

Unfortunately our inpatient Diabetes ward has been re-designated for other purposes. This still remains the situation. The team are keen to re-establish designated diabetes ward at the Royal Gwent hospital as soon as the situation will allow.

H. Inpatient Staffing Levels

The Inpatient diabetes service was rather stretched during COVID-19, as many of our DSNs were redeployed to the wards. All of the Diabetes Consultants are also involved in providing Acute and General Medical Services, including responsibility for specific wards including COVID-19 wards. It's pleasing to report that all but two DSN's are now supporting our Diabetes patients

I. Dietetics

The patient group education is currently not running and the pump update day scheduled for June has been cancelled along with several DAFYDD / DAFNE courses due to run between March and June.

However, we have now had contact from the DAFNE team who are hoping to pilot a virtual course and we have volunteered to be a pilot site. The RGH team who are already DAFNE educators are exploring this further

The team are looking at options for online virtual patient groups so we may be able to re-establish some of this work. This will depend on the demand from the acute setting remaining similar or improving on the current picture and therefore manageable.

The VLCD project is now on hold and are not starting any more patients or completing any further screening at present – but we have patients ready to take up most of the remaining places later in the year. The other Wales centres for the project have either done the same or put the project completely on hold until we are able to re-open outpatient clinics.

ASSESSMEN AND CONCLUSION

All teams supporting diabetes have been working very hard to ensure that Diabetes Services are responding to the challenges presented by the COVID-19 pandemic and continuing the provision of patient care. Many teams have significantly stepped down face to face appointments, adapting quickly and adopting non-contact ways of providing patient care where possible.

As part of the emergency response to the pandemic many specialist clinicians have been redeployed to support other areas of work. Many are now back in their specialist roles and a continuing to support our

Diabetes service delivery in Primary Care has not been the same for all practices.

Probably the biggest concern is keeping active monitoring for people with declining renal function since renal OPD services stopped. It has been possible to speak with the renal consultants & CKD nurses for the most concerning patients which has been helpful, but I anticipate there will be a significant workload for their teams to deal with as they enter their recovery phase.

Primary Care services are working to re-start reviews for people living with chronic conditions, but recall for annual review stopped during the covid crisis.

We have continued to provide a diabetes review service and access to injectable treatments. On the whole face to face appointments were changed to telephone or video consultations and the use of virtual appointments will continue going forward. We have used more self-monitoring of blood glucose where possible (rather than HbA1c) to avoid any unnecessary delay in care planning for diabetes.



Quality measures including the provision of Ketone testing for every person with Type 1 diabetes in some practices has been very well received. Indeed this has helped those who had disengaged from healthcare services to re-connect with their practice diabetes team.

Going forward, the diabetes team will continue to offer virtual reviews. We are due to commence virtual group reviews after the annual review has been undertaken. In addition there will be a virtual project offering very low calorie diets commencing in September.

Concerns that are likely to lead to a backlog in the practice setting & for other services as these implement their recovery planning:

It will be a challenge to ensure availability for

- Annual Review.
- DESW eye screening
- NERS / Self-management programmes
- Access to specialist review for:
- Medium & High Risk Podiatry
- Renal services

Particular attention has been to ensure that patients (and HCP) are aware of how to manage illness and have written information and enough equipment in stock and correct meters to enable monitoring of ketones. Consultations have continued throughout (where staff were not re-deployed) mainly by telephone or video - targeting those with poorest glycaemic control. Where urgent insulin starts have been needed patients have been seen in the GP practice following COVID safe guidelines and followed up by telephone.

Technology has ramped up during COVID with Skype / Microsoft teams (for HCPs) and EMIS AccuRX (for patients) which enables video links and text messaging service. Pharma companies have made literature and demo videos available online so again these resources can be e-mailed to patients to support / re-inforce messages.

Structured education is now available on-line with the first XPERT group on offer fully booked .

Health Care Professionals have been encouraged to continue to access the online CDEP education programme. A number of webinars have also been available from TREND and other sources such as pharma. JCE

From a Podiatry perspective, we have continued the essential / high risk work throughout, both active ulceration and those who phone with concerns. We are also in regular verbal contact with our 'previously ulcerated' cohort.

The re-start of routine care is a process of many parts, requiring formal assurance sign off from our clinical director, Clinical Advisory Group and area panels. This work is now almost complete, and we are in the process of clinically prioritising our (significantly large) caseloads to allow us to book patients back in order of risk / need, albeit with reduced operational capacity compared with what we used to have.



Paediatric diabetes services during the COVID-19 Pandemic

Acute Admissions

All newly diagnosed children are still being seen in the hospital, they have been admitted and treatment and education have commenced as per the newly diagnosed pathway and this will continue. All children who have needed admission for incurrent illness have been appropriately admitted and treated.

Outpatients

At the beginning of lockdown all paediatric clinics were cancelled. Telephone clinics were reinstated in May 2020. The Paediatric diabetes consultants ran telephone clinics in lieu of the usual face to face clinics.

The transition clinic has not been conducted during this time. The PDSNs and paediatric diabetes dieticians have been contacting their own cohort of patients via telephone for review at a frequency that is appropriate for each patient.

Families have been uploading their blood glucose meters, continuous glucose and libre flash glucose monitors to the relevant software for the team to review where they have the resources to. The families who do not have the resources to do this have been providing blood glucose readings over the phone or by email when they are contacted.

School education

Summer is usually a busy time preparing schools for the children who have diabetes starting and also those children who are moving up to new classes. The usual face to face training for the schools and transition days for the pupils are planned to be held virtually via Microsoft teams this year. Insulin pumps and continuous glucose monitoring/Libre flash glucose monitoring.

Unfortunately we have had to suspend any new insulin pump starts as the reps from the pump companies are unable to visit to conduct pump start sessions and with our staffing currently we would not be able to provide the support the families require over the first few weeks on insulin pump.

We have also suspended most continuous glucose monitoring and Libre flash glucose monitor starts. However we have had some success in starting the glucose monitoring systems over virtual meeting with the rep and patient. This is reserved for families we feel would cope with the equipment being commenced in this fashion.

Moving forward

We will be recommencing some MDT face to face clinics, however this will be at a lower capacity than previously. Provisional planning is that Diabetes clinics will be ran at 50% face to face, with consultant and PDSN in the room with the patient and one parent and Dietician and psychology support available via skype; the remaining 50% of clinics will remain consultant led telephone clinics for the time being.

INSPIRE AWARD WINNERS



In the past two weeks we have been announcing our Inspire Award winners in Wales. Our Inspire Awards are held each year to recognise the invaluable contribution of the volunteers and groups that go above and beyond for people living with diabetes, and to thank them for their commitment.

The Winner of the Supporting Others Awards is:

PAULA JARRETT

Paula has been volunteering for Diabetes UK since her daughter Hannah was diagnosed with Type 1 diabetes 13 years ago. Hannah is now 23 and is taking the One Million Step Challenge to fundraise for Diabetes UK.



Paula said: “I feel very humbled to have received this award. When my daughter was diagnosed, support was very thin on the ground. It was a lonely and scary time I will never forget. Thankfully, Diabetes UK Cymru were there to help and support us as a family. I never want any parent to feel alone like that. Over the years, I have been working with others, so now there’s more help. Type 1 parents are a formidable bunch and we all in it together helping to support one another”

Paula is a busy lady, as Treasurer for Type1derful (another winner of the Inspire Awards this year), and she’s also a parent representative for Swansea Bay MDT, attends the Wales Advisory Council panel at Diabetes UK Cymru and is a parent representative for the Children and Young Persons Wales Diabetes Network. In her free time, she loves baking, reading, walking and making crafts. “I am retired and keep on saying I will step back but I do enjoy the challenge and really like seeing the children empowering one another in the get-togethers we organise. I feel passionate about the transition from Children and Young Persons services to Adults and that’s why I am involved with Seren Connect which is an education programme to ease the transition from Paediatric to Adult services. There is still a lot of work to do and that keeps me going”, she added.

CONGRATULATIONS

INSPIRE AWARD WINNERS

The Winner of the Local and Community Group Award:

TYPE-1-DERFUL

Type-1-derful has been supporting children living with diabetes and their families in the Neath, Port Talbot and Bridgend area of Wales for the past 5 years.

“Having a child with diabetes has a substantial impact not only on the child but on the entire family, and brings about all sorts of emotions.”, Paula Jarrett said, who has a mentoring role, working with newly diagnosed families in the diabetes community.

The Type-1-derful committee, which includes Paula and Helen Jones are passionate about the group and they tirelessly fundraise and organise fun events and trips away for the children and families.



The group has around 150 members and meets every three months and run events in the school holidays. These are fun days out in the countryside, pool parties, camps and visits to attractions. However, it's challenging to find suitable venues and times, as it's a large geographical area. The lockdown has added an extra layer of difficulty and the group has been active only online.

Paula said: “I feel the group have missed out a lot on get-togethers, and we have had a few newly diagnosed which I like to get to meet so that they feel included, our teams at both hospitals are great in passing on information about the group and most join whilst still on the ward. During the summer months we tend to have lots of trips for the children and young people and that had to stop due to COVID-19. The return to school is a tricky decision for some, also the lack of transparency or confusing information from the Welsh government regarding shielding.”

This group has been a lifeline for many families available 24/7 via their closed Facebook group page. This is a safe and secure environment where connections with other families can be share tips and experiences. Worries or concerns can also be expressed. The page is monitored carefully by the committee who ensure anyone seeking medical advice are advised to contact their local Health Care Professional.

CONGRATULATIONS

INSPIRE AWARD WINNERS

The Winner of the Young People's Outstanding Contribution Award is:

KATIE COURTNEY AND AVA MORGAN

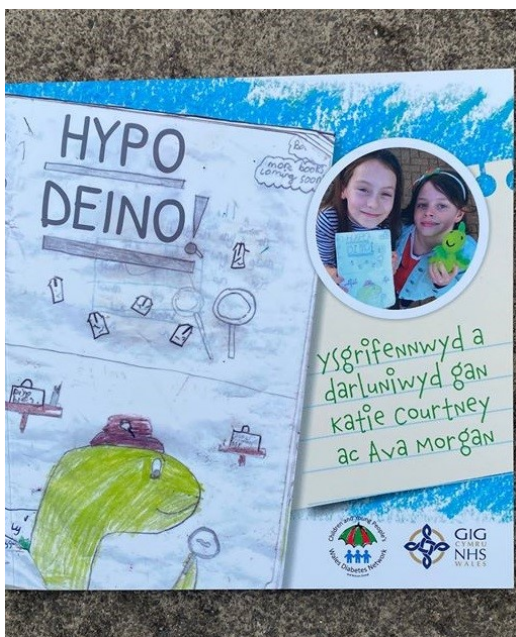
Katie was diagnosed with type 1 diabetes and coeliac disease in June 2017. Last year, the two friends were inspired to create a book to help explain parts of Katie's condition after a local author visited their school.

Katie wrote "Hypo Dino", and Ava illustrated it. Katie brought the picture book to one of her Clinic appointments, and her diabetes team asked if she would be willing to share it with other children in Wales. The Children and Young People's Wales Diabetes Network, CYPWDN, then printed the book and it is now used by all the Paediatric Diabetes Teams in Wales.

Diabetes UK Cymru surprised Katie and Ava with the Inspire Awards and art sets, for them to continue to write and draw books.



The book tells the story of a heroic dinosaur called Tim, who develops type 1 Diabetes and learns to cope with it while fighting a villain. "Tim is not just a dinosaur, he is a dinosaur spy," explains Katie. "And he also has Type 1 Diabetes. Sometimes on a mission he has a hypo which stops him from battling his enemy, the evil Doctor Nocter."



Earlier in the year, Diabetes UK Cymru presented Katie and Ava with the Elizabeth Evans Hughes medal that celebrates the achievements of children living with diabetes. Katie said: "I felt very surprised to win another award. When we wrote the book we did it for fun and didn't expect so many people to read it. I'm glad that Hypo Dino is helping to raise awareness of type 1 Diabetes, and that it might help children when they first get diagnosed."

Katie and Ava have raised awareness of Diabetes at their school with the teaching staff and their fellow pupils and their friendship has grown.

Jon Mathias, manager of the Children and Young People's Wales Diabetes Network said: "It's truly inspirational to see the impact of this book and to have materials produced by children for children".

INSPIRE AWARD WINNERS

The Winner of the Directors Fundraiser of the Year Award is:

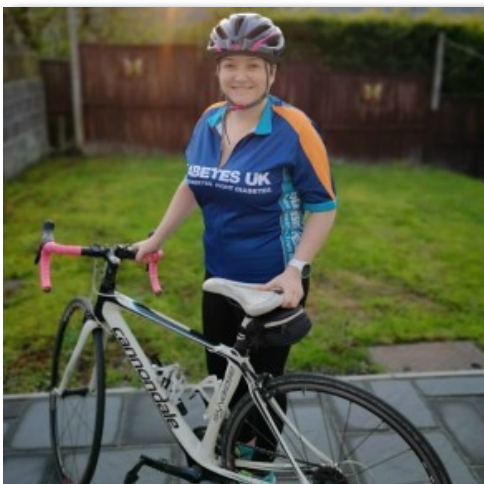
ANWEN JONES AND HELEN SAUNDERS

Anwen Jones and Helen Saunders two community diabetes nurses, cycled 100 miles and raised over £13,000 for Diabetes UK Cymru .

Both Helen and Anwen were new to cycling, but felt they wanted to inspire their patients at Hywel Dda Health Board, raise awareness and funds for Diabetes UK Cymru. They did a challenging bike ride from Borth to Cardigan in June last year. It's a winding, scenic route through countryside and they passed through every surgery they work at, to mark the work they do with patients living with diabetes.

Anwen said: It was a great surprise to receive this award following our success in raising £13500 for Diabetes UK last year. The local support and encouragement was astonishing with continued support with individuals joining us on the bike ride. The success of the bike ride was down to local community engagement and support. It was a truly amazing experience and I have a lot of happy memories from the ride and the support received from all the team at Diabetes UK Cymru."

Anwen, said, "Many of the people we support are living with Type 2 diabetes. Increasing their activity levels would make a difference to their health. Neither of us were cyclists so we found it a challenge. We hope that by taking on some or all of the route, people felt inspired to be more active and do more to manage their condition."



CONGRATULATIONS

INSPIRE AWARD WINNERS

The Winner of the Directors Reaching and Connecting Communities Award is:

JAYNE GRIFFITHS



Jayne Griffiths, a Community Champion based at Llandrinod Wells Tesco, she also oversees other stores in West Wales including Cardigan, Aberystwyth, Carmarthen, Pembroke and Haverfordwest.

Jayne is an active supporter of Diabetes UK Cymru and champions and promotes DUK Cymru services and events throughout Llandridod Well, as well as her wider working area.

She has arranged fundraiser events, and as a trained Diabetes UK Cymru Speaker Volunteer Jayne has delivered countless talks in her local community raising awareness of Diabetes UK Cymru, but more importantly educating her community on how to better manage diabetes through lifestyle choices, exercise and diet.

Jayne was also part of Tesco's charity partnership Dance beat fundraising campaign designed to get the national dancing and raise vital funds.

She regularly distributes DUK Cymru literature and organises Know Your Risk events at the store.

CONGRATULATIONS

INSPIRE AWARD WINNERS

The Winner of the Directors Supporting and Helping Others Award is:

MARGARET RUZZAK

Margaret is the chair of the Llanelli Diabetes UK Local Support Group and has been for over 2 years.



In the past year Margaret has also set up, with help from others a Community Friendship Group that meet every Monday at 2pm, Jerusalem Chapel Burry Port.

The Group has a very strong following and helps the community come together over a cuppa and exciting activities. Margaret has welcomed Diabetes UK Cymru at the group and has also arranged a fundraiser.

Margaret has a creative approach to helping her community, and had planned to raise diabetes awareness through a series of food demonstration for the group and the local Welsh Speaking School.

Her activities have brought her community closer together and has been a real source of inspiration to DUK Cymu staff, and as a result will be implementing the friendship group model into future DUK Cymru work.

CONGRATULATIONS

INSPIRE AWARD WINNERS

The Winner of the Directors Campaigning and Influencing Change Award is:

JOHN MATTHIAS

As the manager of the Children and Young People's Wales Diabetes Network, Jon has worked tirelessly to be an advocate for, and to support children and young people with diabetes.

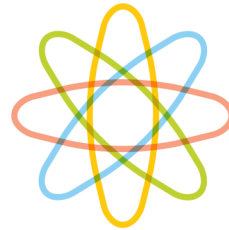


Jon is a passionate believer of the importance of the voice of children and young people being the centre of changes and the delivery of their care. For years, Jon has brought together healthcare professionals across Wales to improve standards and support innovations. Often an unsung hero, we are thrilled to award Jon our **Directors choice for the Campaigning and Influencing Change Award**

CONGRATULATIONS

DIVERSE CYMRU - NEW FUNDING FOR ADVOCACY SERVICES – CARDIFF

Diverse Cymru are delighted to announce a temporary expansion of non-statutory, community advocacy services into Cardiff, having successfully applied to the WCVA Voluntary Services Emergency Fund to work directly with communities in need.



**diverse
cymru**

Promoting equality for all
Hyrwyddo cydraddoldeb i bawb

We will support a second qualified Independent Advocate, working with our advocacy manager, to support some of the most vulnerable disabled residents, initially with a phone, email and digital support service. This will provide people in Cardiff with advocacy services specialising in benefits for disabled people (PIP, DLA, ESA), and will include support on other areas such as health and access to services, promoting social inclusion, equality and social justice. Diverse Cymru has extensive experience in delivering Advocacy services, having delivered our current advocacy service with the Vale of Glamorgan for over 7 years. Our advocacy work has recently been awarded the Advocacy Quality Performance Mark, and our advocacy services are delivered in line with the advocacy charter.

Advocacy Manager Dawn Ashton, said:

"We are delighted to have been successful in our bid to WCVA to fund a new Advocate to work in Cardiff and the Vale of Glamorgan for the next 6 months. This will enable us to increase our support service capacity, and providing increased advocacy services for residents."

In 2018/19:

- 83% of service users are financially better off following the work Diverse Cymru has done on their behalf;
- 74% of service users have received an award or benefit they were not previously receiving; and
- 100% of service users would recommend Diverse Cymru to others.

When restrictions are eased, we intend to widen this service, and implement a face-to-face drop-in service at our Cardiff office, in addition to the telephone, digital and email service, and our current service for Vale of Glamorgan residents. This project will support disabled adults (including people with mobility, sensory, mental health and learning impairments, and long-term health conditions) living in Cardiff and the Vale of Glamorgan (aged 16+).

This service will open upon recruitment of a second Independent Advocate, as a non-statutory service for disabled residents of Cardiff and the Vale (16+), specialising in benefits for disabled people. For more information, get in touch at info@diverse.cymru.

COMMUNITY NOTICE BOARD

For mental health and social change

Dros iechyd meddwl a newid cymdeithasol

Dear Torfaen Service Provider

Platform are starting their drop in's back up as of next week - can you please circulate the following to your colleagues and customers if needed.

There have been some changes in days and locations and the new schedule is as follows;

Tuesday- Office, Indoor Market, Pontypool, 9:30-1

Wednesday- In-shops, Cwmbran, 9:30-1

Thursday- Office, Indoor Market, Pontypool, 9:30-1

Friday- Medical Centre, Blaenavon, 9:30-1

Saturday- Office, Indoor Market, Pontypool, 10-2

For more information contact Kate Moffat Senior Case Worker- Floating Support Team, Torfaen
07866420328 – 01495 760390

Pontypridd & Taff Ely Foodbanks:

These are both now a home delivery service, where-by a-voucher is still needed. If in crisis please contact Wellbeing@interlinkrct.org.uk whereby staff members are able to issue e-vouchers and can arrange for food parcels to be delivered after a

Test Trace Protect Scams - There have been reports of criminals impersonating Test Trace Protect Service staff to try and steal money or personal information, so it's important to remain vigilant. Someone calling from the Test Trace Protect service will never ask you for any financial information, bank details or passwords. Find out more about Test Trace Protect and the ways you can keep yourself safe from criminals here: www.gov.wales/contact-tracing-your-questions

New Horizons - running free online stress management courses in July. If you know of anyone who would like to access the course, please forward their name, telephone number and email address to New Horizons on: 01685 881113

Cymru Versus Arthritis - Do you need support, advice or just someone to talk to? We're here for you whenever you need us. Call our free helpline on 0800 5200 520 from 9.00am to 6.00pm, Monday to Friday. You can also email the helpline at Helpline@versusarthritis.org

Our arthritis virtual assistant, AVA, is available to help you 24 hours a day, seven days a week. Visit us online to start chatting: www.versusarthritis.org/in-your-area/wales/ Do you have questions about how COVID-19 could affect people with arthritis? You can also chat to our COVID-19 virtual assistant, COVA. Also supporting people with arthritis with virtual delivery of activities. So far, we've held digital sessions on gardening, tai chi and seated exercise. We've also held virtual support groups. For those who need software to join in with our activities, we're

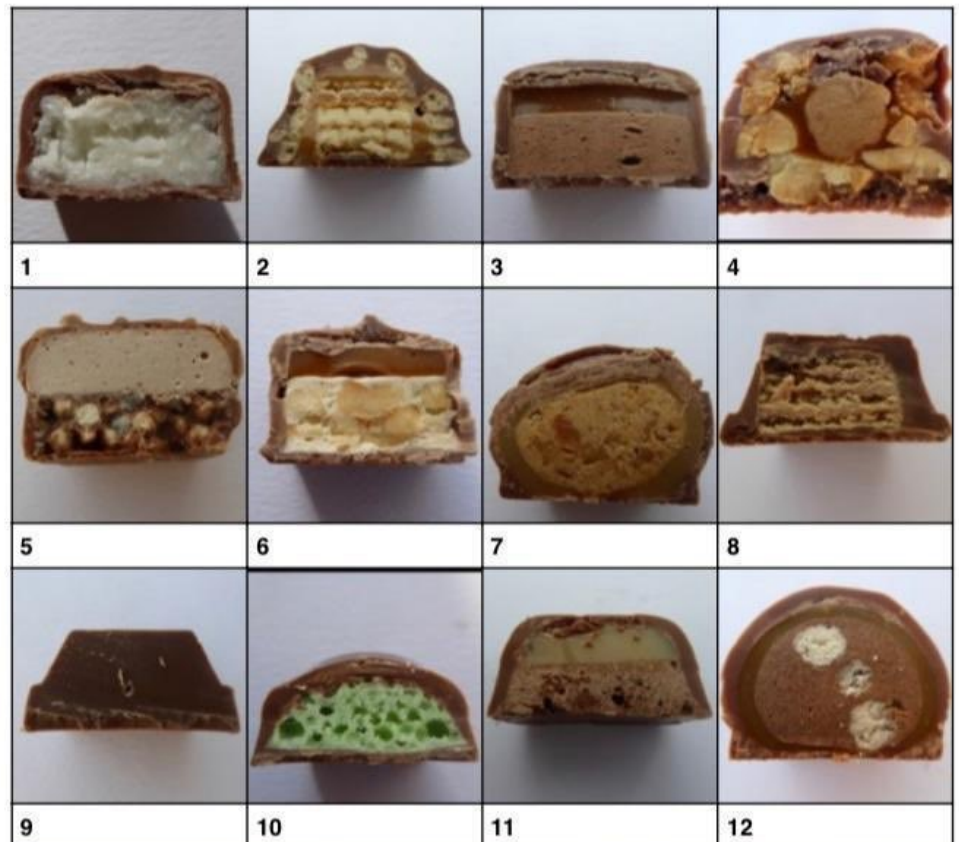
South Wales Police Cyber Crime Support - Do you know what constitutes a cyber crime? Can you tell the difference between fake and real emails? Do you know where, when and how to report cyber crime? South Wales Police are offering FREE sessions to community groups/organisations on this topic, which includes information on phishing emails that look genuine, social media compromises, telephone scams and online shopping scams. Sessions can be delivered over platforms such as Zoom and MS Teams and usually take around 1 hour. They deliver a fun, informative and engaging input that is intended for ALL levels of capability. Feedback from sessions is that people come away better informed of some of cyber crimes we are all vulnerable to and better able to spot them. People also say that they feel more confident and better able to respond quickly. Contact CPO Claire Perrin to book your free session and help us in keeping South Wales Safe

QUIZ CORNER ?

ANSWERS FROM PREVIOUS QUIZZES

ALPHABET QUIZ ANSWERS:

Asparagus
Barbary
Clancy (Tom)
Dollar
Edinburgh
Felicity Kendall
Gepetto *or* Gepetti
Huckleberry Hound
Islamabad
Johannesburg
Knight
Lycos
Marti Pellow
Neck
Olive Oyl
Phosphorous
Queensland
Rickets
Sheffield
Turkey
Up Helly Yaa
Vienna
Weimar Republic
XTC



DID YOU KNOW YOUR CHOCOLATE BARS?

- | | | |
|---------------------|-------------------|-----------|
| 1. Bounty | 2. Lion Bar | 3. Mars |
| 4. Reese's Nut bar | 5. Double Decker | 6. Topic |
| 7. Star Bar | 8. Kit Kat Chunky | 9. Yorkie |
| 10. Peppermint Aero | 11. Wispa Gold | 12. Boost |

QUIZ CORNER ?

LOGO QUIZ - GUESS THE BRAND LOGOS

1 	2 	3 	4 	5 
6 	7 	8 	9 	10 
11 	12 	13 	14 	15 
16 	17 	18 	19 	20 
21 	22 	23 	24 	25 
26 	27 	28 	29 	30 
31 	32 	33 	34 	35 
36 	37 	38 	39 	40 
41 	42 	43 	44 	45 

UK WIDE

CYCLE RIDE



This September, take your fitness up a gear and complete our month long virtual coast to coast cycling challenge.

Whether you're a weekend warrior, take it a mile at a time, or like to feel the burn on the spin bike, choose a distance that suits you. From 120 miles, right up to the 950 mile team challenge (the equivalent of Land's End to John O'Groats)

Ride across the UK, whenever and however you can – and take on diabetes, one mile at a time.

READY, SEPT, CYCLE.

The beauty of our UK Wide Cycle Ride is that you can take on the challenge any way you like. Use your commute, a static bike, your spin class or those longer weekend rides. Choose to do it outdoors or in, however and whenever you like, over 30 days.

Choose Your Virtual Route:

Route 1: 120 miles, the equivalent of Dundee to Fort William

Route 2: 180 miles, Swansea to Bangor

Route 3: 250 miles, Margate to Weston-Super-Mare Cycle

Route 4: 950 miles team challenge Lands' End to John O'Groats

Registration info

- Free to register
- No minimum sponsorship requirement.
- Open to all abilities, from beginner to advanced.
- You must be aged 18 or over to register and receive an online profile page. Children are welcome to join, but they need a parent or guardian to register on their behalf.
- You will need to source your own bike and mile tracker. If you are a smartphone user there are many good tracker apps that are free to use

DIABETES UK CYMRU JOINS DISTANCE AWARE CAMPAIGN

As lockdown measures eased in Wales, with shielding ending this week, many people living with diabetes and their families are concerned about venturing out more and returning to work and school. Although not officially shielding, People with diabetes are in the “clinically vulnerable” group.

Diabetes UK Cymru is supporting the Distance Aware Project along with other charities, companies and organisations. The initiative is the brainchild of anaesthetics trainee, Helen Iliff, who works at Prince Charles Hospital in Merthyr Tydfil. She realised the need for a ‘polite prompt’ to others to maintain social distancing and protect people who were shielding by displaying a “Distance Aware symbol”, as a protective yellow shield.



The project was adopted by NHS Wales and endorsed by Welsh Government, after healthcare think tank Bevan Commission championed the idea. Helen, who was herself shielding at home said: “We are thrilled that Diabetes UK Cymru are supporting us and that, this campaign keeps on growing and resonating with people, so that everyone feels we are looking after each other, because maintaining social distance is everyone’s responsibility”.

Dai Williams, National Director Diabetes UK Cymru said: “We are hearing from people living with diabetes that they are anxious about the return to “normal”, some feel vulnerable because of age, because of other health conditions and compromised immune systems and also because of being at a higher risk of developing a serious illness with COVID-19. We are proud to be part of this scheme to continue protecting those who are concerned, as restrictions are lifted in Wales and more places are now open and crowded. That is also why we keep on fighting for protections on extending furloughing and food security to address the issues facing people living with diabetes through this pandemic”.

Diabetes UK is asking the UK government to urgently review all of the emerging evidence and data about the risks of the new coronavirus to people with diabetes, to inform their policies around social distancing, employment guidance, and any measures around easing lockdown.

Diabetes UK Cymru volunteer and chair of the All Wales Diabetes Patient Reference Group, Wendy Gane voiced the concerns of people living with diabetes: “I have been contacted by a lot of people who are extremely worried about a second wave of COVID-19 and are struggling with anxiety and depression. The mental health support we get is a postcode lottery anyway and we find the information on the risks confusing. We are now noticing people are not adhering to social distance and this can have a serious impact on vulnerable people living with diabetes. For us, to raise awareness of social distancing and other measures is crucial.”

To find out more please visit <https://www.bevancommission.org/distance-aware>