



**Wolverhampton  
Diabetes Care**

## **What Care to Expect**

**There are many components to good quality care but the general principles of such care should be clear to health service providers and patients alike.**

People with diabetes should expect care according to the following:

To be accurately diagnosed according to WHO criteria (2000) and to have this documented.

To know what diabetes services and resources are available locally.

To know who is providing their diabetes care, their roles and responsibilities and to have named health care professionals to contact for support and advice.

To be provided with continuity of care so that health care professionals are fully aware of the situation.

To be counseled as to the nature of the condition and to explore concerns and fears

To be provided with effective education, training and information particularly at diagnosis, at each opportunity thereafter as required but at least annually, or with changes in the condition or treatment.

To have further access to diabetes specialist nurses and dietitians if required to complete diabetes education and training.

To discuss the possible effects of diabetes on employment, driving, insurance, prescription charges or other social and legal issues.

To be made fully aware of the benefits of a healthy lifestyle including diet, exercise and smoking cessation.

To be allowed to share in decision-making.

To be allowed to manage your own diabetes.

To have any targets that are set discussed and agreed to include: blood glucose, HbA1c, blood pressure, blood lipids, and weight.

To have a clear care plan formulated with understood responsibilities and review dates.

To support and involve any family, carers or friends that help in diabetes care.

To have a full medical assessment at diagnosis.

To have an agreed process for systematic annual diabetes review, screening and about the frequency of your regular interim checks – usually every 3 to 6 months.

To be referred to specialist services when needed according to agreed criteria.

To ensure timely transition for those with type 2 diabetes to insulin therapy for those failing to achieve target HbA1c on oral medication.

To be able to seek urgent advice for diabetic emergencies or sudden worsening in diabetes control from specialist diabetes team.

To be seen by the diabetes specialist team as required during any admissions to hospital.

Women of childbearing age should be offered pre-conceptual counseling. If pregnant, all women should be referred to the joint obstetric/diabetic service.

With consent, to be enrolled onto the primary care practice database and onto the central diabetes information system (Wolverhampton Diabetes Information System) in order to ensure inclusion in the retinal screening program and other important quality care provision.

To know how to meet other people with diabetes through local diabetes groups.

To know what should be done when not receiving appropriate healthcare and how to make a complaint.