

DIABETIC IDENTIFICATION

A Confed Case Study (NHS Health Checks)



LEEDS GP
CONFEDERATION

WHAT HAPPENED

Patient X, a White, male, 59 years old attended general practice for an NHS Health Check (NHS HC), resulting in a HbA1c reading of 116 mmol/mol, more than double his HbA1c target. He was diagnosed diabetic and commenced a treatment plan.

Subsequent appointments were attended by Patient X for diabetes management.

3 months post-diagnosis, the patient attended a follow-up appointment with repeat bloods. Patient X has made positive dietary and lifestyle changes, reflected by a reduction in weight and HbA1c levels. He now recognizes his osmotic symptoms, tiredness, thirst, and increased urination, were a result of

elevated blood glucose. Additionally, he reported that erectile dysfunction, which he previously experienced, has returned to normal.

Patient X expressed that his reluctance to accept previous NHS HC invitations stems from a negative GP consultation at age 17, where the focus on BMI and overweight status disregarded his muscular build from sports.

Patient X is eager to maintain his positive changes, describing the outcomes as "life-changing" and regretting not having done it sooner. He has shared his experiences with friends and family, resulting in a supportive network to help him achieve his goals.

BENEFITS

- Patient X now meets the criteria for the diabetic in remission programme. He has been referred and awaiting a start date.
- Patient X has built a rapport with the practice and remains engaged with appointments.

KEY HIGHLIGHTS

- This case study illustrates how effective communication fosters patient engagement and emphasises the significance of NHS HCs in reaching populations with low uptake rates, as well as identifying non-responders.
- Together with Public Health England- Leeds City Council, and individual practices, we aim to enhance staff capabilities in identifying eligible patients, non-responders, non-attenders and at-risk groups. In doing so, our goal is to increase uptake rates through methods such as verbal invitations and opportunistic NHS HCs