

FAQs for Diabetes

Q: When discharging back from secondary care to primary care, does primary care have a right to refuse transfer of care if it disagrees?

A: Yes, if you feel that it is not clinically safe, or the practice does not have clinical skills or capacity to safely manage the care needed for the patient then they should remain in secondary care.

Q: Will there be an exemption code for patients who refuse to come to primary care as they are under secondary care for their diabetes care?

A: The practice will only be paid for diabetes work outside of QOF for patients who are not under secondary care, as the expectation is that complex medications such as insulin are managed by the secondary care team and routine usual care and the 9 key care processes, foot screening, BP etc should be undertaken as part of routine QOF care.

Q: How will the shift work considering all practices would not be in a position to accept patients from April? or for those who opt out of the LES?

A: Practices will be able to opt in to the areas of the LES they are able to deliver, the expectation is that there may be training requirements in practices in order to be able to provide more complex care such as insulin initiation.

However, if practices wanted to work together to provide this LES, then that would be ideal to share the workload and skills, it is up to the practice to consider all the options for delivery.

Q: Will the diabetes LES be all or nothing? And will the recall admin function be recognised with funding?

A: No, you can sign up to deliver any of the 3 areas of care, and ideally upskill to be able to deliver all 3 areas in time, or work across practices/PCN/at scale to deliver if that makes sense to your practice.

Q: Are there separate payments made for each aspect of the Diabetes LES that are undertaken (i.e GLP, Insulin etc)?

A: Yes, each of the 3 areas of work will have a separate fee that is claimable with a specific code for the patient.

Q: Does the Diabetic ask include high risk foot screening? ie is the podiatry service being decommissioned?

A: The podiatry service is not being decommissioned. Any medium or complex diabetic foot cases can continue to be referred.