AIMS OF NETWORK

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The aims of the Lothian Regional Diabetes Network are:

- to minimise premature morbidity and mortality in those with diabetes
- to maximise quality of life by detecting and treating disease and its complications at an early stage
- to provide equal access to high quality diabetes care for all the residents of Lothian.

OBJECTIVES

- To ensure that all patients with Type I are seen at least annually at the hospital diabetes clinic.
- To offer all patients with Type 2 diabetes a high standard of care, including annual review in primary or secondary care clinic
- To consider referral of any Type 2 patient who shows signs of potential complications or instability in blood glucose concentrations or other cardiovascular risk factors, for specialist assessment.
- To agree an individual management plan with the patient.
- To empower patients to manage their own condition
- To audit the care of the patients with diabetes.
- To follow a well-defined and agreed protocol.
- To identify and register all those patients diagnosed with both types of diabetes in Lothian.
- To keep the register updated and initialise a systematic call and recall system at the hospital or in general practice.

THE MAIN LOCATION FOR CARE CAN GENERALLY BE IDENTIFIED USING THE FOLLOWING GUIDE:

General Practice/Shared Care

- Type 2 diabetes.
- Interim follow-up of Type 1 diabetic patients once assessed by hospital diabetic clinic.

Hospital Diabetic Care

- Most patients with Type 1 diabetes.
- Women with diabetes considering pregnancy.
- Pregnant women with diabetes.
- Children and adolescents with diabetes.
- Patients with retinopathy, nephropathy or foot disease who require specialist care
- Patients with a complicated risk factor profile