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Setting New Standards for Psychological Care in Diabetes

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on behalf of

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Hospital For Children*

And South West Diabetes Network



Overview

- Reminder: Why do we need new standards for psychological care?
- Brief overview of draft standards
- Auditable indicators (*NEW*)
- Comments and finalising of standards
- Consultation process next steps



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On behalf of...

South West Diabetes Network

Claire Semple, Consultant Clinical Psychologist,
Bristol Children's Hospital



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Why do we need standards for psychological care in paediatric diabetes?

Identified needs



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- Patients and families – emotional burden
- Team – supporting communication and care
- Auditable outcomes
- Variations in psychology provision

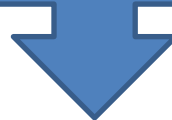


Integrated Diabetes Psychology Services

Whole caseload benefit from psychologically informed service design evaluation, research, audit and training



Focused indirect clinical services through training, supervision, joint working



Direct
clinical
work



Aims of Psychological Care Standards

- *Improve* the quality of psychological care
- *Ensure* psychological care equitable and consistent
- *Enable* MDT members to develop skills and confidence incorporating psychological care
- *Embed* psychological care as an integral part of MDT
- *Inform* wider service and national developments

Standards Summary (currently draft format)

Children, young people and families (CYPF) should have:

1: Support and information at the time of diagnosis

Timely access to information and appropriate emotional support following a diagnosis of diabetes.

2: Ongoing care

Psychologically informed ongoing care which recognises challenges inherent in managing diabetes.

3: Developmental milestones

Support to manage developmental milestones, with developmentally appropriate education & support.

4: Supporting teams to promote psychological wellbeing

Care that promotes psychological wellbeing and is sensitive to the uniqueness of living with diabetes.

5: Confidence & competence assessing and responding to need for psychological support

Psychological health needs assessed by trained practitioners with demonstrated communication competencies.

6: Access to direct psychological interventions

Equitable access to specialist psychological support from within their diabetes team.

7: Quality improvement

Access to evidence-based services & be involved in service design & delivery.



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Auditable indicators



1: Support and information at the time of diagnosis

- Evidence of a clear and agreed local service pathway for embedded diabetes psychological services to support families newly diagnosed with diabetes.
- Proportion of children, young people and families seen offered psychology support within 4 weeks following diagnosis.



2: Ongoing care

- Agreed local high HbA1C and DKA protocols which include assessment and intervention offered by clinical psychologist .
- Locally agreed technology pathways incorporating patient assessment/MDT consultation with clinical psychologist as appropriate.
- Locally agreed screening and referral pathway for eating disorders.
- Local referral pathways to allow for CYP with diabetes to be offered cognitive assessment to help understand strengths and difficulties and to help inform structure of diabetes education and consultations with the diabetes MDT



3: Developmental milestones

- Diabetes clinical psychologist contributes to MDT structured education opportunities to inform CYPF about impact of diabetes on developmental milestones contributing to coping strategies and resilience.
- Effective and thorough handover to adult psychology/mental health provider is provided, with continued psychological care until CYPF is accepted into adult services



4: Supporting teams to promote psychological wellbeing

- All CYPF to have annual psychological screening for diabetes related emotional distress undertaken during routine reviews by members of the diabetes MDT.
- Diabetes clinical psychologist to offer reflective practice, training, consultancy and supervision to support the wider multidisciplinary team to formulate and intervene utilising evidence-based psychological models.



5: Confidence & competence assessing and responding to need for psychological support

- Diabetes teams have an integrated psychology service which provides diabetes informed, psychologically relevant, evidence-based training to the MDT.
- Proportion of children, young people and families offered psychological support after need identified.

6: Access to direct psychological interventions

- Services should have clear referral pathways for access to specialist psychological support from within the paediatric diabetes psychology team.
- Psychologists working as specialists in diabetes services must have completed a paediatric diabetes specific training module agreed within their local service and/or Diabetes Network



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7: Quality improvement

- Evidence from services of inclusion of patient-reported outcome measures (PROMs) and/or patient-reported experience measures (PREMs) in audits and evaluations of psychological support provision.



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Refection time and questions

Please take a moment to reflect and give final thoughts before wider consultation



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Next Steps

BPS

Digibete

DUK



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Thank you!

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol 
NHS Foundation Trust