

The PITstop insulin care pathway (Group or individual)

Before PITstop	Ideally, hand out the PITstop handbook before PITstop 1, giving the patient the opportunity to read and complete activities up to the end of PITstop 1	
At each PITstop	<ul style="list-style-type: none"> • Insulin initiation must be supported by an appropriately trained and experienced healthcare professional • Consider the role of the prescriber and the non-prescriber throughout the care pathway, working as a team. See PITstop prescribing guidelines. • Encourage a relative, friend or carer to be present and explore any concerns or questions • Consider the psychological impact of starting insulin and be ready to explore and address • Reinforce lifestyle goals and explore local services to support action plans • Explore dietary understanding. Consider structured education, NHS Digital weight management programme (if meets BMI criteria) and/or dietetic support • Consider additional phone reviews during the PITstop care pathway based on individual need 	
PITstop	Education to promote self-management	Audit
<p>PITstop 1 Education, assessment and preparation Allow 30-60mins. A GP or non-medical prescriber competent in insulin initiation must be involved in PITstop 1. If you have been preparing a patient for insulin, and / or the patient is fully informed and able to self-inject, you can combine PITstop 1 and 2.</p>	<p>Assessment for insulin</p> <ul style="list-style-type: none"> • Explore current medication regimen (including concordance) and appropriate treatment options • Refer to local type 2 diabetes management guidelines, formulary and NICE/SIGN guidance. Consider the most appropriate basal insulin for the individual (e.g. the person needs help from a third party to inject insulin, there is a particular concern about nocturnal hypoglycaemia, the person has a strong preference to once daily injections) • Ensure information has been shared and understood, to enable them to make an informed decision about starting insulin: potential advantages and disadvantages, hypoglycaemia; blood glucose monitoring and driving requirements; how basal insulin works, timing of insulin; injection process and devices available; other medication changes • Demonstrate and allow the patient to practice a dummy injection in line with Trend Diabetes (2023) <i>Injection Technique Matters</i> • Explore any barriers to starting insulin <p>Proceeding with insulin</p> <ul style="list-style-type: none"> • Ensure you understand the patient's daily routine and eating pattern and can explain how their insulin will fit in. • With the patient, decide the insulin regimen, the injection device, insulin and 4mm needles • Give written instructions about medication changes required on the day insulin commences • Education: <ul style="list-style-type: none"> ○ driving requirements on insulin, including completing the DIAB1 form. Access www.direct.gov.uk/driverhealth recommended ○ blood glucose monitoring, ensure meter is quality checked ○ storage of insulin and injection device when the prescription is collected ○ sharps disposal (local instruction for collection and reissue of Sharps containers) ○ encourage to read the PITstop handbook (PITstop 2) before their next visit. ○ Information re. pen-recycling initiatives. Novo Nordisk www.pen-cycle.co.uk, Sanofi www.mysanofiinsulin.co.uk/repen/ <p>Care plan review: use this opportunity to discuss goals and action plans</p> <p>Commence audit</p> <p>Prescribing</p> <p>Insulin and injection device (if using cartridge-loading device), 4mm needles (refer to local formulary), sharps container, blood glucose monitoring strips. Prescribe insulin safety needles if a relative is injecting the insulin.</p>	<p>HbA1c Weight</p> <p>If available use the ARDENS EMIS or SystemOne PITstop insulin templates</p>

PITstop	Education to promote self-management	Audit
<p>PITstop 2 Insulin initiation Allow 30-40mins</p>	<p>Insulin initiation</p> <ul style="list-style-type: none"> • Work out the starting dose: either 10 units or 0.1-0.2 units / kg total body weight • Ensure the patient is aware of any other medication changes <p>Education</p> <p>Steps required to prepare injection device, dial dose and inject</p> <p>Demonstrate the correct injection technique and use of injection device and then ask the patient/ carer to demonstrate insulin until they feel confident and safe administering an injection</p> <p>Using the PITstop handbook and Trend Diabetes (2023) <i>Injection Technique Matters</i>, ensure they understand:</p> <ul style="list-style-type: none"> • injection technique, including inject sites, site rotation pattern and needle disposal after every injection • timing of insulin regimen • use of their injection device • resuspension of cloudy insulin (where appropriate) • length of time each injection device or cartridge should last based on insulin dose and wastage when priming the device storage of injection device/ cartridge <p>Reinforce:</p> <ul style="list-style-type: none"> • DVLA requirements • blood glucose monitoring requirements in preparation for insulin titration. This will vary based on chosen insulin regimen hypoglycaemia understanding • medication change <p>Encourage to read The PITstop handbook (PITstop 3) before their next visit.</p> <p>Audit</p> <p>Prescribing</p> <p>Record the starting dose in the patient records and any changes to their current medication regimen. Ensure repeat prescription is accurate.</p>	<p>SNOMED codes: Conversion to insulin 66AH0 or insulin treatment initiated 66Ap</p> <p>Insulin prescribed and starting dose</p> <p>Codes are on the emission and SystmOne PITstop insulin templates</p>
<p>PITstop 3 Review after 1-week</p>	<p>Review, education, insulin titration, support</p> <ul style="list-style-type: none"> • Review progress over the past week, including their ability to self-manage and cope with insulin injections • Review blood glucose results and agree target blood glucose range(s) ready for insulin titration • Review understanding of topics covered in PITstop 2, including injection technique • Discuss insulin titration rules using the PITstop handbook and assess their confidence to start insulin titration Revisit hypoglycaemia. Check understanding: common causes, prevention, symptoms and treatment, hypos/driving Ensure DVLA DIAB1 form has been completed <p>Encourage to read The PITstop handbook (PITstop 4) before their next visit</p> <p>Assess the need for further support during the next three weeks</p> <p>Prescribing</p> <p>If required, complete the initial insulin titration together based on the PITstop titration rules. Record in the PITstop handbook and monitoring diary. Record insulin dose change in the patient records. A GP or non-medical prescriber must be involved in insulin titration.</p>	

PITstop	Education to promote self-management	Audit
<p>PITstop 4 Review 1 month after starting insulin</p>	<p>Review, education, insulin titration, support</p> <ul style="list-style-type: none"> review progress over the past 3-weeks, including their ability to self-manage and cope with insulin injections review progress with insulin self-titration by checking changes to insulin dose and progress towards target blood glucose range(s) discuss the insulin titration rules and review confidence. Blood glucose targets may require further adjustment review understanding of topics covered in PITstop 3, including chosen hypoglycaemia treatment discuss how to manage insulin during illness discuss how to manage exercise and insulin <p><i>Care plan review: use this opportunity to discuss goals and action plans</i></p> <p>Prescribing</p> <ul style="list-style-type: none"> if the patient can follow the PITstop self-titration rules a non-prescriber can assess progress and record insulin dose changes if the patient is struggling with self-titration of insulin and a further dose change is required, a GP or non-medical prescriber must be present. <p>Audit preparation. If near patient testing is not available, ensure HbA1c is tested at least 1-week before PITstop 5</p>	
<p>PITstop 5 Review 3 months after starting insulin</p>	<p>Review, education, insulin titration, support</p> <ul style="list-style-type: none"> review progress over the past 2-months, including ability to self-manage and cope with insulin injections, HbA1c and weight review progress with insulin self-titration by checking changes to insulin dose and progress towards target blood glucose range(s) discuss the insulin titration rules and review confidence. Blood glucose and HbA1 c targets may require further adjustment review understanding of topics covered in PITstop 4 discuss how to manage insulin when travelling <p><i>Care plan review: use this opportunity to discuss goals and action plans</i></p> <p>Prescribing</p> <ul style="list-style-type: none"> if the patient can follow the PITstop self-titration rules a non-prescriber can assess progress and record insulin dose changes if the patient is struggling with self-titration of insulin and a further dose change is required, a GP or non-medical prescriber must be present. Consider changes to current medication, including possible intensification of insulin regimen. Record current insulin dose and changes to other medications in the patient's record <p>Audit preparation. If near patient testing is not available, ensure HbA1c is tested at least 1-week before PITstop 6</p>	<p>HbA1c Weight Insulin changes and current dose</p>
<p>PITstop 6 Review 6 months after starting insulin</p>	<p>Review, discuss ongoing support and follow-up, evaluate effectiveness of treatment regimen and patient satisfaction</p> <ul style="list-style-type: none"> review progress over the past 3-months, including ability to self-manage and cope with insulin injections, HbA1c and weight review progress with insulin self-titration by checking changes to insulin dose and progress towards target blood glucose range(s) discuss the insulin titration rules and review confidence. Blood glucose and HbA1c targets may require further adjustment review understanding of topics covered during the PITstop care pathway request feedback about treatment satisfaction and level of support from the practice team during the PITstop care pathway <p><i>Care plan review: use this opportunity to discuss goals and action plans</i></p> <p>Prescribing: follow guidance in PITstop 5</p> <p>Complete audit</p>	<p>HbA1c Weight Insulin changes and current dose</p>