

Mayo Integrated Care Hub (CHNs 1, 2 and 3)

Service Name	Speciality	Service Descriptor	Service currently provided (Y/N)	Referral accepted by Health Link (Y/N)	Additional referral information required from GPs
<p>Respiratory Integrated Care Consultant- (Led Clinic)</p> <p>This is a consultant led service where the GP can access specialist Respiratory care advice in a timely manner. The service is supported by CNS, Physiotherapy and Physiologist services. The Integrated hub will act as point of care for those who need specialist input. Care will be episodic in nature and as required.</p>	Respiratory	<p><u>Inclusion Criteria</u></p> <ul style="list-style-type: none"> In catchment area (CHN 1, 2,3) Adults > 16 years old Suspected or uncontrolled asthma or COPD due to ANY of the following: <ul style="list-style-type: none"> Typical symptoms <ul style="list-style-type: none"> ≥ 2 attendances to GP in past 12 months Any ED or hospital admission in past 12 months <p><u>Exclusion Criteria</u></p> <p>Any of the following:</p> <ul style="list-style-type: none"> Hemoptysis ILD Active or suspected malignancy Pneumothorax Other uncontrolled medical conditions Long COVID 	Y	Y	<p>Chest X- ray</p> <p>Recent FBC, Biochemistry</p> <p>PFT/Spirometry results performed by physiologist</p>
<p>Pulmonary Rehabilitation</p> <p>This is a comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to, exercise training, education, and behaviour change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health enhancing behaviours</p>	Respiratory	<p><u>Inclusion Criteria</u></p> <p>Confirmed diagnosis of COPD (via Spirometry) and on optimal medical treatment* as per the GOLD guidelines.</p> <p>OR</p> <p>Confirmed diagnosis of Asthma with the following:</p> <ul style="list-style-type: none"> fixed airway obstruction deconditioning optimal medical treatment* as per the GINA guidelines <p>*Optimal medical treatment is considered 2-3 ICPD/GP reviews post commencement of inhaler therapy.</p> <ul style="list-style-type: none"> Functionally limited by dyspnoea despite optimal management (mMRC ≥ 2) Motivated to participate and change lifestyle Ability to exercise independently and safely (with or without a walking aid) If prescribed supplemental oxygen must have own portable supply and be independent in its use. Able to travel to venue 	Y	Y	<p>Chest X- ray</p> <p>Recent FBC, Biochemistry</p> <p>PFT/Spirometry results performed by physiologist</p>

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<p>Physiotherapy 1:1 (Respiratory)</p> <p>This is a physiotherapist led clinic for patients diagnosed with COPD/Asthma.</p>	Respiratory	<p>Inclusion Criteria</p> <p>COPD & Asthma patients > 16 years with issues regarding:</p> <ul style="list-style-type: none"> airway clearance(sputum management)- (upper and lower airways) breathlessness management cough management shortness of breath on exertion secondary to an underlying respiratory issue (<i>not cardiac or palliative</i>) individualised exercise assessment & prescription assessment and referral to pulmonary rehabilitation <p>COPD education and Self-Management plans</p>	Y	Y	<p>Chest X- ray</p> <p>Recent FBC, Biochemistry</p> <p>PFT/Spirometry results performed by physiologist</p>
<p>cANP 1:1 (Respiratory) Post Exacerbation review clinic</p> <p>This is a respiratory nurse led service where the GP can access specialist Respiratory care advice in a timely manner. The Integrated hub will act as point of care for those who need specialist input. Care will be episodic in nature and as required</p>	Respiratory	<p>Inclusion Criteria</p> <ul style="list-style-type: none"> In catchment area (CHN 1, 2,3) Diagnosis of COPD or asthma diagnosis Adults > 18 years old Recent Course of treatment (steroids , antibiotic nebulisations) Suspected or uncontrolled asthma or COPD due to ANY of the following: <ul style="list-style-type: none"> Increase in symptoms <ul style="list-style-type: none"> Recent Attendances to GP with exacerbation Any ED /AMAU Review or hospital admission <p>Exclusion Criteria</p> <p>Any of the following:</p> <ul style="list-style-type: none"> Hemoptysis Hypoxic at rest ILD Active or suspected malignancy Pneumothorax Other uncontrolled medical conditions Long COVID 	Y	Y	<p>Chest X- ray</p> <p>Recent FBC, Biochemistry</p> <p>PFT/Spirometry results performed by physiologist</p>
<p>DESMOND</p> <p>Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) is a high quality structured patient education programme for people living with Type 2 diabetes.</p> <p>Education provided on:</p> <ul style="list-style-type: none"> Diabetes and Glucose Monitoring Type II Diet / Glucose Control Long term Effects Physical Activity Food and Health Self-Management Plan 	Diabetes	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> ≥ 16 years of age Diabetes managed by lifestyle modifications only <i>or</i> with any type or combination of OHAs, SGLT2s, GLP1s and/or insulin Low, moderate, high risk/in-remission foot disease Up to and including stable CKD stage3, if renal care is with GP (i.e. not under nephrologist) Recurrent hypoglycaemia or impaired awareness of hypoglycaemia <p>Exclusion Criteria:</p> <ul style="list-style-type: none"> Paediatric or adolescent diabetes (< 18 years) Pre-diabetes Type 1 Diabetes Gestational Diabetes 	Y	Y	<p>1. Medical History</p> <p>2. Medication History</p> <p>3. Recent blood results (HbA1c/Renal)</p> <p>4. Non-invasive test results</p> <p>5. Diabetic Foot screening must be completed in order for referral to be accepted</p>

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		<ul style="list-style-type: none">• Women who are actively planning a pregnancy or who are pregnant• Continuous subcutaneous insulin infusion therapy• Maturity onset diabetes of the young• Cystic fibrosis related diabetes• Secondary• Residential Care Home causes of diabetes e.g. Diabetes due to endocrinopathies, Pancreatitis, Post-pancreatic surgery, Post-transplant diabetes• Genetic causes of diabetes e.g. Tumors, Klinefelters, Syndromes of insulin resistance etc. residents who cannot travel into clinic• CKD Stage 4 & stage 5 and unstable Stage 3 (i.e. renal care is with nephrology services)• Active Foot Disease (as per National Model of Care for the Diabetic Foot)• Diabetic eye disease with active proliferative retinopathy/maculopathy or recent laser therapy or intra-vitreous injections (within the past 24 months)• Autonomic neuropathy (with exception of erectile dysfunction)• Active eating disorders• Active Crohn's/ ulcerative colitis• Pre- or post-bariatric surgery• Receiving parenteral nutrition			
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RANP in Diabetes Integrated care	Diabetes	<p>Inclusion Criteria</p> <ul style="list-style-type: none"> • Adult >16 years and confirmed T2DM • Within catchment area (Net 1,2 and 3) • Confirmed Type 2 Diabetes • HBA1c >90 <p>Exclusion Criteria</p> <ul style="list-style-type: none"> • Patients with Diabetes Mellitus <16years. • Pre-diabetes • GFR < 30 • uACR >100 • Patients with Type 1 Diabetes Mellitus. • Patients with active foot disease or osteomyelitis requiring admission/surgical intervention. • Cystic Fibrosis related Diabetes Mellitus. • Ketones > 1.5mmol/L • Patient planning pregnancy or pregnant patients with Diabetes Mellitus. • In the acute phase of Diabetes Ketoacidosis DKA defined as hyperglycaemia (blood glucose >11mmol/l), pH<7.3 or bicarbonate less than 15mmol/l and ketonaemia >3.0mmol/l and/or ketonuria >2+. • In the acute phase of Hyperosmolar Hyperglycaemic State HHS defined as marked hyperglycaemia (blood glucose>30mmol/l) without significant hyperketonaemia<3.0mmol/l or acidosis (pH>7.3, bicarbonate>15mmol/l) +Osmolality >320mOsmol/kg. • MODY(maturity onset diabetes of the young) • Genetic causes of diabetes e.g. tumours, kinefelters, Syndromes of insulin resistances 	Y	Y	
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Mayo Integrated Care Hub (CHN's 1, 2 and 3)

<p>Clinical Nurse Specialist (CNS) 1:1 (Type 2 Diabetes)</p> <p>This is a CNS led clinic where patients can be offered 1:1 CNS interventions, receiving individually tailored assessment and interventions supported by collaborative goal setting and management techniques.</p> <p>Education provided on:</p> <ul style="list-style-type: none"> • Type 2 Diabetes • Diabetes medication • Blood glucose monitoring • Blood glucose targets • Hypoglycaemia • Hyperglycaemia • Insulin administration • GLP1-RA Administration • Glucagon administration • SGLT2 – sick day rules • Diabetes and driving • Diabetes and Alcohol • Diabetes and smoking • Diabetes and travel • Lifestyle factors • Diabetes and foot care • Diabetes Self-Management education and support • Diabetes and retina screening 	<p>Diabetes</p>	<p>Inclusion Criteria:</p> <p>Adult > 16 years of age with a confirmed diagnosis of type 2 Diabetes with HbA1c > 58mmol/mol to include and/or one of the following:</p> <ul style="list-style-type: none"> • On 2 agents • Steroid induced diabetes • Recurrent hypoglycaemia • Initiation of GLP-1 RA • Initiation of insulin therapy • Review of insulin regime • Defaulted type 1 Diabetes (one visit) with the view or reengaging with secondary care <p>Exclusion Criteria:</p> <p>GP Care</p> <ul style="list-style-type: none"> • Managed by lifestyle modification or HbA1c <58mmol/mol (<7.5%) • Pre-Diabetes <p>Secondary Care</p> <ul style="list-style-type: none"> • Type 1 Diabetes/ continuous subcutaneous insulin infusion • Urine/Blood ketones • Type 1/Type 2 Diabetes planning a pregnancy or who are pregnant • Paediatric or adolescent diabetes < 16 years • GFR<30 • NYHA III-IV • uACR >30 • Maturity onset diabetes of the young (MODY) • Cystic Fibrosis related diabetes • Genetic causes of Diabetes e.g. tumours, klinefelters, Syndromes of Insulin resistance • Secondary causes of diabetes e.g. endocrinopathies, Pancreatitis, Post Pancreatic Surgery, Post-transplant Diabetes, • Diabetic eye disease with active proliferative retinopathy/maculopathy or recent laser therapy or intravitreal injections (within the last 24 months) • ESRF or haemodialysis • Active foot disease as per National Model of Care for the Diabetic Foot. • Transplant 	<p>Y</p>	<p>Y</p>	<ol style="list-style-type: none"> 1. Medical History including BMI 2. Medication History 3. Recent blood results (HbA1c/Renal/lipid profile/urine ACR) 4. Non-invasive test results 5. Diabetic Foot screening results (if available) 6. Last retina screening results (if available) 7. Diabetes Self - management education (DESMOND) been attended (Yes/No) 8. Has any physical activity programme been attended 9. Dietician report (if available)
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Mayo Integrated Care Hub (CHN's 1, 2 and 3)

<p>Dietician 1:1 (Type 2 Diabetes)</p> <p>This is a dietitian led clinic where patients can be offered 1:1 dietetic interventions, receiving individually tailored assessment and interventions supported by collaborative goal setting and management techniques.</p> <p>Education provided on:</p> <ul style="list-style-type: none"> • Diet • Weight management • Alcohol • Smoking • Physical activity • Medication • Lifestyle factors 	<p>Diabetes</p>	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> • ≥ 16 years of age • Diabetes managed by lifestyle modifications only <u>or</u> with any type or combination of OHAs, SGLT2s, GLP1s and/or insulin • Low, moderate, high risk/in-remission foot disease • Up to and including stable CKD stage 3, if renal care is with GP (i.e. not under nephrologist) • Recurrent hypoglycaemia or impaired awareness of hypoglycaemia <p>Exclusion Criteria:</p> <ul style="list-style-type: none"> • Paediatric or adolescent diabetes (< 16 years) • Pre-diabetes • Type 1 Diabetes • Gestational Diabetes • Women who are actively planning a pregnancy or who are pregnant • Continuous subcutaneous insulin infusion therapy • Maturity onset diabetes of the young • Cystic fibrosis related diabetes • Secondary causes of diabetes e.g. Diabetes due to endocrinopathies, Pancreatitis, Post- pancreatic surgery, Post-transplant diabetes • Genetic causes of diabetes e.g. Tumors, Klinefelters, Syndromes of insulin resistance etc. • Residential Care Home residents who cannot travel into clinic • CKD Stage 4 & stage 5 and unstable Stage 3 (i.e. renal care is with nephrology services) • Active Foot Disease (asper National Model of Care for the Diabetic Foot) • Diabetic eye disease with active proliferative retinopathy/maculopathy or recent laser therapy or intra-vitreous injections (within the past 24 months) • Autonomic neuropathy (with exception of erectile dysfunction) • Active eating disorders • Active Crohn's/ ulcerative colitis • Pre- or post-bariatric surgery • Receiving parenteral nutrition 	<p>Y</p>	<p>Y</p>	<ol style="list-style-type: none"> 1. Medical History 2. Medication History 3. Recent blood results (HbA1c/Renal) 4. Non-invasive test results 5. Diabetic Foot screening must be completed in order for referral to be accepted
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Mayo Integrated Care Hub (CHN's 1, 2 and 3)

<p>Integrated Care Podiatry Service</p> <p>Providing standardised high-quality diabetes foot management for patients who are at In-Remission Risk of developing diabetic foot complications, as defined per Model of Care for Diabetic Foot 2021.</p>	<p>Diabetes</p>	<p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Previous foot ulcer • Previous lower limb amputation • Previous Charcot arthropathy <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Patient < 16 years of age • Active Foot ulceration/ Charcot foot disease/ Infection to be referred to Acute MdFT or A&E • Low risk diabetic • Nail and general foot care 	<p>Y</p>	<p>Y</p>	<ol style="list-style-type: none"> 1. Medical History 2. Recent blood results (HbA1c/Renal) 3. Non-invasive test results 4. Diabetic Foot screening must be completed in order for referral to be accepted
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