

DIABETES SCREENING SERVICE



STAFF WORKBOOK

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INTRODUCTION

Diabetes is one of the fastest growing health threats. According to Diabetes UK ([Diabetes Facts and Stats: 2015](#)) since 1996, the number of people diagnosed with diabetes in the UK has risen from 1.4 million to 3.5 million. This is estimated to rise further to 5 million by 2025.

Type 2 diabetes in particular is growing at an alarmingly high rate. Approximately 90% of all diabetes cases are now Type 2 diabetes. It is also estimated up to a million people in the UK have undiagnosed diabetes.

WHAT IS DIABETES

Diabetes is a disorder that affects the way the body uses food for energy. Normally sugar taken in is digested and broken down to a simple sugar form called glucose. The glucose circulates around the blood then enters cells to be used as fuel. Insulin, produced by the pancreas helps move the glucose into these cells.

Insulin normally

- Enables glucose to be transported in the cells
- Converts glucose to glycogen, to be stored in muscles and the liver
- Facilitates the conversion of excess glucose to fat
- Prevents the breakdown of body protein for energy

If the pancreas is healthy it carefully adjusts the amount of insulin based on the amount of glucose. In diabetes this process does not function properly and as a consequence blood sugar level rise.

There are two main types of diabetes; Type 1 diabetes and Type 2 diabetes. Type 1 diabetes is where no insulin is produced whilst Type 2 diabetes is where the patient can produce some insulin but the cells do not respond correctly. In both types the insulin cannot move into the cells and the blood glucose level can become high. Below is a summary of each type:

Type 1 Diabetes

- Insufficient or complete lack of insulin production.
- Onset occurs usually in children or young adults
- Onset is rapid with acute symptoms
- Always requires treatment with insulin injections
- May be hereditary or result from damage to the pancreas

Type 2

- Due to insufficient insulin or reduced sensitivity to insulin

- Used to be known as adult-onset diabetes as it was primarily seen in adults over the age of 40. However cases are becoming increasingly common in young adults, teens and children.
- Often related to obesity
- Slow onset of symptoms - this can lead to late diagnosis
- Usually controlled by oral medication, diet and exercise. Insulin injections can help in some patients

For the purpose of this screening service we will primarily be aiming to identify those patients with undiagnosed Type 2 diabetes.

SYMPTOMS

Symptoms of Type 2 diabetes often develop gradually over many years. Different people develop different combinations of symptoms. The symptoms are a direct result of having too much glucose in the blood and not enough in the cells.

The range of symptoms includes;

- Increased thirst
- Increased passage of urine, especially at night
- Extreme tiredness and lethargy
- Weight loss despite increased appetite
- Genital itching
- Itchy skin rash
- Cuts or wounds that heal slowly
- Blurred vision
- Tingling, pain and numbness in feet, legs or hands

Over many years the high levels of glucose can also damage other parts of the body leading to:

- Persistent or recurrent infections, such as oral or genital thrush and urinary tract infections due to kidney problems
- Cataracts, reduced vision leading to possible blindness
- Signs of micro vascular complications such as foot ulcers or loss of sensation in lower limbs
- Signs of macro vascular complications such as cardiovascular disease, including high blood pressure and fatty deposits in the eye lids

IMPACT OF DIABETES

Although diabetes is a metabolic condition, it shares many risk factors with other conditions such as coronary heart disease, chronic kidney disease and stroke. Early detection by pharmacists and the healthcare team will decrease the possibilities of complications arising or stop or slow progression of the disease.

Being diabetic also greatly increases the development of a range of health-related problems, including:

Microvascular

- Retinopathy - damage to the retina of the eyes, which may cause vision impairment
- Neuropathy – damage to nerves
- Nephropathy – damage to kidneys

Macrovascular

- Ischaemic heart disease – a condition affecting the supply of blood to the heart
- Peripheral vascular disease - narrowing, blockage, or spasms in a blood vessel

RISK FACTORS FOR DEVELOPING DIABETES

There are a range of factors associated with an increased risk of developing Type 2 diabetes. These are shown below:

- **Being overweight or obese:** Type 2 diabetes has long been linked to obesity and being overweight. The risk of developing type 2 diabetes is around 20 times greater in the very obese (BMI over 35) compared with those with a healthy BMI. It's not just weight that increases the risk but how the body stores fat. Fat stored around the abdomen (visceral fat), especially around the liver and pancreas, is associated with insulin resistance and type 2 diabetes.
- **Increasing age:** The risk of developing Type 2 diabetes increases with age, with those over 40 years of age (for white) or over 25 (African-Caribbean, Black African, or South Asian) most at risk. However over recent years there has been a significant increase in the amount of younger people have been developing the condition.
- **Impaired glucose tolerance or impaired fasting glucose:** the risk of developing Type 2 diabetes is increased if the blood glucose level is higher than normal, but not yet high enough to be diagnosed with diabetes. This is sometimes called pre-diabetes, impaired fasting glycaemia (IFG) or impaired glucose tolerance (IGT). Without preventative steps, including eating healthily, losing and regular exercise it can eventually develop into Type 2 diabetes
- **Ethnic background:** People from a South Asian, Black African and African Caribbean background are at greater risk of developing type 2 diabetes, than those from a Caucasian background.
- **High blood pressure:** High blood pressure is a major risk factor for diabetes.
- **History of gestational diabetes:** Developing diabetes during pregnancy increases the risk of developing Type 2 diabetes later in life.
- **Family history of diabetes:** Having a family history (parent or sibling) of diabetes increases the risk of developing Type 2 diabetes.
- **Polycystic ovary syndrome:** Women with polycystic ovary syndrome (PCOS) are at higher risk of developing Type 2 diabetes.

AIMS OF THE SERVICE AND EXPECTED OUTCOMES

The overall aim of this service is to detect people with undiagnosed Type 2 diabetes through a screening service. The screening service is designed to establish the likelihood or risk that the client may possibly have diabetes or develop it at some time in the future.

SERVICE OBJECTIVES

- To increase access to diabetes screening services (in terms of location and availability of appointment)
- To provide advice and referral for clients with an increased blood glucose reading
- To raise awareness of the long term health problems associated with diabetes
- To enable people to improve their quality of life and take control of their own lives
- To work with people to understand what services they need, particularly support for self-care
- To increase partnership working and improved communication between pharmacists and other healthcare professionals.
- To enhance pharmacists professional practice and encourage the pharmacy team to develop their knowledge

EXPECTED OUTCOMES

- Early detection of diabetes by taking into account clients risk factors
- Improved quality of life
- Increased life expectancy



CPD

Reading this manual, completing the workbook and delivering the service will contribute to the CPD cycle

WHY PHARMACY?

There are a number of reasons why pharmacy can be a key driver in delivering a service to identify individuals who may be at risk of developing diabetes. Here are a few:

- Accessibility for providing advice and support
- Ideally located for improving public health
- Part of the primary healthcare team
- Inter professional working
- Widely recognised that better use can be made of the pharmacist's skills as well as the skills of the wider pharmacy support team
- Can target the 'well' and the 'sick'
- Can target 'hard to reach' groups
- Utilise pharmacy consultation area
- Utilise the MUR model arrangements
- Could develop into a locally commissioned service
- Under the pharmacy contract, pharmacies have a greater responsibility for the promotion of healthy lifestyles
- Supports the Healthy Living Pharmacy programme

The pharmacy profession as a whole has responded well to the Government's public health agenda and has embraced public health as an area for development.

The Government is keen to make full use of pharmacies in pursuing public health goals therefore the community pharmacy contractual framework saw public health activities in all three tiers of the contract.

SERVICE REQUIREMENTS

PHARMACY CRITERIA

Pharmacies should meet the following criteria:

- Have a suitable consultation area
- Comply with the essential services elements of the pharmacy contract
- In particular, the contractor must have an acceptable system of clinical governance in place which at least meets the requirements of the clinical governance essential service
- Have suitable indemnity insurance.

SUGGESTED SERVICE PROVIDER CRITERIA

- The contractor should nominate a lead pharmacist who will have overall responsibility for the provision of this service on behalf of the contractor, acting as Clinical Governance Lead
- The service itself can be provided by suitably trained individual(s) working for the contractor, including:
 - Pharmacist
 - Pharmacy technician
 - Counter assistant
- The lead pharmacist, and service provider(s) where different, should have read this Numark 'Diabetes Screening Service – staff workbook' and been signed off as competent
- It is the responsibility of the lead pharmacist to train pharmacy staff on the operation of the service
- Each contractor should develop a Standard Operating Procedure (SOP) for the provision of the service. An SOP template is available however this is only a template and must be adapted to the individual pharmacy
- It is the responsibility of the contractor to ensure that all locums employed to work in the pharmacy are made familiar with all aspects of the service
- Pharmacists are also responsible for maintaining clinical knowledge appropriate to their practice by undertaking any necessary CPD. This could take the form of directed reading, attending relevant study days or courses, peer group discussions or other forms of learning

- The lead pharmacist should promote the scheme to and ensure appropriate signposting from local GP surgeries

The service provider should provide tailored advice, support, and information such as:

- Brief advice and support on reducing the risks of developing diabetes
- Information on lifestyle changes to reduce the risk
- Information on where to access further support such as local and national organisations

COMMUNICATING WITH THE GP

Working with GP practices to benefit patients can be challenging but also very important. Pharmacists starting the diabetes screening service should approach their practice to outline the aims of the service.

It may be helpful for the pharmacist to highlight the improved patient care as a common theme between the two professions. It is also worth asking the practice if this service can help contribute towards QOF targets for the practice. It should be borne in mind that once a good relationship has been built with the practice, it may be easier to implement more services with their support.

A template letter to the GP is available for you to download

AUDITING THE SERVICE

It is recommended that you audit this service. Local commissioners are always interested in ways pharmacists can improve the health of their population. By auditing this service you could then prove the difference you have made.

CHARGING FOR THE SERVICE

It is recommended that you determine if there will be a cost to the client prior to initiating the service

MARKETING

Local marketing reaches individual communities with a specialized message and can make it personal to the customer. Here are a few suggested ideas to market your diabetes screening service:

- Contact local groups to display a poster and/or deliver a small talk on the service
- Contact religious, community and social groups
- Contact local GPs and their receptionists to promote the service
- Obtain printed shirts for your staff to wear
- Use bag stuffers for your local customers
- Initiate a diabetes awareness health campaign in the pharmacy

- Produce bag labels for prescriptions that mention the service
- Target leisure/sport centres
- Consider local and social media

All participating pharmacies should ideally provide clearly visible and viewable dedicated advertisement material such as poster and patient information leaflets indicating the availability of a pharmacy diabetes screening service.

CARRYING OUT THE SERVICE

RECRUITMENT

Clients could be recruited onto the service through a range of referral routes:

- Self-referral
- Opportunistically selected by pharmacists and their staff, for example during medicines use reviews or other services
- Referral from other healthcare professionals including:
 - GPs
 - District nurses
 - Other community pharmacists

INCLUSION CRITERIA

Screening the whole general population is not recommended so the following 'at risk' groups should be targeted opportunistically:

- Aged over 65 years
- Those with a BMI (body mass index) of 25-30kg/m² and above
- Those with a waist circumference greater than 37 inches for white and black males and 35 inches in Asian men
- Those with a waist circumference greater than 31.5 inches in white, black and Asian women
- Smoker
- Asian and Afro-Caribbean community
- Family history of diabetes
- Medical history of
 - Hypertension
 - Ischaemic heart disease
 - Cerebrovascular disease
 - Peripheral vascular disease
 - Gestational diabetes
 - Polycystic ovary syndrome (PCOS)

The majority of these 'at risk' individuals will be known to pharmacy and the use of PMR (patient medication records) could further be used to select appropriate customers to test.

EXCLUSION CRITERIA

Clients with the following criteria would not be suitable for this service and should be ideally excluded:

- Adults under the age of 18 years and over the age of 75 years
- Clients who already have already been diagnosed with diabetes

- Pregnant or breastfeeding women
- Where in the pharmacist's professional opinion it would not be in the client's best interest to take part, or the client maybe better suited as a referral to the GP
- Clients currently receiving anti-diabetic drug treatment

Remember as part of the pharmacy contract any clients/patients who you or the pharmacist cannot help should be suitably signposted. This means that if the client is not suitable for this diabetes screening service they should be signposted, for example, to their GP or other healthcare professional

BROACHING THE ISSUE OF GLUCOSE SCREENING

The first thing to consider is the image of your pharmacy. Consider your team and the premises; does your pharmacy give a 'health promotion' image to potential clients and does the pharmacy stock health promotion leaflets in a clean and tidy manner.

Initiate a conversation about the person's glucose if they appear to be overweight or have any other risk factors. For example, offer to discuss their lifestyle such as physical activity and eating habits, also discuss the possible health implications of this. Explain why excess glucose in the blood can be problematic in terms of co-morbidities and the chance of developing complications. Make the person aware of the benefits of being screened for glucose with regard to co-morbidities and disease risk.

People who are not yet ready to change their lifestyle should be offered the chance to return for further consultations when they are ready and willing to, or are able to make lifestyle changes

Information should be provided in formats and languages that are suited to the person. When talking to clients and carers, healthcare professionals should use every day, jargon-free language and explain any technical terms. Consideration should be given to the person's:

- age and stage of life
- gender
- cultural needs and sensitivities
- ethnicity
- social and economic circumstances
- physical and mental disabilities

CONDUCTING THE CONSULTATION

The consultations could be delivered as outlined below, although the service provider should use their professional judgment to tailor the consultations to the

client's needs. The level of support offered should also be determined by the client's needs.

During the consultation it would be helpful to:

- Explore eating patterns and physical activity levels
- Explore any beliefs about high glucose levels in the blood
- Be aware that people from certain ethnic backgrounds may be at greater risk of developing Type 2 diabetes, and may have different beliefs and attitudes towards lifestyle
- Find out whether the client has undergone blood glucose screening in the past
- Assess the clients readiness to adopt changes
- Assess the client's confidence in making changes

After appropriate blood glucose screening has been taken, an assessment should be done covering:

- Any presenting symptoms and underlying causes if blood glucose is high
- Co-morbidities such as hypertension, cardiovascular disease and dyslipidaemia
- Lifestyle – diet and physical activity
- Psychosocial distress and lifestyle, environmental, social and family factors – including family history of diabetes and co morbidities
- Willingness and motivation to change
- Potential to improve health
- Psychological problems
- Any medication being taken.

Pre-screening consultation

- Provide the client information on the screening service
- Provide client with the client questionnaire. If the client has two or more risks from this questionnaire, offer them a blood glucose screening appointment
- Discuss with the client a mutually convenient time and date for the screening appointment if the service cannot be carried out immediately, and document in an appointment card

Initial screening consultation for a random (non-fasting) glucose test

- Inform the client fully of the service. Provide the client with a description of the main features of the service including the need to conduct a finger prick test
- Provide the client with a consent form and ensure they read and complete this form
- Measure the clients blood pressure

- Carry out the finger prick glucose test according to manufacturer's instructions and the pharmacy SOPs
- Record the results on the client record form. The pharmacy should keep a copy and a duplicate copy handed to the client
- Record the results on the 'Pharmacy Audit Report'
- Interpret the results as shown in the tables below

Follow-up consultations for a random (fasting) blood glucose test

- Follow-up consultations should be ASAP and certainly within one week
- Measure the client's blood pressure and carry out the finger prick glucose test according to manufacturer's instructions and the pharmacy SOPs
- Record the results on the 'Diabetes Screening Results' form. The pharmacy should keep a copy and an additional copy goes to the client
- Record the results on the 'Pharmacy Audit Report' form
- Interpret the results as shown in the tables below

INTERPRETATION OF RESULTS

Random Finger Prick Test (mmol/L)

Result	Action to be taken
Whole blood: <5.6 Plasma: < 6.1	<ul style="list-style-type: none"> • Low probability of diabetes • Provide client with health promotion advice
Whole blood: 5.6 – 11.0 Plasma: 6.1 – 12.1	<ul style="list-style-type: none"> • Provide client with 'preparing for a fasting blood glucose test' leaflet • Make an appointment for the client to return for a fasting blood glucose test ideally within one week • Explain how to prepare for the test
Whole blood: ≥11.1 Plasma: ≥ 12.2	<ul style="list-style-type: none"> • Refer client to the GP practice with a fast track appointment

Overnight fasting finger prick test (mmol/L)

Result	Action to be taken
Whole blood: <5.6 Plasma: < 6.1	<ul style="list-style-type: none"> • Low probability of diabetes • Provide client with health promotion advice
Whole blood: 5.6 – 6.0 Plasma: 6.1 – 6.9	<ul style="list-style-type: none"> • Ensure client understand the results but without causing alarm • Refer client to the GP • Provide client with the completed GP referral letter • Provide client with health promotion advice
Whole blood: 6.1 – 11.0 Plasma: 7.0 – 12.1	<ul style="list-style-type: none"> • Refer client to the GP more urgently • Pharmacist to ring the GP surgery to inform them of the high results and make an appointment

	<ul style="list-style-type: none"> • Fax the diabetes screening service results form to the GP surgery • Ensure the client also has a copy of the results form to take with them
<p>Whole blood: ≥ 11.1 Plasma: ≥ 12.2</p>	<ul style="list-style-type: none"> • Refer client to the GP with a fast track appointment • Fax the diabetes screening service results form to the GP surgery • Ensure the client also has a copy of the results form to take with them

REFERRAL

Referral should be made as detailed above. Remember to provide the client with a copy of the Diabetes Screening Service GP referral letter to take with them.

LIMITATIONS OF THE SCREENING SERVICE.

It is important to note that this diabetes screening service will only tell the client their level of glucose at the time of the test. It will not diagnose if they have diabetes. This can only be made and confirmed by their GP or other suitably qualified healthcare professional when further blood tests have been undertaken.

OVERCOMING BARRIERS TO CHANGING LIFESTYLE

This approach can be applied to any lifestyle issue such as weight, exercise and smoking, and can also be an important part of diabetes prevention and management. People choose whether or not to change their lifestyle or agree to treatment. Assessing their readiness to make changes affects decisions on when or how to offer any intervention. Barriers to lifestyle change should be explored.

Possible barriers include:

- Lack of knowledge about buying and cooking food, and how diet and exercise affects health
- The cost and availability of healthy foods
- The cost and availability of opportunities for exercise
- Safety concerns, for example about cycling
- Lack of time
- Personal tastes
- The views of family and community members
- Low levels of fitness, or disabilities
- Low self-esteem and lack of assertiveness.

PROVIDING LIFESTYLE ADVICE

Regardless of the outcome of the screening, all clients should be provided with the appropriate lifestyle advice to help further reduce their risk of developing Type 2 diabetes. You should therefore give lifestyle advice as part of every consultation regardless of the reading. This includes:

Dietary Advice:

Dietary modification plays a major role in the initial management of Type 2 diabetes. The overall aim is to achieve weight reduction in obese patients and reduce their BMI. Some patients find their Type 2 diabetes can be adequately controlled by diet alone but most will eventually require drug therapy.

You can reinforce dietary advice and encourage the patient to reduce their consumption of fats and refined carbohydrate sugars and increase the uptake of unrefined carbohydrates. A wide variety of foods should be included in the diet particularly those with a high dietary fibre content..

Fruit, vegetables and unrefined carbohydrates should make up the bulk of a person's diet. Special diabetic foods are not recommended as they may contain fructose, which has the same calorific content as sucrose or sorbitol and can cause diarrhoea.

Physical Inactivity:

People with a sedentary lifestyle have an increased risk of developing Type 2 diabetes compared with those who are physically active, therefore regular moderate exercise should be encouraged; ideally 30 minutes of moderate exercise at least five times per week. This will depend on age, general health and fitness and how active the patient has been in the past.

Trying to do some exercise every day has so many benefits therefore any amount is better than none. Even just a few minutes a day can improve general health and well-being.

Weight Reduction:

Being overweight or obese - a body mass index (BMI) of 30 or over, increases the risk of diabetes. Clients should be advised to lose weight by gradually reducing their calorie intake and becoming more physically active. Losing 5-10% of the overall body weight over the course of a year is a realistic initial target.

Clients may benefit from a structured weight loss programme, Numark offer a weight management service which could be established in the pharmacy or clients could be referred to local support groups.

NATIONAL AGENCIES AND ORGANISATIONS

There are many national agencies and organisations that provide information and support on diabetes and healthier lifestyles. Some of these are listed below.

<p>DIABETES UK https://www.diabetes.org.uk/</p> <p>Diabetes UK is the leading UK charity for people affected by diabetes. They provide information, advice and support to help people manage their diabetes effectively and confidently. They also fund research into care, cure and prevention for all types of diabetes</p>	
<p>NHS www.nhs.uk</p> <p>Live Well is part of the NHS Choices website and contains information, advice and support on all aspects of health and wellbeing.</p> <p>Live Well also provides a range of free apps and resources in the digital apps library to support health and wellbeing.</p>	
	<p>ONE YOU www.nhs.uk/oneyou</p> <p>One You is a national campaign run by Public Health England to raise awareness of everyday habits and behaviours that can damage our health as well as encouraging adults to take control of their health. This campaign encourages people to eat a healthier diet, maintain a healthy weight, drink less alcohol, be more active and stop smoking.</p>

LOCAL AGENCIES AND ORGANISATIONS

There will also be agencies and organisations in your local area that provide information and support to patients diagnosed with diabetes and to help them with maintaining a healthier lifestyle. These may include your local council, leisure centres, GP surgeries etc.

The table below can be used to record information about agencies and organisations in your local area.

AGENCY OR ORGANISATION	FACILITIES AND RESOURCES AVAILABLE	CONTACT DETAILS	HOW CAN THE SUPPORT BE ACCESSED

CLINICAL GOVERNANCE REQUIREMENTS

AUDIT

As with any new service, initial and on-going evaluation is necessary to ensure it is working correctly, meets the needs of patients, healthcare professionals and the NHS and to check whether any improvements could be made.

It is suggested that periodic audits should take place to help pharmacists prove their worth to local commissioners.

RISK MANAGEMENT

Clinical support: pharmacists should not feel that they are working in complete isolation and must feel confident to refer to other sources of information and support services, such as other pharmacists who provide the service.

Standard operating procedures: staff must be supported and fully trained to deliver this service. An SOP must be written specific to the pharmacy and clearly defining staff roles and responsibilities including how to deal with customers requesting access to the service.

CLIENT AND PUBLIC INVOLVEMENT

Pharmacies must run their own internal complaints procedures consistent with the NHS requirements and apply the standard NHS complaints procedure, if required by a client. Please refer to service specification 2.1.5 of Essential Service 8 of the pharmacy contractual framework.

Pharmacists should also note that participation in any service such as this also entails agreement to the right of inspection from NHS Patients' Forums. Refer to service specification 2.1.6 and 2.1.7 of Essential Service 8 of the pharmacy contractual framework.

Periodically the pharmacist should facilitate patient satisfaction surveys to aid the evaluation of the service.

INFORMATION GOVERNANCE AND PATIENT CONFIDENTIALITY

Pharmacists and their staff clearly owe a duty of confidentiality to their patients. The following quote is taken from Medicines, Ethics and Practice.

'The public is entitled to expect Pharmacists and their staff to respect and protect the confidentiality of information acquired in the course of their professional duties. The duty of confidentiality extends to any information relating to an individual, which pharmacists or their staff acquire in the course of their professional duties.

Confidential information includes personal details and medication, both prescribed and not prescribed.'

It is of paramount importance to reassure patients of this and the pharmacist should inform each client about the confidentiality they are able to offer, and its limits at the beginning of the consultation.

Any explicit request by a patient that information should not be disclosed to particular people, or indeed to any third party, must be respected except in the most exceptional circumstances, for example where the health, safety or welfare of someone other than the patient would otherwise be at serious risk.

Pharmacists should ensure that all their staff have confidentiality clauses within their contracts and that they are aware of what these mean.

Finally, pharmacists must adhere to service specification 2.7.2, 2.7.3 and 2.7.4 of Essential Service 8 that deals with information governance issues.

COMPETENCY CHECKLIST AND SIGN OFF

Staff Name: _____ Date of Assessment: _____

	ACTION	COMPLETED
1	Able to demonstrate an awareness of the signs and symptoms associated with diabetes	
2	Able to demonstrate an awareness of the risk factors associated with diabetes	
3	Able to identify clients who are able to take part in the service and what actions to take for those unsuitable for inclusion	
4	Able to describe the service and demonstrate ability to gain written consent	
5	Able to demonstrate competence in undertaking a blood glucose finger prick test	
6	Able to demonstrate ability to interpret results accurately	
7	Able to demonstrate understanding of appropriate lifestyle advice and recommendations	
8	Has read and signed the diabetes screening service SOP	
9	Has read and understood the diabetes screening service workbook	
10	Is able to demonstrate ability to deal with customers in a sensitive and confidential manner	
11	Able to appropriately refer customers to other healthcare professionals and support organisations where necessary	

Staff member to sign: I confirm that I have read and understood how to deliver the diabetes screening service and am competent to do so:

Signed: _____

Print name: _____

Dated: _____

Supervising Pharmacist to sign: I confirm that the above person has demonstrated competency to deliver the diabetes screening service:

Signed: _____

Print name: _____

Dated: _____