

## Frequently asked questions

# Insulin administration in community settings

April 2024, Version 3

The content of this document has been generated independently in collaboration with eight exemplar sites and those companies referenced in the Sample Policy acknowledgements (the 'parties').

While the parties have made every effort to check that no inaccurate or misleading data, opinions or statements appear in this document, they wish to make it clear that the material represents a summary of the independent evaluations and knowledge of the authors and contributors. As such, the parties accept no responsibility for the consequences of any such inaccurate or misleading content, or no pilots being undertaken. Nor do they endorse the use of any drug or device in a way that lies outside its licensed application in any territory.

The updating of this document has been requested by NHSE and performed by Trend Diabetes

## About the programme

### What changes are being rolled out?

- The Delegation of Insulin Administration programme seeks to put in place a structured and safe mechanism for health and care staff, who are not registered nurses, to take delegated responsibility for administering insulin to adults receiving care in the community.
- It is aimed at healthcare workers (HCW)<sup>1</sup>, healthcare assistants and support workers in trusts and social care, but the policy and learning materials have been designed to also apply to other non-registered healthcare professionals, nursing associates and allied health professionals (AHPs) as required.

### Which settings does it cover?

- People receiving care in their own homes (Homecare, community nursing, neighbourhood teams).
- Providers of adult social care.
- The programme was initially for community settings, but it can be implemented in any setting.

### Which staff is this for?

- HCWs, other non-registered healthcare professionals, nursing associates and AHPs who have been assessed as capable and willing to undertake further training would be suitable for this.
- Registered nurses will be the clinicians exercising judgement on whether a person receiving care is stable enough to have their insulin administered by a different professional. They will also be supervising the training and practice of non-registered healthcare professionals and AHPs.

### Scope of service covered – insulin only?

- Insulin Administration Delegation using insulin pen devices
- In the future it is hoped that HCWs and other staff increasingly take up a wider range of roles and that they and their employers are reimbursed commensurately.
- The Competency Framework and workbook documents provide the framework for the development of additional standard operating procedures for other medications.

---

<sup>1</sup> Whilst this document uses the term Healthcare Workers (HCW), this is a generic term assumed to include similar roles with differing titles such as Healthcare Assistant, Health Care Support Worker etc.

## Why are you doing this now?

- Continued workforce pressures on staff capacity:
  - this training enables qualified staff to undertake more complex interventions
  - people in the community still require diabetes care to be delivered in a timely fashion
  - acute hospitals discharging an increasing number of people into community who require 3<sup>rd</sup> party injections
  - the number of frail older people is increasing

## Is it mandatory?

- No. Local systems or organisations should decide what benefits this project will provide and works for them.
- It is about nurses exercising judgement about which individuals can undertake insulin administration training should they wish to, and providing a framework for delegation.
- No healthcare support worker should be forced into such a role. However, this project provides opportunities within the HSW role.

## What are the benefits to people receiving care and staff?

### How does this benefit people receiving care?

- The initiative helps keep people at home, avoiding hospital admissions.
- It provides personalised care and empowerment. The person is more likely to receive insulin medication administered in a safe and more timely manner; timing is not dependent on when the qualified nurse can get to them.

### How does this benefit staff?

- It supports HSW development by supporting confidence and competence, and normalises parity of esteem.

## The care model and delegation of tasks

### Will Registered nurses/Senior Care Managers retain clinical oversight and responsibility?

- Yes. This is about delegating responsibilities in a structured and safe way, supported by a training programme, practice, supervision and mentorship.
- Nurses must be confident to delegate to the appropriate colleague and must be supported by agreed governance through local policies and procedures.

- Nurses themselves be safe to sign others off.

### **What about indemnity?**

- Indemnity will be provided by the individual employer - please see Sample Policy document.

### **How will mentoring work?**

- This will take place over two to three weeks on a one-to-one basis. A mentor will work through the Competency Framework & Workbook with the HCW and sign-off when deemed competent and confident.
- The organisation must be covered through vicarious liabilities.
- If a registered nurse has a scheduled visit at the same time as the HCA is visiting to give insulin, they should still visit and can work through the workbook with the HCA at this time.
- The person receiving care chooses whether or not to accept and consent or not to the HCA giving insulin.

### **How do you ensure HCWs are willing and able to take on this extra responsibility?**

- It is about nurses exercising judgement about individuals who want to and are able to administer insulin.
- The HSW will need to understand the process, training and responsibility required before agreeing to undertake the extended role
- The HCW will need the agreement of their line managers.
- Nurses will make the decision about delegation of duties to people on another professional register, pharmacy technicians or anyone who supports nursing.

### **Does this require a review of cases before beginning?**

- We are not suggesting full case review. However, depending on your local system's capacity and the cost or benefit for the individual and MDT supporting them, it may be useful to review arrangements for those people who may benefit from this intervention and agree to an HCW administering the insulin.

### **What about remote supervision?**

- This will be a local choice, based on the nurse's judgement, however, it is recommended that the mentor has a regular discussion with their HSW regarding all people on their list.

## What support is available to implement this initiative?

### Developed package of insulin administration materials:

- The Sample policy document on Delegation of Administration of insulin to adults will set out in a step-by-step manner the roles and responsibilities of registered nurses, HCWs and organisations as they implement this initiative.
- A detailed e-Learning module (available at [https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0\\_45016\\_45921\\_45876\\_46383&programmId=45016](https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016_45921_45876_46383&programmId=45016)) will provide the main learning method for HCWs, AHPs and other colleagues. It will ensure they understand the key concepts and procedures.
- The Competency framework and workbook document is a composite of the approaches taken by the exemplar sites and some material from Trend Diabetes. This will support the face-to-face element of training/mentorship which will be essential alongside e-Learning.
- Two checklists are available – one for organisations and one for HCWs and one for health and care professionals.

### What ongoing support and advice is available?

- Regional nursing teams.
- Skills for Care regions.
- [www.trenddiabetes.online](http://www.trenddiabetes.online)

### Who developed the original learning materials? Has there been expert/clinical input?

- NHS England and NHS Improvement have developed the materials with input from an expert group of diabetes clinicians and researchers
- They have been reviewed by diabetes educational experts, practising clinicians, commissioners from eight exemplar sites, and the following organisations:
  - Diabetes UK
  - Trend Diabetes
  - UK Clinical Pharmacy Association (UKCPA)
  - National Care Forum (NCF)
  - UK Homecare Association (UKHCA)
  - Association of Directors of Adult Social Services (ADASS)
  - Local Government Association (LGA)
  - Royal College of Nursing (RCN)

- Nursing and Midwifery Council (NMC)
- Care Quality Commission (CQC)
- Health Education England (HEE)
- Skills for Care (SfC)
- Foundation of Nursing Studies (FoNS)
- The Queens Nursing Institute (QNI).

## Information for providers of adult social care

### How are you supporting care providers to do this in challenging times?

- This is not a mandatory programme. This work is already happening in some exemplar sites nationally and we hope to encourage other organisations to implement this initiative.
- Funding may be negotiated via the Integrated Care Boards

### How are we supposed to do this when staff turnover is high and there is a shortage of carers who visit people at home?

We think this initiative is part of the medium-to-long term answer to some of these issues, by:

- Increasing job satisfaction
- Skill mix of team providing care
- Standardisation of care
- Reducing the number of visits to people at home.

## Safety and evidence

### How are you making sure that this is safe?

- Safety will be ensured through the structured education and e-Learning (concepts and procedures), followed by a minimum of five supervised procedures (as well as the competency framework and workbook) and a sign-off to say the HCW is deemed to be competent.
- Reflections on practice will be undertaken via mentoring sessions.
- Mentoring from a local registered nurse.
- The checklists and Sample policy set out the expectations for ensuring delegated monitoring of glucose and administration of insulin meets the standards required by the CQC and the NMC professional standards.

## Has anyone done this already?

- Eight exemplar sites have successfully rolled out delegation of insulin administration initiatives
  1. Shropshire Community Health NHS Trust
  2. Tameside and Glossop Integrated Care NHS Foundation Trust
  3. Hertfordshire Community NHS Trust
  4. Sirona Care and Health (formerly Bristol Community Health)
  5. North Tees and Hartlepool NHS Foundation Trust
  6. Sheffield Teaching Hospitals NHS Foundation Trust
  7. Barnet, Enfield and Haringey Mental Health NHS Trust
  8. East Kent Hospitals University Foundation Trust.
- Suffolk and Essex Care Homes is not one of the exemplar sites but it is a good source of best practice in the delegation of insulin administration.

## What do the regulators say?

- The CQC was part of the working group that produced and signed off these materials.

## Policy alignment

### Is this specific to England?

- Yes. We are talking to the chief nursing officers from the devolved nations to find out if they are interested in adapting and adopting the initiative.

### Is this guidance fixed in stone?

- This policy, guidance and learning package was developed rapidly in response to the COVID-19 challenge. It will continue to evolve.
- If you have any feedback, please do contact us via the forum and/or the private messaging facility on the FutureNHS website:  
<https://future.nhs.uk/Insulin/grouphome> (Insulin Administration programme workspace).

### How does this align with community services prioritisation?

- This is a priority work area and it is vital that these services continue.
- The work supports the ongoing priority of home visits and providers of adult social care visits.