

Evaluation of GP Practice Knowledge, Referral Pathway and Utilisation of the Diabetes Naas Chronic Disease Hub

R. Mulcahy Senior Dietitian, U. O’Neill ANP, K. Foley ANP, J. Begley CNS, Tara Creighton Operational Lead
Naas Chronic Disease Integrated Care Team.

Introduction

Effective referral pathways between General Practitioner (GP) practices and Diabetes Community Specialist Teams (DCST) services are essential to optimise patient outcomes. Understanding GP practices’ knowledge and confidence in referral pathways, and perceived referral barriers, can inform service improvement. This study explored these themes via a cross-sectional survey in Kildare and West Wicklow (KWW).

Aim

To assess knowledge, confidence, referral practices and perceived barriers associated with the Naas DCST (NDCST) referral pathway among GPs and practice nurses in Kildare and West Wicklow

Methodology: Survey Design

Inclusion

- A cross-sectional survey was implemented as part of a quality improvement initiative. The NDCST developed and piloted the questionnaire which was distributed electronically to 32 GP practices in the catchment area of KWW.

Targeted Domains

- The survey addressed six domains: background characteristics, knowledge of referral pathways, referral practices, barriers and facilitators , communication and follow-up and patient outcomes or impact.

Analysis

- Quantitative data were analysed descriptively , while open ended responses were thematically summarised.

Result: Response Rate 31%

70%

Reported being very familiar with the referral pathway

80%

Had referred a patient to the team within the previous 3 months

60%

Reported high confidence using the referral pathway

70%

Reported satisfaction or high satisfaction with post referral communication



Key Barriers Identified

- **44%** Identified Time Constraints as a barrier to referring
- **30%** Reported limited awareness of pathway
- **22%** Reported referral criteria were unclear

Facilitators

- **56%** of respondents felt clearer referral guidelines would improve the referral process and pathway
- **56%** reported regular feedback from the NDCST would improve the referral pathway
- **44%** Reported ongoing education or updates from the NDCST would improve the referral pathway process



Conclusion

Primary care clinicians demonstrated high levels of familiarity and confidence with the NDCST referral pathway. However, time pressures to refer and communication gaps remain modifiable barriers. Practical interventions such as streamlined referral guidance, regular GP engagement events and structured feedback may enhance continuity of care and service utilisation.

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For more information, contact us at E: naaschronicdiseasehub@hse.ie P: 045- 920535



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