THE ABLE DIABETIC
Able Guide No. 10

INNER CIRCLE RESOURCE

Making the Most of Your Clinic Appointment: A Self-Advocacy Guide

How to get more from the time you are given

Why this guide exists

A t1d clinic appointment is typically 20 to 30 minutes, once or twice a year. In that time, a clinician reviews your HbA1c, checks your data, asks how you are managing, and moves on. It is the system working as designed - efficient, process-oriented, focused on the measurable.

What it rarely goes into depth on is how the condition is actually affecting your life. The psychological weight. The patterns that your data does not fully reveal. The things you have been bothered about for six months and somehow never quite get to.

After over 30 years of clinic appointments, I have learned that getting more from that time requires preparation, and a willingness to advocate for what you actually need rather than accepting the version of the appointment that the system is set up to deliver.

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1. Understand what the appointment is designed to do - and what it is not

The standard t1d review covers a predictable set of ground: HbA1c result, blood pressure, weight, feet, eyes, kidney function, and a general sense of how things are going. These are the right things to check. They are the measurable markers of long-term t1d management.

What the appointment is not designed to do - at least not without prompting - is explore the full picture of what living with t1d involves for you right now. The questions that would unlock that conversation are rarely asked. Has anyone checked how motivated you are currently? Whether life pressures are affecting your control? Whether you are finding a particular aspect of management harder than you were a year ago?

In my experience they are often not asked. Which means if you want those conversations, you have to initiate them.

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2. Prepare before you go

The single most effective thing you can do is arrive with a written-down short list of what you actually want to cover. Not a long list - two or three priorities at most. But specific enough that you can raise them clearly even if the appointment feels like it is running to its own agenda.

Some questions worth asking yourself in the days before an appointment:
Is there anything about my current management that I am unhappy with or want to change? Are there patterns in my data I do not understand? Is there a piece of technology - a new device, a regime change, a referral - that I want to ask about? Is there anything in my life right now that is making management harder, and does my clinical team know about it?

The answers to these questions are the content of the appointment you actually need. Write them down. Take the list with you.

3. The data conversation

Most t1ds now have CGM data available for review at their appointment. This is a significant opportunity that is not always well used - either because the clinician does not have time to go through it in depth, or because the data is presented in a way that does not naturally lead to actionable insight.

Before your appointment, spend ten minutes with your own data. Not looking for perfection - looking for patterns. What time of day is most problematic? Are there specific days of the week that consistently stand out? What is happening around meals versus overnight? What does the picture look like compared to six months ago? What do you know about your lifestyle that the health professionals don't?

If you walk in with an observation - "my overnight profile has been much better since I changed my basal dose in January, but I am still struggling after dinner on Fridays" - you are having a different and more productive conversation than if you are waiting for the clinician to find something to say about the numbers.

4. Ask for what you need - directly

NHS clinic appointments operate under significant time pressure and the system is not always well set up to offer things proactively. If there is something you want, the most reliable way to get it is to ask for it clearly.

This includes asking about newer technology if you are not already on it. Asking for a referral to a diabetes psychologist if you are struggling emotionally. Asking about DAFNE or other structured education programmes. Asking what options

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exist for your regime if your current approach is not working as well as you would like.

Clinicians are generally glad when patients know what they need. It makes the appointment more efficient for both parties. The appointments that are least productive are the ones where the patient is waiting to be told what they need rather than participating in that conversation.

There is also a disconnection in the NHS system that is worth being clear-eyed about. The hospital team manages your diabetes, your GP handles prescriptions, and no single person holds the full picture. That means you are often the most reliable keeper of your own history. Being organised, asking questions, and keeping notes on what was agreed and what was not is not being demanding. It is being competent and helpful.

5. After the appointment

Make a clear note of what was discussed and what was agreed and hold onto it. I keep a particular notebook. What changes were made, what was referred, what you are waiting for. The NHS is not infallible at follow-through and knowing what should happen next means you can chase it if it does not.

If you left the appointment feeling that something important was not covered, that is useful information. You can raise it at the next appointment - or sooner if it matters - and it is worth reflecting on whether your preparation going in gave you the best chance of getting to it.

The relationship with your clinical team is a long one. It works best when it is genuinely two-way - when the clinician is bringing their expertise and you are bringing your knowledge of your own life and body. Neither party has the full picture alone and both want you to be as healthy and able as possible.

Based on Sarah's lived experience of over 30 years of t1d clinic appointments, not medical advice.

Want to understand more?

Sarah's memoir **Invisible Impacts** covers her first decade living with Type 1 diabetes - including the early years of navigating the medical system.

Visit www.theablediabetic.com or contact Sarah at sarah@theablediabetic.com

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