



Bright idea

A quality assured local education course in East Sussex

Before 2004 the East Sussex Healthcare NHS Trust (ESHT) diabetes specialist team did not provide structured education for people with Type 1 diabetes. A local diabetes specialist nurse (DSN) and dietician designed the Skills for Adjusting Diet and Insulin in East Sussex (SADIE) to meet this need. Attendees show improved quality of life and an average HbA1c reduction of 0.5% (5.5 mmol/mol) at one year.¹ SADIE was recently certified by the Quality Institute for Self-Management Education and Training (QISMET).³

The case for change

Group based education for people with Type 1 diabetes can be life changing. The Dose Adjustment for Normal Eating (DAFNE) programme has been shown to significantly improve glycaemic control and reduce emergency hospital admissions from hypoglycaemia and ketoacidosis as well as improving quality of life and wellbeing.²

A local need for education was identified by

Eastbourne Diabetes Centre (part of ESHT). A DSN and dietician attended training at the Bournemouth Diabetes and Endocrine Centre (BDEC). Following a cost comparison, a locally designed course was thought to be preferable to buying an existing programme. The intention was for an affordable programme tailored to meet local needs, run over several weeks to allow attendees the chance to trial changes between sessions.

The model of care



Quick facts

Inclusion criteria: People with Type 1 diabetes who have finished the 'honeymoon' period, are aged over 16 years and use a basal bolus regime. They must have basic numerical skills.

Referrals: The majority made by the specialist diabetes team. The course is advertised in general practice and people can self refer.

Course structure: A recruitment evening, pre-course assessment, and 30 hours of group tuition (one day per week for five weeks).

Outcomes: Follow up assessments at three, six and twelve months after course completion.

Staffing: Two educators at all times (DSN/dietician). A clinical psychologist and a consultant each deliver one of the sessions and a local person with diabetes presents a session on living with a pump.

Venue: Held in one of two community venues (located on opposite sides of the catchment area to improve access). Venues meet pre-agreed criteria (eg on site cooking facilities).

The programme started as a four-day pilot with four attendees, run in the diabetes centre kitchen due to limited resources. The structure was modified following pilot feedback and extended to five days to cover the necessary content. Outcome measures and regular audit were embedded. As demand increased, particularly with the introduction of a local insulin pump service in 2008, the syllabus was documented and additional educators were recruited and trained. Four programmes now run yearly with a maximum of ten attendees per programme.

Focus point

Certification

QISMET, an independent organisation that develops standards and certifies a range of self-management education and training services has developed a diabetes self-management education standard to assess and certify programmes developed by different UK providers. Achieving QISMET certification provides formal recognition and quality assurance for local services, providing a gold standard for providers and commissioners.³



Staff from the ESHT diabetes team in 2014

“I get a huge amount of satisfaction from the programme. It is a very positive aspect of the job.”

DSN, joined the diabetes specialist team in 2013

Outcomes

Feedback from SADIE attendees is very positive and groups often stay in contact. The most common feedback from attendees is: “SADIE has changed my life.”

ESHT serves a population of approximately 500,000 with an estimated 2,000 people with Type 1 diabetes. On average, two people per month are newly

diagnosed. To date, 303 people have completed SADIE. When audited at five years, the course showed a significant improvement in HbA1c after one year, with an average decrease of 0.5% (5.5mmol/mol) and a significant improvement in quality of life.¹

The team is currently focussing on increasing the number of referrals from local GPs.

Lessons learned

- 1 Community venues are valuable in creating a relaxed environment where educators have no competing distractions.
- 2 One to one education or brief carbohydrate counting sessions can increase peoples' confidence in committing to a longer course.
- 3 An informal quiz for attendees early in the course can highlight any confusion with the basics.
- 4 Having educators that are committed to the audit process is key for course success.
- 5 Think about using social media to increase attendance rates. One previous SADIE attendee started a blog about the programme to encourage others to attend.



Has this resource helped you to improve diabetes care? You can share your work with others or get more information by emailing sharedpractice@diabetes.org.uk

References

- 1 Faulkner, S et al (2011). SADIE: Type 1 diabetes education in Eastbourne *Journal of Diabetes Nursing* 15(9). P 354–357
- 2 Hopkins, D et al (2012). Improved biomedical and psychological outcomes 1 year after structured education in flexible insulin therapy for people with Type 1 diabetes *Diabetes Care*. 35 (8). P 1638–42
- 3 QISMET (2015). The standard for self management programmes and interventions available at: <http://www.qismet.org.uk/certification/qis2015-certification/>