

Driving improvement in the uptake of diabetes education

Best practice modelling in Kent and Medway STP

“When I was a practice nurse, I just had no idea how good the course was, and what difference it could make, not just for the patient, but for me.”

Diabetic Specialist Nurse after attending an education course

The process: how did we elicit the findings?

At the end of 2017, the Consultancy team at Diabetes UK worked with Kent and Medway STP to create a programme to learn more about the approaches and processes used in some practices to achieve higher than average results in the referral, attendance and completion rates of diabetes patient education programmes.

The lead Consultant visited some practices that were identified as delivering the best results in terms of referral and attendance. A series of structured questions allowed clinicians and administration staff to expand upon their unique ways of encouraging people to attend patient education. All meetings were recorded and transcribed in order to create the findings and recommendations below.

Why was there a need for this approach?

There is a need across the NHS in England to increase the uptake of diabetes patient education and reduce the variation in levels of referral and attendance. This is not an issue that is faced by Kent and Medway alone. The potential positive impact on patient lives has been recognised by NHS England with the award of substantial funds to transform diabetes care by focusing on increasing the uptake of education. People with diabetes spend on average only three hours of the entire year with a healthcare professional. Learning to self-manage is key to reducing the pressure on primary care. Attending a structured education course is vital to allow people with diabetes the chance to learn these skills to make their lives better.



Diabetes Education programmes work. There is strong evidence to suggest that people who complete a diabetes education course:

- 1 Get better blood glucose control. This reduces the chances of serious complications.
- 2 Feel more confident in managing their diabetes.

The whole programme was developed with the STP to highlight and learn from excellence in local care. Primary care holds many of the solutions to better diabetes management, better lives for people living with diabetes and a reduction in avoidable complications. If all practices in the Kent and Medway STP area encouraged more people to attend education, there would be a substantial positive impact on the diabetes population in the area.

The findings in this document are unique to Kent and Medway STP. The findings and recommendations can be grouped together in three basic categories:

- 1 Unique processes within practices to help the system of referral, recall and recording of attendance run smoothly.
- 2 Processes for providers to improve attendance.
- 3 The specific phrases and types of conversations that can be used to encourage and motivate people with diabetes to attend a local diabetes education course.

1 Processes to help the system run smoothly

- **Recording of attendance.** When the confirmation of attendance or DNA reaches the practice – usually a letter – think about how best to record this. Can one member of your admin staff be dedicated to doing this to provide consistency of recording the information?
- **Think about the best way to recall people.** What system can you put in place to alert the referring clinician that someone has not attended? While some practices have a system where the practice manager or an admin colleague calls the person who has not attended, some practices report that it is best if the referring clinician calls to encourage the person to reconsider attending the course. A call from a GP or nurse may have a greater impact than receiving a call about non-attendance from a member of the admin team.
- **In order to keep the process as simple as possible, all newly diagnosed people should be referred.** However, this cannot be just a tick box exercise. It's true that some people may not be ready to attend, or even accept the fact that they have just been diagnosed. Therefore keeping on top of the DNAs/recall system is paramount. They may not be ready to attend in the first couple of weeks or months, but effort should be made to follow up with a renewed offer of education throughout the patient's lifetime.
- **Protected time within surgeries/team meetings for diabetes patients.** If your practice sets aside time to discuss complex diabetes patients, can a plan of action about referral to education be included in these discussions? Perhaps a clinician can call that patient with a very clear message about how they believe this will help put them back on the right track with their diabetes control, or call them to ask them to make an appointment to come in to discuss the benefits of attending.
- **If you know that your patient has not attended, this should be raised at all subsequent appointments.** This would be the time to ask your patient if they have any concerns about attending/have any fears about attending. Be clear that they can ask you questions about it. And if the practice manager finds out that the patient hasn't attended, can you set up a system to make sure that the practice manager passes this on to the clinician to be discussed at next appointment? Or agree that the patient should be called?
- **Follow up of patients who have never attended.** Can you be alerted when the HBA1C result comes in at 56? Or perhaps your practice could set your own parameters for the best time for re-referral. Similar systems have helped people who have begun to struggle with controlling their HBA1C to attend education to get back on track with their diabetes.

2 Processes for providers to improve attendance

Is there a mechanism for your provider to call the person who you are referring to arrange a time to attend the course or to call them if they do not attend? Practices who have a provider that offers this service report that the call from the provider helps to encourage attendance. Alternatively, is there a mechanism for the provider to send a letter and ask the patient to call them to arrange a time to attend? This puts the onus on the person with diabetes to 'take action' and they are more likely to attend if they have actually agreed the date while on the phone call.

3 Conversations with people with diabetes

This is the most crucial element to increase the uptake of diabetes education.

While it would be ideal for everyone who refers someone to education to be skilled in motivational interviewing techniques, this is not always realistic. There is also an acknowledgement that different people will react to different messages. There is also a limited amount of time to discuss the referral with patients. What is best?

The following suggestions can be used within even brief appointments to nudge people to at least consider, or reconsider, attending a diabetes education course. It is strongly recommended that you review these suggestions and weave these approaches into your everyday practice with people living with diabetes.

- **Avoid the term 'education.'** This may immediately create an image or a sense of classroom learning for many people living with diabetes. This may create a negative reaction to the referral.
- **Do you have a leaflet about the course? If so, use it as a 'takeaway', but don't rely on this solely.** What you say to the patient about the course will be much more impactful. Use the leaflet as a prompt rather than simply handing it over to the patient.
- **As the referring healthcare professional, have you ever attended the course?** If you have, then say this to your patient. Use your own experience to describe what the course is like, what is covered, what they will learn and what you really thought about it. Being honest about the really good things will help people to make a decision to attend.
- **Be up front about your own time limitations to support people.** Express that the course goes into the real depth of getting on top of diabetes that you would never have the time to do. The course is run by experts in helping people with diabetes. Be free with this information.
- **Have patients told you that they learned a lot at the course? If so, use this.** Use anonymised stories about patients who have benefited from attending – for example their bloods got back on track, they felt more confident in managing their diabetes, they met other people who they could share experiences with and made new friends to support them in their diabetes journeys, and that they may even have fun.
- **Acknowledge that you understand that being told that you have diabetes can create anxiety, that you know the patient may be scared.** Explain that the course will really help to give them all the knowledge they will need to keep on top of their diabetes and keep well. Explain that if they go along, they can just sit and listen. Explain that they don't have to talk. This may allay fears for many people.
- **Some clinicians report that using the following phrases really encourages people to attend:**
 - "Attending the course is just as important as taking your medication/metformin."
 - "Attending the course is the best way to avoid any serious complications in the future."
 - "The best way to avoid having to end up injecting yourself with insulin."

- **For patients who you are re-referring, perhaps suggest that going on the course is the best way to avoid going on to a second type of medication,** this is like a second chance to let the patient take control and achieve the results themselves without having to take more and more medications.
- **For new patients with a very high HbA1c upon diagnosis, you may wish to consider outlining the serious complications that will happen if their blood results continue like this.** So, don't shy away from hard hitting messages about complications of diabetes, but explain that they can do something about it, and that attending the course is a vital step to get back on track and lower their HBA1C.
- **Do you know if your provider can accommodate spouses/partners or a friend at the diabetes education course?**
If so it is vital that you mention this. It can help to overcome any anxieties if they know they can bring someone along. This works very well if the partner/friend is also encouraged to attend the appointment at your surgery when they have just been diagnosed – especially if the partner/friend is the one who does the cooking in the household.
- **People lead busy lives and they may be put off attending a course due to the time commitment.** This is a real concern for many people if they have to take time off work/juggle childcare or other responsibilities. If the time commitment is an issue you can talk about this. For example, you could suggest the following:
 - Think of it in terms of the time you will spend at this course compared to the rest of your life.
 - If you're worried about taking time off work perhaps you could explain to your employer that attending the course will help you avoid future absences related to your diabetes.