

INFORMATION PRESCRIPTIONS

DIABETES UK
CARE. CONNECT. CAMPAIGN.

“ **It is an invaluable tool that GPs and healthcare teams can easily incorporate during routine care.** ”

General Practitioner

Diabetes UK has created an innovative way of reaching the people at highest risk of devastating diabetes complications with an evidence-based intervention to help them understand and take ownership of their care.

Our information prescriptions are a new tool that enables effective interventions in a matter of minutes. Currently over 1,000 people a month are using the information prescriptions as a gateway to find support and information about their condition.

This leaflet will help you find out more about how they work and how to use them.

WHAT ARE INFORMATION PRESCRIPTIONS?

Information prescriptions are designed to give people with diabetes the information that they need to understand, engage with and improve on their health targets. They are:

- short (a single side of A4), easy to read and clinically accurate
- designed to support care planning and behaviour change
- embedded into primary care IT systems.

The information prescriptions are targeted only at people who have diabetes and high blood pressure, bad cholesterol or high HbA1c.

WHY BLOOD PRESSURE, CHOLESTEROL AND HbA1c?

Information prescriptions are targeted at patients who are at higher risk of complications because key test results show that they are above the NICE target levels. The NICE targets are based on the best available evidence for safe levels of cholesterol, blood pressure and HbA1c, which reduces the risk of complications.

- only around 19 per cent of people with Type 1 diabetes and 41 per cent of people with Type 2 diabetes meet all three targets
- Poor control places people at risk of complications – including blindness, kidney failure, amputation, a heart attack or a stroke
- We can do something about them – lifestyle changes and routine drugs, eg statins, will dramatically reduce an individual's risk of complications.

WHO WROTE THEM?

The information prescriptions were created by Diabetes UK. We ran two co-production workshops with clinicians, people with diabetes and health academics. They made sure that the information prescriptions were clinically accurate, easy to read and used the latest evidence in terms of supporting behaviour change.

“ Information prescriptions put patients in the driving seat and that is the key to driving successful behavior change. Having piloted it I know that it works and the feedback I've had from patients is that they feel more in control and like having clear goals set out to help them improve their health. This is a revolutionary step in diabetes care. ”

General Practitioner

HOW DO I GET INFORMATION PRESCRIPTIONS ON MY SYSTEM?

Diabetes UK have been working with primary care IT systems, including EMIS Web, Vision and SystemOne. By working with your IT provider we can make it as easy and streamlined as possible for you to use information prescriptions.

For instructions on installing information prescriptions in your practice, clinic or hospital go to www.diabetes.org.uk/info-p-qa

To find out more, email:

healthcare@diabetes.org.uk

SAMPLE INFORMATION PRESCRIPTION

1

NAME:
NAME OF DOCTOR/NURSE:

DATE:

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DIABETES AND HIGH HbA1c INFORMATION PRESCRIPTION

Your last two HbA1c results are / / / /

Good glucose control is important to reduce your risk of devastating complications. Reducing HbA1c has been proven to have health benefits. Discuss and agree with your doctor or nurse a realistic personal target for HbA1c

What is HbA1c?

It tells you your average blood glucose for the last two to three months. We all need glucose for energy, but if you have diabetes your body loses its ability to use glucose. HbA1c measures how much glucose is stuck to your red blood cells. A finger-prick test shows you a snap-shot of your glucose at a moment in time, whereas HbA1c acts like a film recording how your glucose levels have changed.



2

When is high HbA1c a problem?

High levels of blood glucose over a long period of time can damage the blood vessels. This puts you at higher risk of going blind, losing a limb or experiencing kidney failure.

How can I lower my HbA1c?

It is important to understand that your HbA1c will change for many reasons including: how long you have had diabetes, sickness, depression, change in lifestyle or because of other medicine such as steroids. The actions you take to reduce your HbA1c will depend on whether you have Type 1 or Type 2 diabetes and your overall health. There are three main areas to be considered:

1 Medication: It may be time to increase your dose or introduce new medication – ask for advice.

2 Education: Your healthcare team are there to provide support, but *you* manage *your* diabetes. Education can help you understand what affects your blood glucose. Ask what is on offer in your area.

3 Lifestyle: Discuss what changes can lower HbA1c:

Keep to a healthy weight

- Reduce the size of your portions and cut down on fatty and sugary foods.

Eat a healthy balanced diet

- Eat less fatty food, processed meats, full-fat dairy, pastries and cakes.
- Be aware of how carbohydrate changes your blood glucose – you may need to eat less carbohydrate and choose wholegrains.
- If you drink, cut down on alcohol.
- Eat plenty of vegetables and fruit – aim for at least five portions a day.
- Eat more fish, particularly oily fish – aim for at least two portions a week.

Get more active

- Aim for 30 minutes five times a week so that you raise your heart beat. Activities such as gardening, housework and walking all count.

Stop smoking

- For help giving up ask for your local stop smoking service.

3

AGREED ACTION PLAN

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about What, Where, When and How?)

- 1
- 2

4

5

For information or support, call Diabetes UK Careline: **0345 123 2399*** Mon–Fri, 9am to 7pm, or go to **www.diabetes.org.uk/info-p**

*Calls may be recorded for quality and training purposes.

- 1 Personal
- 2 Clear, clinically accurate information
- 3 Actions to reduce risk
- 4 Personal care planning
- 5 Signpost for information and help

To install them now go to **www.diabetes.org.uk/info-p-qa**

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