TAKING CONTROL

ACHIEVING A STEP CHANGE IN DIABETES SELF-MANAGEMENT EDUCATION: A QUICK GUIDE

DIABETES UK CALLS TO ACTION

All CCGs should:

- ✓ put plans in place to ensure all people with diabetes have the skills and confidence to manage their condition by 2020
- ✓ commission a menu of education options for people with diabetes, including:
  - accessible structured education courses, meeting NICE criteria, for all adults with Type 1 and Type 2 diabetes
  - other learning options appropriate for the local population.

Improving uptake of structured education is prioritised in the CCG Improvement and Assessment Framework. Diabetes UK suggests the following targets to improve local education provision, based on the experience of areas that have achieved a step change in diabetes education:

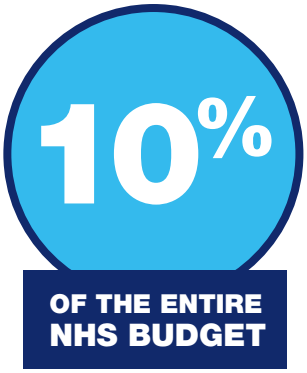
- Ensure that at least half of all people newly diagnosed with diabetes attend a structured education course within a year.
- Reach those who have missed out in the past – so that at least half of people with diabetes receive structured education over the next five years.

These targets are ambitious, but the potential gains from achieving a step change in diabetes education are huge.

Diabetes costs the NHS £10 BILLION every year.

However, 80 PER CENT of this is spent on complications, many of which can be prevented through good day-to-day diabetes management.

Diabetes education supports people to take control of their health – and as a result improves outcomes, reduces the onset of devastating complications and is cost effective or even cost saving[1].



1 The evidence base is summarised in: Diabetes UK (2015), *Diabetes education: the big missed opportunity in diabetes care*

DIABETES UK

Here are eight steps commissioners can take to achieve a step change in diabetes education:

1 Review diabetes education provision to identify local priorities and barriers to uptake, consulting healthcare professionals (HCPs) and people with diabetes. Key questions include:

- What education programmes are offered, where and when? What is their capacity?
- How many people are being referred, attending and completing? Is there a waiting list?
- Do 'structured' (ie level three) courses meet NICE criteria (see 'appendix A')?
- Are there separate NICE-recommended structured courses commissioned for people with Type 1 and Type 2 diabetes?
- What outcomes data is available for programmes? (eg HbA1c, quality of life, patient satisfaction measures)
- Do education programmes respond to local demographics?
- Does the CCG allow for different learning preferences, such as shorter taster sessions, individual workbooks or online learning?
- How is diabetes education promoted, both to HCPs and people with diabetes?

2 Establish a robust service specification for education providers. This may require separate specifications for providers of Type 1 and Type 2 education. Stipulate data collection, KPIs and reporting intervals (we suggest quarterly monitoring), including but not limited to:

- Referral rates
- Booking process and timeline from referral to first contact
- Attendance rates and 'did not attends' (DNAs)
- Completion rates
- Patient satisfaction.

3 Set ambitious but achievable targets. Benchmarking against experiences in other areas can be helpful. For example:

- Following a service redesign, Bexley CCG achieved its target of reaching 50 per cent of people with Type 2 diabetes who were in the first year of diagnosis.
- Over 1,000 people a year attend diabetes education in some high performing areas.

4 Offer a menu of education options, including 'structured' (level three) courses and less formal, ongoing support – eg peer support, online learning, one-to-one support (levels one and two).

- As well as auditing structured courses, evaluate outcomes and uptake of less formal programmes – consider measures such as patient activation, confidence and satisfaction.
- Consider tailored courses for particular population groups, including in different languages.
- Find out more from Diabetes UK's Tower Hamlets and South Worcestershire Bright Idea case studies (see 'resources').

5 **Offer courses in a range of venues in the community and at a range of times – for example, morning, afternoon, evening and weekend sessions. Consult people with diabetes to identify what works for the local population.**

6 **Plan effective internal and external communications:**

- Keep HCPs informed about education programmes and offer taster sessions.
- Promote courses directly to people in the community – for example, in GP practices, pharmacies, libraries and places of worship.
- The term 'structured education' can be off-putting for some people; consider using different terminology such as 'learn about your diabetes'.
- Consider appointing:
  - HCP champions to work with their colleagues to promote education.
  - Community champions to spread key messages about diabetes in their communities. Diabetes UK has a network of Community Champions across the UK; contact us to find out more.

7 **Use an electronic referral form and allow patients to self-refer.**

- Consider appointing a dedicated administrator and send reminders to patients to attend – text messages and phone calls work well.
- Electronic referral forms make referrals easier and enable better data collection.

8 **Promote and train HCPs in collaborative care planning to empower patients and identify self-management education needs. Find out more at www.yearofcare.co.uk**

FREE RESOURCES AND FURTHER INFORMATION

For commissioners:

- Diabetes UK: Quality diabetes education for all: A short guide for commissioners
- Diabetes UK: Diabetes education: the big missed opportunity in diabetes care (sets out the evidence base for diabetes education courses)
- Diabetes UK: Bright Idea #2 Developing a diabetes education programme to meet local needs in Tower Hamlets
- Diabetes UK: Bright Idea #3 A quality assured local education course in East Sussex
- Diabetes UK: Bright Idea #4 Developing a menu of education options for people with Type 2 diabetes in Worcestershire
- Health Innovation Network South London: Structured education for Type 2 diabetes, a toolkit for optimal delivery (includes example service specification)

For healthcare professionals:

- Diabetes UK: Diabetes self-management education: A healthcare professional resource
- Taking Control posters, flyers and short films (free resources to promote education to people with diabetes)

These and other free resources are available online at
www.diabetes.org.uk/self-management-education

APPENDIX

A NICE criteria for structured education

Ensure that any structured education programme includes the following components:

- It is evidence based, and suits the needs of the person.
- It has specific aims and learning objectives, and supports the person and their family members and carers in developing attitudes, beliefs, knowledge and skills to self manage diabetes.
- It has a structured curriculum that is theory driven, evidence based and resource effective, has supporting materials, and is written down.
- It is delivered by trained educators who have an understanding of educational theory appropriate to the age and needs of the person, and who are trained and competent to deliver the principles and content of the programme.
- It is quality assured, and reviewed by trained, competent, independent assessors who measure it against criteria that ensure consistency.
- The outcomes are audited regularly.

Source: NICE quality standard six: diabetes in adults. Quality statement 1: Structured education

www.nice.org.uk/guidance/qs6/chapter/quality-statement-1-structured-education

B The three levels of diabetes education

People learn about their condition in different ways and so need a menu of education options to support self-management. One way of understanding diabetes education, based on a framework used in Scotland, is in three levels:

- Level one: Information and one-to-one advice, typically from a HCP at diagnosis.
- Level two: Ongoing, informal learning, eg through a peer group or online.
- Level three: Diabetes education courses, often called ‘structured education’, that meet NICE criteria, including an evidence-based curriculum, quality assurance and regular audit.

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