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NHS
South East Strategic Clinical Networks

Quality diabetes education for all: A short guide for commissioners

ABOUT THIS GUIDANCE

This guidance brings together the key information for commissioning high quality structured education for people with Type 1 and Type 2 diabetes. It has been developed by Diabetes UK, in partnership with the South East Strategic Clinical Network, in response to requests for information about how to commission an effective diabetes education service. It also responds to the results of a Freedom of Information (FOI) request by Diabetes UK that found significant gaps in both the commissioning of courses and data collection across many Clinical Commissioning Groups (CCGs).

While this guidance is aimed at commissioners of education in England, it is hoped that it will be useful to healthcare decision makers across the UK.

WHAT IS DIABETES EDUCATION?

People learn about their condition in different ways. One way of understanding diabetes education, already used in Scotland, is in three levels:

- **Level one:** Information and one-to-one advice.
- **Level two:** Ongoing learning that may be quite informal, perhaps through a peer group.
- **Level three:** Diabetes education courses, often called 'structured education', that meet nationally-agreed criteria defined by NICE[1], including an evidence-based curriculum, quality assurance of teaching standards and regular audit.

All three levels are important for people with diabetes. However, this guidance focuses specifically on level three education for adults. For more information about other levels of education go to **www.diabetes.org.uk/self-management-education**

THE CASE FOR CHANGE

Diabetes costs the NHS £10 billion every year – equal to ten per cent of its budget[2]. However, 80 per cent of this is spent on devastating complications that are largely preventable. Helping people with diabetes have better control of their condition decreases their risk of developing complications – cutting the financial and human costs of diabetes.

- People with diabetes spend only three hours a year with a healthcare professional on average. For the remaining 8,757 hours they manage their diabetes themselves[3].
- Structured diabetes education has been recommended by NICE since 2003[4]. Everyone with Type 1 or Type 2 diabetes and/or their carer should be offered a diabetes education course at or around the time of diagnosis, with annual review of their self-care needs.
- There is good evidence that diabetes education courses improve key outcomes, reduce the onset of serious complications and are cost effective or even cost saving. The evidence base for diabetes education courses is summarised in Diabetes UK's report *Diabetes education: the big missed opportunity in diabetes care*[5].
- NHS England's Five Year Forward View reaffirms national commitment to self-management education:

> "We will do more to support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications. We will invest significantly in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses, as well as encouraging independent peer to peer communities to emerge"[6].

- Referral to structured diabetes education is supported by:
  - CCG Outcomes Indicator Set: CCG indicator 2.5 (people with diabetes diagnosed less than a year who are referred to structured education).
  - QOF: Referral to diabetes structured education within 9 months of diagnosis carries 11 QOF points.
- A 2015 FOI request by Diabetes UK to all CCGs in England found that over half of CCGs did not know how many people are going on some or all of their courses, suggesting there is considerable scope to improve data collection in order to inform better commissioning decisions[7].

FOUR STEPS TO COMMISSIONING QUALITY DIABETES EDUCATION

Commissioners should seek to understand the needs of their population and how these fit with their current provision of structured education, as well as any existing gaps in provision or data collection.

STEP 1 Identify important information:

- The total population and specific demographics, including ethnicity and hard to reach groups.
- The prevalence and incidence of diabetes in the population (actual and predicted).
- The estimated number of people with diabetes who receive diabetes education currently, including current provision, capacity, uptake and any gaps that need to be addressed.

STEP 2 Assess what diabetes education is available:

- There are a number of national programmes available, such as DESMOND and X-PERT (Type 2) and DAFNE (Type 1). These programmes have a clear curriculum, external quality assurance, outcome audit measures and a peer-reviewed evidence base.
- You could also consider developing a local diabetes education course. Check out a Diabetes UK resource that explores how East Sussex designed a diabetes education programme that has achieved national certification[8].
- Providers of structured education range from current NHS diabetes services providers through to providers from the private sector. Choice of provider might depend on issues such as the delivery of specified key performance indicators (KPIs), capacity and cost effectiveness.

It is vital that diabetes education courses meet NICE criteria:

- NICE sets out the criteria that education courses must meet[1]. All programmes must:
  - be evidence based and suit the needs of the person
  - have specific aims and learning objectives
  - have a structured, theory driven curriculum
  - be delivered by trained educators
  - be quality assured by independent assessors
  - include regular audit of outcomes.
- Diabetes education courses should be commissioned for people with Type 1 and Type 2 diabetes and should encourage the participation of partners and carers.
- NICE guidance does not limit structured education to purely group education. Commissioners need to assess current provision of structured education and whether it meets both NICE criteria and the needs of their local population.
- It is vital that any existing or proposed programmes should have:
  - Documented outcomes which may include bio-medical outcomes but may equally be outcomes that demonstrate increased confidence in self-management.
  - An audit process to guarantee that outcomes will continue to be achieved. A useful question to ask is: How often and in what format will audit data be available to inform decision-making so that desired targets can be monitored and maintained?
- Commissioners can either check that programmes meet NICE criteria themselves or ask if the provider has been QISMET (Quality Institute for Self Management Education and Training) certificated. QISMET is an independent organisation that assures a provider is delivering a quality service which includes courses that meet NICE criteria.

STEP 3 Respond to local needs:

- Once you have mapped local provision and uptake of diabetes education you should consider the need for other programmes, perhaps including level 1 or level 2 diabetes education options. Providing a menu of options will enable you to:
  - respond to local demographics
  - widen reach amongst the population of people with diabetes
  - allow for different learning preferences, such as shorter taster sessions, individual workbooks or online learning
  - meet the needs of those who require other delivery mechanisms to group education, such as one-to-one
  - provide ongoing learning opportunities.
- Consider consulting people with diabetes and local healthcare professionals to identify local priorities and barriers to uptake.

STEP 4 Establish data collection and KPIs:

- When developing your service specification for diabetes education you can ensure better processes and outcomes by setting KPIs, including but not limited to:
  - referral rates
  - booking process and timelines
  - overall course attendance
  - conversion rates of referral to attendance
  - decline and DNA rates
  - patient satisfaction and other patient outcomes.
- Consider the use of benchmarking, either informed by existing local provision or by experiences from other areas, to improve local provision and access. Good practice case studies indicate that approximately 50 per cent of those referred to structured education attend.
- Consider specifying the use of an electronic administration system to enable effective management of referrals and timely monitoring of attendance data.
- Check out a helpful toolkit produced by the South London Health Innovation Network, which explores effective commissioning and delivery of Type 2 education – including an example service specification and suggested KPIs (see 'Further support and information').
- Use your KPIs and data to hold your providers to account and ensure that, when re-commissioning in future years, you use learning from these quality measures to make improvements to your diabetes education service.

IMPROVING UPTAKE: THE IMPORTANCE OF THE REFERRAL

The attitude of the referrer (such as the GP) is key in persuading people to attend diabetes education. People are more likely to go on a diabetes education course if their healthcare professional talks about the course in a positive way and clearly explains the benefits. It is vital that local healthcare professionals, such as GPs and practice nurses, are kept informed about the courses on offer and how they benefit people with diabetes (for example, by improving clinical and quality of life outcomes). It can also be helpful to encourage healthcare professionals to attend a 'taster session' of local courses.

REFERENCES

1 NICE (2011). QS6: *Diabetes in adults quality standard. Quality statement 1 – structured education*

2 Hex, N., et al (2012) Estimating the current and future costs of Type 1 and Type 2 diabetes in the United Kingdom, including direct health costs and indirect societal and productivity costs. *Diabetic Medicine*. 29 (7); 855–862

3 Department of Health (2007). *Working together for better diabetes care. Clinical case for change: Report by Sue Roberts, National Director for Diabetes*

4 NICE (2015). *NG17: Type 1 diabetes in adults: diagnosis and management*; NICE (2009). *CG87: Type 2 diabetes: The management of Type 2 diabetes*

5 Diabetes UK (2015). *Diabetes education: the big missed opportunity in diabetes care*

6 NHS England (2014). *Five Year Forward View*

7 FOI request submitted by Diabetes UK in June 2015. Responses were received between June and October 2015. 208 of 209 CCGs responded. 110 CCGs (53 per cent) did not know attendance and/or completions for some or all of their structured diabetes education courses in 2014/15.

8 Diabetes UK (2015). *Bright Idea #3. A quality assured local education course in East Sussex*

FURTHER SUPPORT AND INFORMATION

Structured Education for Type 2 diabetes: A toolkit for optimal delivery
Toolkit produced by the South London Heath Improvement Network and the London Strategic Clinical Network, which addresses the causes of low uptake of structured education and provides guidance on improving access. This includes sections for commissioners and providers, suggested KPIs and an example service specification.

Go to http://www.hin-southlondon.org/system/resources/resources/000/000/047/original/Structured_Education_Toolkit_(Final).pdf

Diabetes Care Planning and Support: Patient Education Commissioning Information Pack
A patient education commissioning information pack, produced by the South East Strategic Clinical Network, including a section on optimising capacity and a list of patient education programmes.

Go to www.secscn.nhs.uk/files/1914/2781/4737/SEC_CVD_SCN_Diabetes_Patient_Empowerment_Structured_Education_Commission....pdf

Diabetes Patient Education – present and future for Thames Valley
Commissioned by the Thames Valley Strategic Clinical Network, this report describes the current situation for diabetes patient education and the commissioning recommendations needed to provide diabetes education at levels one, two and three.

Go to https://gallery.mailchimp.com/7b42977358b9c8bd39ee3d94d/files/Diabetes_Patient_Review_TV_SCN_Final_201015.pdf

QISMET Diabetes Self Management Education Quality Standard
The Quality Institute for Self Management Education and Training (QISMET) has developed the Diabetes Self Management Education Quality Standard as a way for providers to demonstrate they meet NICE Criteria.

Go to www.qismet.org.uk/certification/dsme-certification

DIABETES UK RESOURCES

Bright Idea #2: Developing a diabetes education programme to meet local needs in Tower Hamlets. Explores how Tower Hamlets CCG has increased uptake of diabetes education, including among 'hard to reach' groups.

Bright Idea #3: A quality assured local education course in East Sussex. Explores how East Sussex designed a structured education programme for people with Type 1 diabetes that has achieved national certification.

Diabetes self-management education: A healthcare professional resource. Supports healthcare professionals to talk about diabetes education with their patients and turn referrals into attendance.

Diabetes education: The big missed opportunity in diabetes care. Sets out the evidence base for diabetes education courses, showing that courses improve key outcomes and are cost effective or even cost saving.

Diabetes UK also offers a range of other free resources on diabetes education, including promotional leaflets and posters aimed at people with diabetes.

You can find all of these resources at www.diabetes.org.uk/self-management-education

TAKING CONTROL

For more information about Diabetes UK's Taking Control campaign to increase the provision and uptake of education for people with diabetes, go to **www.diabetes.org.uk/taking-control**

GET IN TOUCH

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CALL 0345 123 2399*
EMAIL info@diabetes.org.uk
GO TO www.diabetes.org.uk

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CYMRU

*Calls may be recorded for qulaity and training purposes.