
Diabetes self-management education: A healthcare professional resource

People with diabetes spend **THREE** hours a year with a healthcare professional on average. For the remaining **8,757** hours they have to manage this complicated condition themselves¹.

THIS RESOURCE INCLUDES:

- 1 Details on commonly available diabetes education courses.
- 2 What your patient needs to know about attending an education course.
- 3 Techniques for improving attendance rates.

WHY IS DIABETES EDUCATION IMPORTANT?

Diabetes education is key to successful day-to-day diabetes management, however attendance is currently far too low across the UK. **For diabetes management to be truly effective, your patients need the skills and confidence to take control of their own health.**

There is strong evidence about group education courses – often referred to as ‘structured education’ – that shows they:

- significantly improve long-term glycaemic control and therefore reduce the onset of devastating complications, such as an amputation, blindness and kidney failure
- significantly improve quality of life and self-management skills
- are cost effective and can even save the NHS money by reducing the onset of costly complications².

As a result, diabetes education courses are recommended by NICE³ and, in Scotland, SIGN⁴.

WHAT DO EDUCATION COURSES INVOLVE?

These are some of the main diabetes education courses available in the UK:

Course	Duration	Details
DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed), for adults with Type 2 diabetes www.desmond-project.org.uk	Six hours of education, usually in one day or half day formats	Helps participants understand their diabetes, including risk factors and complications, make food choices and take control. Available in Punjabi, Gujarati, Urdu or Bengali in some areas.
X-PERT Diabetes Programme , for adults with Type 2 diabetes www.xperthealth.org.uk	Two and a half hour sessions delivered over six weeks, plus annual follow up session	Participants explore how diabetes affects their body and how lifestyle changes can improve their diabetes control.
DAFNE (Dose Adjustment For Normal Eating), for adults with Type 1 diabetes www.dafne.uk.com	Five day training course, plus follow up session at eight weeks	Gives people the skills necessary to estimate the carbohydrate in each meal and inject the right dose of insulin, so that they can fit diabetes into their own lifestyle.

Some areas also offer locally-designed courses. **To find out what is available in your area you can ask your CCG, Health Board or Trust by sending the template letter available in this pack.**

“Before the course I was being scraped up literally by paramedics due to hypos at least once a week. One week three times in a week. Since the course I have not needed outside assistance once. Four years now since the course.”

Allan,

Living with Type 1 diabetes for over 30 years

“Going on the course took the worry away. It reduced my HBA1C. It reduced my cholesterol. I lost three stone in weight. My blood pressure came down and is perfectly normal for my age now. Now I understand the condition.”

Malcolm,
Living with Type 2 diabetes

“If I had had the opportunity to have some training at the beginning I think that I might have managed my diabetes more effectively than I have done... Self-management is vital!”

Claire,
Lived with Type 2 diabetes for 15 years before she was able to attend a course

WHAT YOUR PATIENTS NEED TO KNOW

- Attending an education course is an essential part of diabetes management. It's important because:
 - ✓ It will help you better understand your diabetes and how you can manage it day-to-day, so you can continue doing the things that are important to you.
 - ✓ You can meet others who are living with diabetes and share experiences.
 - ✓ You will have dedicated time to speak with qualified healthcare professionals, who can provide advice just for you about things like food choices, managing your diabetes and staying healthy.
 - ✓ Evidence shows that people who go on a course usually have better control of their diabetes and experience fewer complications.
- Courses are informal, friendly and fun. No one will make you feel bad or ashamed about having diabetes.
- You do not have to talk during the course if you don't want to. You will learn just by being there. Some courses allow you to bring a partner or friend along.

Once your patient feels comfortable attending a course, explain the next steps for enrolment and give them details of the next available course dates and venues.

If your patients aren't ready to attend a full course, there are events, support and online learning options that can help them manage their diabetes. Direct them to the Diabetes UK website for more information:

www.diabetes.org.uk/diabetes-education

“Taking the decision to attend the course was the best thing I ever did. It was the first time I really got my head straight on looking after myself.”

Pete,
Living with Type 1 diabetes

TIPS FOR TURNING REFERRALS INTO ATTENDANCE

- Patients are more likely to attend a course if their healthcare professional is positive and enthusiastic about the benefits of education. Make it clear that you believe attending an education course is an essential part of diabetes management.
- Consider attending a taster session of the education courses offered in your area to get a better idea of the format and information provided.
- Explain to your patients that diabetes education will help give them the confidence to manage their diabetes day-to-day. Emphasise that attending a course may feel like a big time commitment now, but it could help them avoid life-altering complications in the future.
- Consider using motivational interviewing techniques to help patients see the value of attending a course. Listen to your patients’ concerns and help them see how education will fit into their broader priorities⁵.
- Avoid the term ‘structured education’ as some patients find it off-putting. Instead use words like ‘course’, ‘knowledge’ or ‘training’.

Display Diabetes UK’s free posters promoting diabetes education in your waiting room.

Diabetes UK is campaigning to increase the provision and uptake of education for people with diabetes. For more information about diabetes education and free Taking Control resources, including posters and leaflets, go to:

www.diabetes.org.uk/self-management-education

REFERENCES

¹ Department of Health (2007). *Working together for better diabetes care. Clinical case for change: Report by Sue Roberts, National Director for Diabetes*

² Research evidence summarised in: Diabetes UK (2015). *Diabetes education: the big missed opportunity in diabetes care*

³ NICE (2015). NG17: Type 1 diabetes in adults: diagnosis and management; NICE (2009). CG87: Type 2 diabetes: The management of type 2 diabetes. See also: NICE (2011). QS6: Diabetes in adults quality standard. Quality statement 1 – structured education

⁴ SIGN (2010). 116: Management of diabetes. A national clinical guideline

⁵ For more information on motivational interviewing techniques, see: Sobell and Sobell (2008). *Motivational Interviewing Strategies and Techniques: Rationales and Examples*. Available at: www.nova.edu/gsc/forms/mi_rationale_techniques.pdf