



TALKING ABOUT DIABETES EDUCATION

Dr Joan St John talks to *Update* about how primary care healthcare professionals can ensure that their patients go on a diabetes education course. We also hear from two people – one living with Type 1 diabetes, the other with Type 2 – about how diabetes education has changed their lives



CLINICAL CHAMPION
Dr Joan St John

Dr Joan St John is a GP with a Special Interest in diabetes and a Diabetes UK Clinical Champion. She is currently the lead for diabetes in a practice in Brent that serves approximately 1,000 patients with diabetes.

As a Clinical Champion she has given talks to community and faith-based groups in Brent. She is also passionate about delivering diabetes education to healthcare professionals and has worked with Diabetes UK to run an advanced primary care training session.

Why is diabetes education important for your patients?

Diabetes education is a critically important step in the lifelong journey and management of diabetes for people living with this condition. There is evidence to support diabetes education, showing that it enables

“Diabetes education helps with the ‘3 Es’ – Empowerment, Engagement and Enlightenment”

people with both Type 1 and Type 2 diabetes to better self-manage, leading to better overall outcomes.

What difference can it make to your patients' lives?

Diabetes education helps with the ‘3 Es’ – Empowerment, Engagement and Enlightenment. It increases their knowledge, engagement in the time spent with healthcare professionals

Malcolm's story

Malcolm Bigg was diagnosed with Type 2 diabetes when he was 55 and went on a DESMOND course about five years later. Now 69, he explains how the course changed his attitude to diabetes



Malcolm: "Now I understand ...I don't worry"

What was being diagnosed with Type 2 diabetes like?

I went into a complete panic when I was diagnosed. I already knew about the complications and thought that was going to happen to me, so it sent shock waves through me. Then Diabetes UK held a day course in Basildon and they explained a lot and also mentioned DESMOND. So, I chased after DESMOND and got on the course through my GP. But, I had to ask – no one had offered it to me before, no one had even mentioned it.

What did you take from the diabetes education course?

I didn't have a clue what the day would be about. But, as they went through things, it eased my mind and I began to think: 'I can actually manage this'. Initially, you talk about your body, your

“Everyone should be offered a diabetes education course, and they should take it!”

physiology, what diabetes is, what medicine you're taking or should be taking. The course helped me discover how different foods affected me, so I could change my diet

to suit my body and help get my diabetes under control. The ideas they gave me were a real help – look at the food you eat, look at the exercise you do.

What has changed in your life since the course?

Before I went on the course, I didn't know another soul with diabetes. I felt so silly asking my doctor questions, so I kept it to myself and didn't get the answers I needed.

Talking together with other people with diabetes was really rewarding.

You think you're alone in your symptoms and how you're feeling, but you're not. It took the worry away. It reduced my HbA1c. It reduced my cholesterol. I lost 3st in weight. My blood pressure came down and is now perfectly normal for my age.

Any last thoughts?

Everyone should be offered a diabetes education course and everyone should be taking up that offer. I'm still scuba diving at the age of 69. Now I understand the condition, I don't worry. I can go away on holiday and know my diabetes is under control. It doesn't stop me doing anything I want to do.

and allows them to make more informed choices.

Why should a GP or practice nurse spend some of those valuable minutes during their consultation discussing diabetes education?

It is the person with diabetes who needs to manage their individual condition. On average, three hours per year are spent with a healthcare professional, while for the remaining 8,757 hours of that year, an individual will have to manage their diabetes themselves. It is important that they

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are given the foundation and tools to they will need make informed choices. Patients can find themselves perplexed, with a variety of sometimes dubious advice from many sources, so their knowledge needs to be underpinned with sound education that is recognised by NICE.

What simple steps do you think healthcare professionals can take to boost referrals?

As a healthcare professional, you need to be convinced of the benefit and have knowledge of available diabetes education courses. If you yourself are not aware of the options, evidence has shown that this results in fewer people being referred. I would also suggest the first step is either to attend a course or taster session to see what happens, or ask your local provider to attend your practice meeting to explain what the courses involve.

How do you talk to your patients about diabetes education and engage them?

For the majority with Type 2 diabetes, this conversation will occur when they have been recently diagnosed. At that time, they can be feeling bewildered and bombarded with lots of information, while also trying to process the fact that they have been diagnosed with a long-term condition. I advise them that there is a course locally that can enable them to learn more about diabetes and how best to manage it. I normally tell them that it will help to improve their

outcomes. I also explain that it is informal and that they can bring a loved one along with them.

Detailed signposting, where possible, giving patients information about the course, is really important. Letting patients know the venue, time and days of the course and what to expect as well as being positive and enthusiastic, gives patients confidence to attend and not worry that this might be like going back to school (an image that the words 'structured education' can sometimes conjure up). I tend to talk about a 'course' rather than a structured

education course. If the person is still not convinced of the value, it's important to let them know about other options, such as one-to-one sessions and accredited online resources.

The same issues of detailed signposting, reassurance and being enthusiastic and positive about the benefits of the course applies for people with Type 1 diabetes. It does require a significant time commitment, but I emphasise that this is a great investment in time, as it can transform the way someone with Type 1 diabetes lives their life.

Charlotte's story

Charlotte Lightman was 7 years old when she was diagnosed with Type 1 diabetes, back in 1995. Now 27, she speaks about attending a DAFNE course in 2013, and how this changed her life

What was your experience of being offered a course?

My first job was in Cardiff, where I was offered a DAFNE course. But, it was presented to me as just a course where you learn about diabetes and I couldn't help thinking: 'What can they tell me after 15 years of diabetes? What can I learn on a course?'. You feel like you should be an expert after having diabetes for so long, but actually there was a lot that I learnt that I guess the diabetes teams don't have time to discuss in your appointments.

What did you take away from going on a diabetes education course?

They showed me the breakdown of all my test results and also the practical bits like alcohol, testing whether your basal insulin works – that sort of thing. One of the real strong points of going on



Charlotte: "I feel a lot more confident"

DAFNE for me was meeting other people with diabetes. Being able to talk to people who had the

same sort of fears made me feel a lot more able to confront my own. **What impacts did the**

course have on your life?

I feel a lot more in control [of my blood glucose levels] and if I ever do feel like things are getting a bit difficult, I can draw on what I learned to get me back on track. One of the biggest things for me – after going on the course – was definitely feeling more in control of my own life. I'm less scared about the complications because I feel like I can manage my diabetes. It's definitely something everyone needs to do. I wish I'd gone on this course before university. That's when I really lost a bit of control. I wish I'd known all this stuff earlier on. I'd encourage everyone to give it a go, even if they're sceptical. The course has really changed my life and has made me feel a lot more confident about my diabetes.

What courses are out there?

There are specific diabetes education courses available for people living with Type 1 or Type 2 diabetes. Courses include:

Diabetes Education for Self-Management for Ongoing and Newly Diagnosed (DESMOND), for adults with Type 2 diabetes. Six hours of education, usually as one-day or half-day sessions, which help participants understand their diabetes, including risk factors and complications, making food choices and taking control. Also available in Punjabi, Gujarati, Urdu or Bengali in some areas. Go to www.desmond-project.org.uk or call 0116 258 5881.

X-PERT Diabetes Programme, for adults with Type 2 diabetes. 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. Go to www.xperthealth.org.uk or call 01422 847871.

Dose Adjustment for Normal Eating (DAFNE), for adults with Type 1 diabetes. Five-day training course, plus follow-up session after eight weeks. The course gives people the skills necessary to estimate the carbohydrate in each meal and inject the right dose of insulin, so they can fit diabetes into their own lifestyle. Go to www.dafne.uk.com or call 0191 293 4115/4023.

As well as the courses above, sometimes diabetes education courses are organised locally. To find out what courses are available for patients in your area, speak to your local clinical commissioning group, health board, trust or your diabetes lead.

Could you tell us about your experience in your area with the provision of diabetes education?

Courses are provided locally for people with Type 1 and Type 2 diabetes. We are increasing referrals to the service by constantly updating GPs in the local area about the availability of courses, as well as offering attendance as observers at the courses to both local diabetes community champions and primary care healthcare practitioners. The team have worked on reducing the Did Not Attend rates to the courses by ensuring that people are not just contacted by post, but also have a follow-up telephone invitation.

Any final thoughts about the role healthcare professionals can play in championing diabetes education in their areas?

As healthcare professionals we want our patients to effectively self-manage their condition in an informed way. We want to ensure cost-effective and evidence-based care for patients and we would like to work with patients to manage their health. Diabetes patient education delivers these results for the patient, improving their knowledge and self-management of diabetes, thus enabling them to be more informed about their condition. Ultimately, this is cost-effective care for the NHS.

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 the information provided, or ask your local provider to attend a team meeting to explain what the courses involve.
- 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 priorities.
- Avoid the term 'structured education' as some patients find it off-putting. Instead use words like 'course', 'knowledge' or 'training'.
- Display free Diabetes UK posters promoting diabetes education in your waiting room. To download or order the posters and flyers, go to www.diabetes.org.uk/self-management-education



Diabetes UK has launched the Taking Control campaign, which wants to ensure that everyone with Type 1 and Type 2 diabetes has access to diabetes education, so that they have the skills and confidence to manage their diabetes well. You can find more about the campaign at www.diabetes.org.uk/taking-control