

Structured education

A VITAL INGREDIENT OF EFFECTIVE DIABETES THERAPY



Diabetes has become one of the greatest, and potentially one of the most expensive, health challenges facing the NHS. All the more reason why it is imperative we get patient education and support right – its provision, status and quality. We need to address this now, before it is too late, says **Professor Melanie Davies**

Thanks to early diagnosis, people with Type 2 diabetes are very quickly introduced to medication to stabilise blood glucose. However, what we don't yet have is universal access to its natural complement – provision of education that provides the skills to self-manage, and the motivation for behaviour change. People with Type 2 diabetes have a demanding condition to manage, yet on average they see a healthcare professional for only about three hours a year. Three hours of support out of a total of 8,760 to help them manage a condition which, if neglected, could lead to blindness, amputation or an increased risk of a stroke or heart attack. That's 525,420 minutes that a person is left alone to manage their condition, or 99.9 per cent of the time.

However, only 14 per cent of healthcare professionals offer structured diabetes education classes, and only 10 per cent of people with Type 2 diabetes have ever attended a structured education programme¹. Much ignorance and prevalent myths exist around the subject. No one would expect a learner driver to be able to pass their driving test without access to support, education, skills and practice. Yet, the vast majority of newly diagnosed people with diabetes are sent away with only a prescription, a diet sheet and, maybe, expensive glucose monitoring equipment, but no structured education and support.

People have a right to knowledge and skills for self-management, but overall diabetes care also needs to improve. For instance, when it comes to essential care, less than a third of people with diabetes in England receive the basic annual health checks, or care processes, as recommended by the National Institute for Health and Care Excellence (NICE), exposing them to a greater risk of developing complications. Diabetes structured education plays

a key role in this care. It's time to take it seriously.

BIOGRAPHY

PROFESSOR MELANIE DAVIES

is a clinician and one of the UK's leading clinical researchers in Type 2 diabetes. Along with Professor Kamlesh Khunti, she leads the Diabetes Research Centre based at the Leicester Diabetes Centre, which is one of the largest clinical research groups in diabetes in the UK.

She is the National Lead for the DESMOND Programme, Director of the National Institute for Health Research (NIHR)-accredited Biomedical Research Unit in Diet, Lifestyle and Physical Activity and Director of the Leicester Clinical Trials Unit.

Prof Davies is one of the few senior investigators for the NIHR in the field of diabetes research.

ABOUT THE LEICESTER DIABETES CENTRE

The Leicester Diabetes Centre is an international centre of excellence in diabetes research, education and innovation. Hosted at Leicester General Hospital, it is a partnership between the University Hospitals of Leicester NHS Trust and the University of Leicester.

What is diabetes structured education?

Diabetes education could be said to have been formally recognised in 2000 and 2001 as part of the Diabetes National Service Framework, one of a number of strategic government plans for long-term conditions. Subsequently, standards and recommendations for diabetes care were published in NICE guidance.

When based on robust evidence, diabetes structured education provides a means to maximise the precious contact time between healthcare professionals and people with diabetes – supporting individuals to engage in behaviour change by setting personal goals based on their biomedical results to address issues of importance around their life with diabetes. As Jen Nash discusses on page 26 in this issue of *Update*, behaviour change is not necessarily easy for anyone, and healthcare professionals have an important role in encouraging an individual's motivation and self efficacy.

In short, structured education, especially when delivered in a group setting, strengthens peer collaboration, maximises healthcare professional contact time, and supports people with diabetes, their family and their carers with the skills, knowledge and confidence to self-manage a long-term condition.

According to NICE recommendations, access to diabetes structured education programmes should be offered to all patients with Type 2 diabetes on diagnosis and thereafter as appropriate. But, in order for them to be effective, it is important that the standards and criteria, which the evidence has identified as key to the success of any such education programme, are adhered to. To meet the requirement of the Quality and Outcomes Framework, structured education has to be delivered to a

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minimum standard and meet key criteria. These were defined in the report from the Patient Education Working Group².

Programmes should:

- have a structured written curriculum
- have trained educators
- be quality assured
- be audited.

Is structured education affordable?

Diabetes structured education programmes do work. Research has been carried out which proves there are multiple benefits, such as improving glucose control, improved quality of life, reducing or delaying complications and improved lipids and weight loss. The cost of delivering structured education to patients with Type 2 diabetes is very affordable, at around £60 per person per year, these costs reducing as more people go through the programme. Delivering education to all of the three million people estimated to have Type 2 diabetes in the UK would cost about £12m a year over five years. That is only 0.5 per cent of the £7bn that the NHS spends on complications related to Type 2 diabetes.

Success relies on a team effort

It might be thought that structured education is only relevant to people with diabetes and healthcare professionals. But organisations have an important role to play. For people with diabetes to take up a referral to structured education, and attend, then take action for themselves in their own lives, requires support from the whole local health economy. Issues of access, timing, the learning environment and local service coordination are all critical to whether an individual attends structured education or not.

Providing structured education is about winning hearts and minds across the board, not assuming that it's the responsibility of people with diabetes alone. In areas of the UK where provision of structured education aspires to universal provision, clinical commissioning groups pay as much attention to ongoing planning and marketing as they do to training educators. This effort is amply paid back in high attendance and low Do Not Attend rates.

Where next?

It is inevitable that structured education, just like new pharmacological therapies, will need to move with the times.

Already, several groups are exploring how technology can enhance structured education and increase access. On page 32, Suj Ahmed highlights some initiatives using video education in this edition. Our team in Leicester is making advances in online and distance learning for people with Type 2 diabetes. As the current, technology-savvy generation grows in number, and within the reach of technology and devices, we can perhaps look forward to consumer demand driving previously unimagined advances in apps, information exchange and mobile technology.

With diabetes prevalence continuing to rise, structured education, in whatever formats it becomes available, must sit alongside the optimisation of medication as the answer to the challenges diabetes presents to our NHS. We need the current exemplars of high-quality diabetes education across the UK to become the norm. If not, we risk our vision of a brave new world of diabetes care turning out to be a long-term Dismaland of lost opportunities.

Further reading

1 National Audit Office (2012). *The management of adult diabetes services in the NHS*

2 Gillett M, Dallosso HM, Dixon S et al (2010). *Delivering the diabetes education and self management for ongoing and newly diagnosed (DESMOND) programme for people with newly diagnosed type 2 diabetes: cost effectiveness analysis. BMJ Aug 20 341; c4093*

3 MJ Davies, Heller S, Skinner TC et al (2008). *Effectiveness of the diabetes education and self management for ongoing and newly diagnosed (DESMOND) programme for people with newly diagnosed type 2 diabetes BMJ 336 (7642); 491–495*

4 NICE (2003). *TA60: Guidance on the use of patient-education models for diabetes*

References

1 Health and Social Care Information Centre (2014), *National Diabetes Audit 2012-2013: Party 1: Care Processes and Outcomes.*

2 Department of Health (2005) *Structured patient education in diabetes: Report from the patient education working group Gateway reference 4982*