

Structured diabetes education in 2022

Both type 1 and type 2 diabetes are complex, demanding conditions to manage. On average, people with diabetes spend only three hours a year with a healthcare professional (HCP); for the rest of the year they manage their diabetes themselves (Diabetes UK, 2016). Unfortunately, each week in the UK there are 185 diabetes-related leg, toe or foot amputations. In addition, 30 people learn that their sight has been seriously impaired by diabetes, and people living with diabetes are twice as likely to experience depression as those without (Diabetes UK, 2020).

Provision of structured diabetes education to people living with type 1 or type 2 diabetes is an integral aspect of patient care (NICE, 2015a; 2015b). Diabetes education courses give people living with diabetes the knowledge, skills and confidence to successfully self-manage their condition. Attendance at structured education courses has been shown to improve key health outcomes, such as glycaemic control, quality of life and self-management skills. Courses are cost-effective in helping reduce the risk of diabetes-related health complications developing in the longer term (Diabetes UK, 2018).

People are more likely to attend a course if their HCP is positive and enthusiastic about the benefits of education, and explains that attendance is an “essential part of the patient’s package of diabetes care” (Diabetes UK, 2016). Learning more about their condition could help them more effectively self-manage their diabetes and reduce the future risk of life-changing health complications (Diabetes UK, 2016).

Structured diabetes education courses delivered at level 3, are those that meet nationally agreed criteria, which include an evidence-based curriculum, quality assurance of teaching standards and regular audit (Diabetes UK, 2022a). Some areas offer their own locally designed structured diabetes education courses, such as the Advanced Diabetes Awareness and Management (ADAM) course provided in North & Central Bedfordshire to people who have been living with type 2 diabetes for longer than one year.

Many locally developed courses will have attained the Quality Institute for Self Management Education & Training (QISMET) certification. QISMET (www.qismet.org.uk) ensures a healthcare structured education initiative has defined relevant outcomes that can be demonstrated and achieved.

Different areas commission different combinations of structured education courses for those living with either type 1 or type 2 diabetes. Nationally recognised structured diabetes education courses include those listed in *Table 1*.

Unfortunately, attendance at structured diabetes education is frequently a missed opportunity in diabetes care (Diabetes UK, 2016). Fewer than 50% of people referred to the Bedfordshire diabetes education service took up one of the virtual educational options on offer during the COVID-19 pandemic, despite receiving two letters of invitation from the education team and many also receiving a personal telephone call from a member of the education team.

To encourage people to attend structured diabetes education, HCPs should aim to:

- Promote the benefits of diabetes education courses.
- Avoid using the term “structured education”; instead use words such as “course”, “knowledge”, “information” or “training”.
- Find out which courses are available locally and be familiar with referral pathways.
- Arrange to observe a local diabetes education course.

If an individual states that taking time off work is difficult, and there are no suitable structured education options either out of hours or online, HCPs can provide a letter to their employer about the importance of structured education attendance. A template letter is available from the Diabetes UK website (Diabetes UK, 2022b).

In-person structured education service moving to virtual delivery

In Bedfordshire, people newly diagnosed with type 2 diabetes are referred by their practice



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Table 1. Examples of type 1 and type 2 diabetes structured education options commissioned for adults.

| In-person courses* | |
|---|--|
| Type 1 diabetes | Type 2 diabetes |
| <p>DAFNE (Dose Adjustment For Normal Eating)</p> <p>A 5-day course with a follow-up session at 8 weeks, teaching carbohydrate counting skills and rapid insulin dose adjustment.</p> <p>www.dafne.uk.com</p> | <p>DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed)</p> <p>6 hours of structured education delivered either as one whole-day or two half-days format. In-person courses also available in South Asian languages in some areas.</p> <p>www.desmond.nhs.uk</p> |
| <p>BERTIE (Bournemouth Type 1 Intensive Education Programme)</p> <p>Over 40 centres across the UK offer a programme based upon BERTIE, which may have been adapted to meet local needs.</p> | <p>X-PERT Diabetes Programme</p> <p>2½-hour sessions delivered once a week over 6 weeks.</p> <p>www.xperthealth.org.uk</p> |
| Virtual courses* | |
| Type 1 diabetes | Type 2 diabetes |
| <p>Remote DAFNE</p> <p>Blends educator-facilitated remote group sessions with workbook activities. Available in some areas.</p> | <p>Virtual DESMOND</p> <p>6 hours of structured education delivered remotely via video platform either in 2×3-hour or 3×2-hour session formats. Available in some areas.</p> |
| <p>MyType1Diabetes</p> <p>Searchable resources, multilanguage content plus e-learning modules to help increase understanding and confidence in self-management of type 1 diabetes. Free online, no referral required.</p> <p>https://mytype1diabetes.nhs.uk</p> | <p>MyDESMOND</p> <p>Content from the face-to-face DESMOND programmes in a web-based platform. People are referred by their HCPs to local providers in areas where DESMOND is commissioned and given access to their free personal account.</p> <p>www.mydesmond.com</p> |
| <p>BERTIE Online</p> <p>Three e-learning modules to help explore what type 1 diabetes means for the body, to learn how to manage diabetes, and to understand what to do and how to cope when things go wrong. Free online, no referral required.</p> <p>www.bertieonline.org.uk</p> | <p>X-PERT Diabetes Digital</p> <p>All six X-PERT sessions available digitally, covering prevention and management of type 2 diabetes. Also available in multilanguage content. Provided free of charge to people if their local NHS organisation has purchased logins/registrations. Anyone can purchase the X-PERT Diabetes Digital Programme from www.xperthealth.org.uk/shop.</p> |

*Free where commissioned.

to the Bedfordshire diabetes education team. Before the pandemic, the Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND) programme was offered to groups. Individuals of South Asian origin could opt to attend either a DESMOND group or a locally developed language-specific group education session.

The education team also provided a shorter 2-hour, one-to-one structured education session for people who are unable to attend group settings, such as those with a learning disability, mobility difficulties, or a hearing or sight impairment. Practice staff were provided with a clear structured education referral pathway and patient self-referrals were also accepted.

When the first COVID-19 lockdown was announced in March 2020, all face-to-face patient education sessions were cancelled. As the initial 3-week lockdown became an extended period, the team had to change the way in which diabetes education was provided, whilst working within the government restrictions.

Virtual structured education

Using material developed for the one-to-one session for structure and consistency, the team commenced providing 2-hour virtual diabetes education sessions for people by either telephone or video call. This was supported by an illustrated booklet produced in-house.

Following the national release of the virtual DESMOND slides, the team started delivering virtual DESMOND courses in early 2021 to groups of up to six people via Microsoft Teams over 2 or 3 weekly sessions.

Phoning patients to discuss the available virtual educational options improved service uptake. Some people were keen to accept the offer; others required some explanation and counselling.




Common responses from those declining to participate included: "I know a lot about diabetes, my mother had it"; "My wife has diabetes, we eat healthily"; and "I'm too busy to attend."

Participants are signposted at the end of their session to appropriate virtual or face-to-face local services for weight management and physical activity, and reliable online sources of health information such as Diabetes UK (www.diabetes.org.uk) and the British Heart Foundation (www.bhf.org.uk). *Box 1* gives a selection of feedback comments from participants.



Figure 1. An online education session.

Box 1. Feedback from participants on the virtual DESMOND course.

-  Thank you both so very much for all of your time, support, understanding and wonderful knowledge on the DESMOND course. You have lifted a great weight from my shoulders and, because of you, I can now move forward and deal with this disease in a more positive and effective way.
-  I found the tutors approachable and they had a vast amount of knowledge of diabetes. It made me understand my condition more. Thank you for providing this service, without it I would still be struggling.
-  Being able to have dedicated time with experts in the field, as well as peers who were going through the same experience as me. Everyone was supportive and respectful, but we had a few giggles as well; it made the information that was hard to digest (either emotionally or complexity-wise) much easier to talk about, because it felt like a safe space to do so, with no judgements being made.

Plans for 2022

The team plan to continue to offer the virtual education options developed over the past two years alongside both face-to-face and virtual DESMOND courses, and one-to-one home visits with appropriate social distancing and hygiene measures in place.

The team's long-term vision is to ensure that all people in Bedfordshire who are newly diagnosed with type 2 diabetes are able to access structured education, either virtually or in person, that is appropriately adapted to their needs. ■

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