

# Changing diabetes by improving control: Barriers to progress



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## changing diabetes

### Call to action: Your response

The recent report 'The National service framework (NSF) for diabetes. Five years on... are we halfway there?' (Diabetes UK, 2008) has highlighted the fact that although a good standard of clinical care of adults with diabetes has been achieved, there is still room for improvement. For example, the report awarded Standard Four, 3 out of 5 stars.

In light of this report, the *Journal of Diabetes Nursing* would be delighted to receive any initiatives that improved control in people with diabetes. For example, an initiative which helped to break down barriers to improving glycaemic control, or improved education of people with diabetes.

Submissions could be short letters or articles of up to 2000 words. Contact the editorial team at the journal to discuss ideas on 0207 627 1510. Or send your submissions to: The Editor, *Journal of Diabetes Nursing*: [editorial@sbcommunicationsgroup.com](mailto:editorial@sbcommunicationsgroup.com). Responses will be considered for publication in the *Journal of Diabetes Nursing* this autumn.

The Global Task Force (GTF) on Glycaemic Control has been established to respond to the challenge of the type 2 diabetes epidemic. Its research has highlighted a number of barriers to achieving good glycaemic control.

Gwen Hall discusses the barriers to improving glycaemic control from her experience of caring for people with diabetes.

The Quality and Outcomes Framework (QOF) has made a huge

difference to diabetes management, with HbA<sub>1c</sub> appearing to be the most challenging target. In 2006–7 68% of people registered with diabetes had an HbA<sub>1c</sub> of 7.5% or less.<sup>1</sup> It is clear from UKPDS data, and other research, that there are health improvements to be gained by tight glycaemic control, so why is it so difficult to improve?

The *Journal of Diabetes Nursing* invites readers to respond to the call to action at the left of this page.

### Understanding barriers to control

The major barrier to glycaemic control is time. As the prevalence of diabetes increases, the burden of caring for this population also becomes greater. Sadly, our time available as healthcare professionals is not increasing at the same rate and clinic appointments are under pressure, as is access to training and education which enables us to keep up-to-date.

If we don't have the time to properly educate patients they will not realise the seriousness of their condition and the need for appropriate therapy to keep pace with the progression of their diabetes. Perhaps that is why so many do not take their medications as prescribed. Taking medication is not always welcomed when the individual feels no better for taking it and does not understand the importance of its prescription.

Structured education is a valuable method of motivating patients, but only 10.5% of people with diabetes

reported that they had attended an education or training course to help them manage their diabetes.<sup>2</sup> This is poor considering that NICE identified structured education as a priority. Conducting the consultation in an effective manner, using open questions to assess knowledge and agreeing a written care plan with agreed goals and targets can be the key to success, yet less than half of people with diabetes are involved in forming a care plan and training in consultation skills is lacking. Throughout England 48% of patients reported that they almost always, and 34% indicated that they sometimes, discussed ideas about the best way to manage their diabetes during their consultations.<sup>3</sup>

Combined with the fact that, on the whole, we are asking people to make unwelcome changes to their lifestyle and we can easily recognise the barriers in our way. The challenge is getting over them.

### References

1. Information Centre, The (2007) *Quality and Outcomes Framework (QOF) for April 2006 to March 2007, England*. NHS, London
2. Yorkshire & Humber Public Health Observatory (2007) *Diabetes Key Facts Supplement*. YHPO, York
3. Healthcare Commission (2006) *The views of people with diabetes. Key findings from the 2006 survey*. Healthcare Commission, London
4. Diabetes UK (2008) *The National service framework (NSF) for diabetes. Five years on... are we halfway there?* Diabetes UK, London

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