## Education: The key to improving diabetes care



Maureen Wallymahmed

NHS Diabetes (2011a)

Management of Adults with

Diabetes Undergoing Surgery

and Elective Procedures:

Improving Standards. NHS

Diabetes, London. Available

at: http://bit.ly/r4ObbX

(accessed 07.07.11)

NHS Diabetes (2011b) National Diabetes Inpatient Audit 2010. NHS Diabetes, London. Available at: http://bit.ly/ izsb4b (accessed 07.07.11)

NICE (2011) Diabetes in Adults Quality Standards. NICE, London. Available at: http:// bit.ly/hdxGeG (accessed 07.07.11)

Maureen Wallymahmed is a Diabetes Nurse Consultant, Aintree University NHS Foundation Trust, Liverpool.

To far this year, there have been several important documents published that are aimed at improving standards of care in various aspects of diabetes management. NICE (2011) published the Quality Standards for Diabetes in Adults document, which gives an overarching view of the standards of diabetes care healthcare providers should be aiming to deliver. The document includes 13 patient-centred quality statements, including and psychological assessment, screening for complications and inpatient care. Of note, structured education is the first of the statements presented and healthcare professionals working in partnership with people with diabetes is a predominant feature throughout. The document also stresses the importance of healthcare professionals being appropriately trained to work with people with diabetes to deliver individualised care.

In April this year, NHS Diabetes (2011a) published the Management of Adults with Diabetes Undergoing Surgery and Elective Procedures: Improving Standards guidelines. This document covers all stages of the pathway from primary care referral to discharge following surgery. The ultimate aim is to ensure safe and timely interventions involving the person with diabetes at all stages. To achieve this, there is a need to provide clear guidelines for healthcare professionals and information (both verbal and written) for people with diabetes. This guidance is to be welcomed given recent findings from the National Diabetes Inpatient Audit 2010 (NHS Diabetes 2011b), which identified, among other concerns, significant issues concerning the use of insulin infusions. Examples include prolonged and inappropriate use of insulin infusions and poor management of the transfer back to subcutaneous insulin. In addition, many individuals reported disempowerment in their diabetes care while in hospital.

There are two common themes running through these documents: education and the need for healthcare professionals to work in partnership with people with diabetes. Education needs to encompass all who are involved in the care of people with diabetes across primary and secondary care settings. However, when resources are scarce it is often staff education that falls by the wayside. Patient education is key to optimal diabetes self-management, but one size does not fit all and education needs to be part of an individualised, structured care plan taking into account factors such as learning style, literacy and numeracy.

Although literacy issues have long been recognised as being important in health numeracy has received less education, attention. Diabetes self-management relies heavily on numeracy skills such as understanding and interpreting glucose readings or calculating insulin dose according to carbohydrate intake. In this month's supplement, Gill Teft highlights that poor numeracy is common but often goes unrecognised. She suggests that numeracy should be assessed and education tailored to meet individual need - a number of assessment tools are discussed. In addition, the article acknowledges the importance of assessing numeracy skills in healthcare professionals, particularly in relation to drug calculations.

In the second article in this supplement, Lara Wessels et al describe how they have worked collaboratively with people with type 1 diabetes, who had previously attended a carbohydrate-counting programme, to develop a structured education programme for people using insulin pumps. The information gathered from the group was used to formulate a new education programme focusing on goal-setting and problem-solving. The authors recognise that the success of such a group is influenced by the facilitators all of whom were trained educators.

Both articles illustrate the importance of education and training of both healthcare professionals and people with diabetes. By working collaboratively, barriers to learning (e.g. poor numeracy) can be addressed and education programmes can be developed according to the needs of specific groups of people with diabetes.