

The X-PERT programme meets audit standards

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The X-PERT Programme was developed to increase knowledge, skills and confidence in people with diabetes so that they can take charge and self-manage their condition. It has been shown to improve clinical, lifestyle and psychosocial outcomes in people with newly diagnosed and existing diabetes (Deakin et al, 2006) and be a cost saving strategy for the NHS (Deakin, 2011). There are 73 X-PERT Centres in the UK and Ireland that deliver X-PERT Diabetes and/or X-PERT Insulin to people with type 1 and type 2 diabetes.

Educators attend a training course where they undertake practical and knowledge assessments to develop the competencies to deliver the structured curriculum using the educational theories that underpin it. Once qualified, educators commence delivery to people with diabetes and are required to be assessed via the X-PERT quality assurance programme within 1 year. In order to ensure the national implementation of the X-PERT Programme continues to meet the standards identified in the published randomised control trial, it is necessary to conduct an

ongoing audit of participant clinical and psychosocial data.

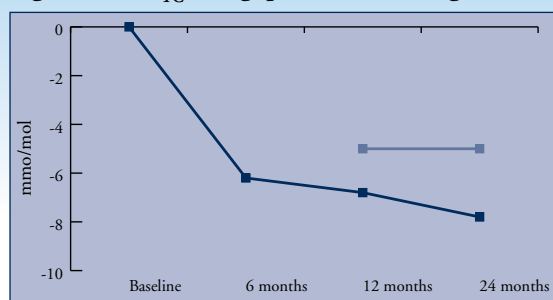
Methods

To meet the key criteria identified by Diabetes UK and the Department of Health to implement the NICE guidance, X-PERT Educators enter baseline, 6 monthly and, thereafter, annual results onto the X-PERT Audit Database and reports are generated presenting the attendance statistics, the mean participant evaluation and empowerment score and the mean result at baseline, 6, 12 and 24 months for each clinical indicator (Table 1 and Figure 1). X-PERT Health undertakes a comprehensive audit annually and provides each organisation with an audit report.

Results

The latest audit was undertaken in January 2012. Fifty-two of the 73 (71%) X-PERT Centres have entered data for 23610 people with diabetes. Audit standards have been met

Figure 1: HbA_{1c} change post X-PERT Programme.



with excellent attendance scores: 95% attend at least one session and 81% four sessions or more; participant satisfaction score 94%; the empowerment score increased by 23% post education programme and by 26% at 1 year. Clinical outcomes all improved and met audit standards.

Conclusions

National implementation of the X-PERT Programme has met audit standards. X-PERT increases skills, knowledge and confidence for diabetes self-management, resulting in increased health and empowerment among people with newly diagnosed and existing diabetes. All audit standards have been met with significant improvements in HbA_{1c}, body weight, lipid and blood pressure values.

Deakin TA, Cade JE, Williams R, Greenwood DC (2006) Structured patient education: The Diabetes X-PERT Programme makes a difference. *Diabet Med* 23: 944–54

Deakin TA (2011) The diabetes pandemic: is structured education the solution or an unnecessary expense? *Practical Diabetes* 28: 358–61

Table 1. Clinical outcomes of X-PERT participants.

	HbA _{1c} (mmol/mol)	Weight (kg)	BMI (kg/m ²)	Waist (cm)	Systolic BP (mmHg)	Diastolic BP (mmHg)	TC (mmol/L)	LDL-C (mmol/L)	TG (mmol/L)
Baseline	60.8	89.4	31.9	103.4	134.1	77.5	4.5	2.5	1.9
6 months	54.6	87.1	31	101.8	133.1	76.3	4.2	2.3	1.7
12 months	54	86.3	30.9	101	132.9	75.2	4.2	2.3	1.7
24 months	53	86.7	30.7	101.1	132.5	75.5	4.1	2.1	1.7

(BP = blood pressure; LDL-C = LDL cholesterol; TC = total cholesterol; TG = triglycerides)

The IMPROVE™ Control Campaign

The Global Task Force on Glycaemic Control is a group of physicians and specialists in the field of diabetes from around the world that is working in collaboration with Novo Nordisk with the ultimate aim of identifying and developing practical solutions to the global problem of poor glycaemic control in people with diabetes. Since early 2008, the *Journal of Diabetes Nursing* has featured articles and submissions under the banner of IMPROVE™ Control – a global public awareness campaign focused on the need for improved control, as part of the Task Force's work. Throughout 2012, the journal will continue to bring you articles on the barriers to good glycaemic control, and submissions from you, our readers, outlining the strategies you have used to help people with diabetes improve their control.

For example, perhaps you have implemented a new educational session in your area that has helped break down barriers to control, or maybe you have set up a new referral pathway that has helped improve HbA_{1c} levels. The *Journal of Diabetes Nursing* would like to help you share your practical solutions for improving control, no matter how big or small, with other nurses working in diabetes. We encourage you to take part in this global initiative by calling 020 7627 1510, or emailing jd@sbcommunicationsgroup.com.

