Keeping up with NICE guidelines: What are you doing to promote patient education?

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Last year saw the publication of two long-awaited NICE guidelines, *Type 1 diabetes in adults: Diagnosis and management* (NICE, 2015a) and *Type 2 diabetes in adults: Management* (NICE, 2015b). These documents initially provoked a great deal of debate and some controversies (especially the draft type 2 guidelines). However, the final documents are comprehensive, covering not only glycaemic control but cardiovascular risk management and the management of complications. The guidelines aim to support healthcare professionals and adults with diabetes to achieve optimal blood glucose, blood pressure and lipid control. It is clear in both of these guidelines that patient education is an integral element of the treatment pathway and not an optional extra.

A report by the All Party Parliamentary Group for Diabetes (2015), however, found that despite evidence that structured education can reduce the risk of long-term complications, only 15.9% of people newly diagnosed with diabetes were offered access to structured education and only 3.4% attended. In addition, many people with established diabetes were not aware of the availability of structured education. This is alarming, as the majority of diabetes management falls to the individual with diabetes.

The last decade has seen the development of education programmes such DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed), DAFNE (Dose Adjustment For Normal Eating) and X-PERT. In addition, many areas across the UK have produced their own programmes. Unfortunately, however, people with diabetes are not always aware that these programmes exist. Hopefully the publication of the new NICE guidance for type 1 and type 2 diabetes will re-enforce the benefits of structured education and encourage referral. One of the major issues is how such programmes are described to people with diabetes. The word "education" can often have negative connotations and we need to promote patient-centred education in a positive manner.

NICE recommendations for both type 1 and type 2 diabetes include:

- Offering structured education to people at, or around, the time of diagnosis. For type 1 diabetes, a DAFNE-like programme should be offered 6–12 month after diagnosis.
- Group sessions are the preferred option, but an alternative of equal standard should be provided for those who are unable or unwilling to participate in group education.
- Structured education should include specific components. It should be evidence based, include specific aims, learning objectives and a written curriculum, be delivered by trained educators and quality assured.
- Education should include annual reinforcement and review. For people with type 1 diabetes, this should include an annual formal review of self-care practices and the agenda should be varied on a yearly basis depending on the priorities agreed by the person with diabetes and their healthcare professional.

Most of us would support these recommendations but delivering them may be a challenge. In North Liverpool, we have delivered our own "Diabetes and You" education programme (type 2 diabetes) for many years (Daley and Wallymahmed, 2014). People with type 1 diabetes are initially involved in an individual structured education pathway and offered carbohydrate counting education later on. Currently, we do not routinely offer all people attending our service an annual educational update, although every contact

between patient and healthcare professional is used as an educational opportunity.

There are approximately 950 people with type 1 diabetes attending the Aintree Hospital. If we were to offer an annual education review for each individual, this would involve at least 18 additional appointments per week for people with type 1 diabetes alone and this does not allow for cancellations and "did not attends". This has huge resource implications, not only for diabetes specialist nurses but also for dietitians, clerical staff and clinic space.

This section includes two education-focused articles. Huntriss and White tackle the difficult issue of weight loss, describing a 12-week pilot intervention study in people with type 2 diabetes and pre-diabetes. This resulted in significant weight loss, which was sustained at 9 months. In addition, there was an improvement in glycaemic control at 9 months. This is a pilot study and the authors acknowledge its limitations; however, the results are encouraging.

In the second article, Cardwell et al assessed diabetes knowledge in ward-based nursing staff (trained and untrained) and report a lack of basic diabetes knowledge. However, following a 3-month intervention, including structured teaching sessions and support visits from diabetes specialist nurses, knowledge scores improved. This is also very encouraging.

We are always keen to hear about any local initiatives across the UK, education-focused or otherwise, so please do get in touch if you would like to share something that you have been doing in your local area. You can email jdn@sbcommunicationsgroup.com. ■

All Party Parliamentary Group for Diabetes (2015) *Taking control: Supporting people to self-manage their diabetes*. Available at: http://bit.ly/1HHP8yN (accessed 01.02.16)

Daley M, Wallymahmed ME (2014) "Diabetes and You": A multidisciplinary approach to education for people with newly diagnosed type 2 diabetes. *Journal of Diabetes Nursing* **18**: 62–7

NICE (2015a) *Type 1 diabetes in adults: Diagnosis and management*. NG17. NICE, London. Available at: www.nice.org.uk/ng17 (accessed 01.02.16)

NICE (2015b) *Type 2 diabetes in adults: Management*. NG28. NICE, London. Available at: www.nice.org.uk/ng28 (accessed 01.02.16)

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