

# Using education and training to reduce variation in diabetes care



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**A** belated happy new year to you all and welcome to the first educational supplement of 2017. In November 2016, the All-Party Parliamentary Group (APPG) for Diabetes, along with Diabetes UK and JDRF, published a report titled *Levelling Up: Tackling Variation in Diabetes Care* (APPG for Diabetes, 2016). This report, involving discussion with healthcare professionals, policy professionals, international experts, technologists, innovative companies and, most importantly, patients, indicates that people with diabetes experience wide variation in the care and treatment that they receive. The report focuses on three main areas and includes many examples of good practice which have been implemented locally, such as the following:

- High-quality conversations with the right healthcare professionals. Examples of good practice include:
  - Use of the “Year of Care” model (available at: [www.yearofcare.co.uk](http://www.yearofcare.co.uk)) to facilitate care planning centred around the priorities and goals of the person with diabetes.
  - Online diabetes training for practice nurses and care home workers.
  - Flexible ways of communication (e.g. email conversations, telephone hotlines, Skype and text messages).
- Support for people living with diabetes. Examples of good practice include:
  - Online support for people with diabetes by people with diabetes.
  - Provision of education on weekdays, evenings and weekends.
- Access to key technologies. Examples of good practice include:
  - Setting up a network to increase the number of adults on insulin pumps.
  - Partnerships between Trusts and pump manufacturers.

The report makes several recommendations around each of these areas, including the following:

- Training and processes for healthcare professionals to support person-centred care and planning.
- Networking and sharing of expertise between specialists and generalists, and integrated IT systems to allow this.
- An expansion in structured education meeting NICE criteria.
- A national standard of diabetes education for children and young people under the age of 18 years.
- Clear funding pathways for technologies.
- Access to training to enable healthcare professionals to support people with diabetes using various technologies.
- More staff to support people using new technologies.

Many of us reading this report will be able to quote examples of how we are moving services forward in these areas; however, most of us are aware that we could do more if we had additional staff and more time to focus. NHS England recently gave Clinical Commissioning Groups (CCGs) the opportunity to bid for £40 million to improve diabetes care (NHS England, 2016). In partnership with local CCGs, at Aintree University Hospital Trust we have made a bid for funding to improve locally delivered education for people with type 1 diabetes, and we eagerly await the response.

This education supplement focuses on two important areas of diabetes care: care of people with diabetes in residential homes and attendance at structured diabetes education sessions. Muili Lawal and colleagues remind us of the barriers associated with poor attendance at structured education programmes and suggest some solutions. This is important to us all, as diabetes education

is associated with positive outcomes in terms of glycaemic control and wellbeing.

Nneka Agbasi describes a project enabling residential home carers to administer insulin to clients in their care. The article outlines risk assessment, training, competency assessment and the need for an annual update. This is interesting work. We are all aware of the increasing pressures on the district nursing service which make it difficult for people with diabetes to receive their insulin in a timely manner. In our catchment area, we have recently had several requests from residential care homes and providers of domiciliary care to provide education and training on capillary blood glucose monitoring to non-registered carers, and we are currently exploring ways of doing so. Patient safety is paramount and there are several issues to consider, including risk assessment, an agreement

of the responsibilities of both parties (the diabetes nursing team and the care home/domiciliary care managers) and indemnity. The *Journal of Diabetes Nursing* would like to hear from anyone who has implemented such a project. ■

All-Party Parliamentary Group for Diabetes (2016) *Levelling Up: Tackling Variation in Diabetes Care*. APPG, London. Available at: <http://bit.ly/2jq2jyZ> (accessed 31.01.17)

NHS England (2016) *Diabetes transformation fund*. NHS England, London. Available at: <http://bit.ly/2jq9BCJ> (accessed 31.01.17)

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