

# The future of diabetes: Information prescriptions



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Diabetes UK (2017a) *The future of diabetes*. Diabetes UK, London. Available at: <https://is.gd/MWNTbL> (accessed 25.01.18)  
Diabetes UK (2017b) *Information Prescriptions for healthcare professionals*. Diabetes UK, London. Available at: [www.diabetes.org.uk/IP-prof](http://www.diabetes.org.uk/IP-prof) (accessed 25.01.18)

Last summer, more than 9000 people with diabetes took part in one of the biggest consultations Diabetes UK has ever conducted (Diabetes UK, 2017a). They told us that life with diabetes is hard and that the day-to-day reality is not always easy to understand. We also heard that there are steps we must take, right now, to build a better future for people living with diabetes and we hope you'll join us in making this future a reality.

The people who took part in this consultation shared their experiences of living with diabetes now and their hopes for the future. They told us that securing a better future involved many factors, but these six things stood out:

1. Support with the psychological side of diabetes.
2. Better access to healthcare professionals who understand diabetes.
3. Easier access to technology and treatments.
4. Better education and information.
5. More support at work or school.
6. Hope for the future, through diabetes research and prevention of type 2 diabetes.

## Information prescriptions

None of this will come as a surprise to those of you working on the frontline. The big question is how to create effective change in today's time-pressured and cash-strapped NHS? At Diabetes UK, we believe that a key part of the answer lies in information prescriptions (IPs; Diabetes UK, 2017b). These clinically-accurate resources are designed to help healthcare professionals and people with diabetes make decisions together about the treatment and self-management of diabetes. The person with diabetes gets a personalised single side of A4 to take away with them, which includes easy-to-read explanations about their care, and individual goals.

IPs are available on key topics in diabetes care, including: HbA<sub>1c</sub>; blood pressure; cholesterol; kidney disease; contraception and pregnancy; and mood. They are available either as free downloads or can be

integrated into existing clinical systems.

Evaluation is showing that they are having a positive impact on clinical understanding, enabling more people with diabetes to have access to healthcare professionals who understand their condition. One Practice Nurse in Glasgow explained:

*I just used to tell patients their HbA<sub>1c</sub> was their "three month reading". It was only when I started using the [Information Prescription] that I understood what it really was."*

Clinicians using IPs receive electronic alerts prompting them to intervene with people at high risk of developing a complication. Clinicians say these alerts are changing their behaviour, helping them to intervene more proactively and highlighting patients who may have slipped through the net.

IPs are a crucial source of high-quality information from the point of diagnosis, and throughout someone's life with diabetes. They include weblinks signposting people to further support and information, which provides an opportunity to build on and tailor that information to an individual's needs. To date, 40 000 people with diabetes have followed that link to find out more.

IPs can also play a crucial role in supporting emotional health. Clinicians told us that they often do not discuss this because they are scared to open a "can of worms" and that they do not have the time, skills or referral pathways to deal with these problems. Diabetes UK have developed the *Diabetes and Mood* IP to create a resource that helps people with diabetes set goals and talk about how they feel. It also enables healthcare professionals to have this conversation in a more structured way.

Of course, IPs alone will not be enough to create a future where diabetes does no harm; but increased use of IPs can go a long way towards making diabetes a more manageable condition. ■