The diabetes mentorship programme in type 2 diabetes

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The diabetes mentorship programme has been in place since June 2008. The service is delivered by two specially trained diabetes support workers (DSWs) who speak Urdu and Bengali, and who are supported by DSNs. The aim is to provide structured diabetes education time and one-to-one support to people with type 2 diabetes who do not speak English.

Rationale

In 2005, the diabetes education programme for people with type 2 diabetes in Luton was changed to DESMOND (Diabetes Education and Self-management for Ongoing and Newly Diagnosed). At the same time, to meet the needs of people who could not access DESMOND due to a language barrier, a local education course called *Living with Diabetes in Urdu and Bengali* was developed. This was delivered in Urdu and Bengali with the assistance of a link worker who worked for half a day, once a week.

It was identified that the education course *Living with Diabetes in Urdu and Bengali* was not enough to change the behaviour of many south Asian people who often had very poorly controlled diabetes. The author felt that if these people had regular support from someone who was specially trained in diabetes, understood their culture and could speak their language, diabetes control in this population could well be improved.

A business case was written, and accepted, and in May 2008 two band 4 DSWs who speak Urdu and Bengali were employed to work in the recently expanded nurse-led Community Diabetes Services.

How is the programme delivered?

People must first be referred to *Living with Diabetes in Urdu or Bengali* from their GP or practice nurse. If, after attending the course, they meet the mentorship inclusion criteria (type 2 diabetes duration >1 year; HbA_{1c} level >8.5% [>69 mmol/mol]) they are offered a place on the programme. This consists of regular one-to-one support from a DSW, encouraging and reinforcing the message of maintaining a healthy diet, regular exercise and medicines adherence. Contact is through a combination of home visits, meetings at the Luton Treatment Centre and telephone support. The whole family are encouraged to be involved, as very often they also have diabetes or are at risk of developing it.

Each DSW has a maximum of 20 people on their caseload. Both work 30 hours per week, and they have now completed an accredited diabetes course and DESMOND BME training.

At the beginning of mentorship a full diabetes assessment is carried out, including a quality of life (QOL) assessment. HbA_{1c} measurements are repeated at 3 months, and if at this time individuals' HbA_{1c} levels are ≤7% (≤53 mmol/mol) they are discharged back to GP; if not, they are kept in the programme for a further 3 months, assessed again and discharged, with a full report sent to the person's GP.

Results to-date

An average HbA_{1c} reduction of 2.6 percentage points (28 mmol/mol; range, 0.9–5.4 percentage points [10–34 mmol/mol]) has been observed, and QOL measures have improved, possibly as a result of improved diabetes control and the associated increase in energy and motivation to self-care.

An independent telephone patient satisfaction questionnaire was recently carried out, which received excellent feedback.

Conclusion

Although one-to-one intensive support is expensive, this cost may well be offset by improved medications adherence and the appropriate use of self-monitoring of blood glucose due to improved understanding of how to interpret and act on results. Participants learn the importance of taking an active part in self-management and the prevention of vascular complications, and as a result, QOL is improved. As a long-term intervention this has the potential to reduce the burden of this debilitating and costly condition both to the individual with type 2 diabetes and healthcare providers. ■

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 2010, 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 jdn@sbcommunicationsgroup.com.