

# Setting up the structured Pump Advanced Carbohydrate Education programme

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The Pump Advanced Carbohydrate Education (PACE) programme was established in January 2010 by the St Helens and Knowsley Teaching Hospitals NHS Trust diabetes team. This course is delivered by diabetes specialists with the aim of updating continuous subcutaneous insulin infusion (CSII) users on carbohydrate counting, insulin dose adjustment and optimising advanced features of CSII therapy.

## Background

Enabling people with diabetes to contribute to the design and delivery of local health services is a key priority in the NHS. This team set up a peer support group for individuals with type 1 diabetes, to update them on carbohydrate counting using multiple daily insulin injection or CSII therapy and to collaborate with them to improve their CSII service. Informal peer support groups are held every 3 months and we undertook some qualitative work with members of the support group to ascertain their views on how the CSII service could be improved.

The main finding from this survey was that the members wanted ongoing group education. Most of the CSII users on the PACE course had completed the Insulin

and Carbohydrate Education (ICE) course prior to starting CSII therapy. The ICE course was previously established by the team for intensive management of type 1 diabetes, and has been associated with improvements in HbA<sub>1c</sub>, hypoglycaemia and quality of life (QoL; Srinivas-Shankar et al, 2008). The CSII users suggested that the team run a similar course to the ICE programme with a focus on CSII therapy to improve their self-management skills.

## How is the programme delivered?

The PACE course is run over 3 weeks, consecutively; each session lasts 4 hours with five to ten participants in each group. The sessions are facilitated by the diabetes nurse consultant (the lead nurse for ICE), the lead DSN for CSII therapy and the advanced diabetes dietician, who are all trained educators. The curriculum is underpinned by a social constructivist model of learning and meets national standards for structured patient education (NICE, 2003; Department of Health and Diabetes UK, 2005). In addition, quality assurance processes have been implemented. The course covers a range of topics including carbohydrate counting, sick-day rules, exercise and advanced pump features.

## Summary

The team has successfully incorporated PACE into routine care and has run four courses to date. Demand for this course is high, non-attendance rates are low and feedback is extremely positive. Individuals who have completed the course have shown and reported improvements in QoL, wellbeing and self-confidence. Feedback comments from participants include “helped and inspired me to achieve my goals” and “excellent help, I have made improvements already”. It is hoped that, as with the ICE course, PACE may also lead to improvements in glycaemic control.

PACE is an excellent example of an effective patient-provider collaboration helping to shape local services. Furthermore, this initiative demonstrates the importance of people with diabetes having ongoing access to structured education and peer support. ■

Department of Health, Diabetes UK (2005) *Structured Patient Education in Diabetes: Report from the Patient Education Working Group*. DH, London. Available at: <http://tiny.cc/p22ux> (accessed 09.02.11)

NICE (2003) *Diabetes (Types 1 and 2) – Patient Education Models*. NICE, London. Available at: <http://guidance.nice.org.uk/TA60> (accessed 08.02.11)

Srinivas-Shankar U, O'Brien SV, Wesselingh C et al (2008) *Diabet Med* 25 (Suppl 1): 38

## 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 2011, 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<sub>1c</sub> 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](mailto:jdn@sbcommunicationsgroup.com).

