

Taking communication in diabetes into the 21st century

Mhairi Meldrum and Heather Reed

Introduction

As diabetes nurses, we need to provide consistent, current and accessible information to both people with diabetes and other healthcare professionals. Because the internet is now such an integral part of everyday life, two DSNs thought it would be a good idea to develop a diabetes website designed solely to provide this information. This article outlines the development of the website, and describes how the site has progressed since its launch in May 2001 and how it has changed in response to feedback.

Two DSNs based at York District Hospital conceived and developed the idea of producing a diabetes website to provide information to both people with diabetes and healthcare professionals. As far as they were aware, there was no other website of this nature in the UK at that time, so this was a ground-breaking project.

The nurses were keen to use an alternative medium to printed leaflets for the dissemination of information, and the internet was an obvious option. For those people who do not have access to the internet, there is no shortage of printed written information (i.e. leaflets) on all aspects of diabetes care. However, a growing number of people are now using the net to access information.

It is to be hoped that patients are now challenging decisions made by healthcare professionals, and questioning traditional practices. Some patients, however, might be reluctant to confront professionals with questions face-to-face; the internet gives these patients the opportunity to become more informed and hence more confident in their approach.

Development of the website

The website was developed over 12 months, during which time discussion took place about what should be included in the site and who should be involved in its development and maintenance. Presentations about the proposed website were made to

healthcare professionals in the Yorkshire region. This helped to gauge support and gain ideas about how the website would evolve. Planning of the site was also discussed with some local patients and carers.

The basic philosophy behind the site is to dismantle the boundaries of primary and secondary care, and to help people with diabetes take control of their condition. The site can be accessed by anyone, and favours regional coordination of information and sharing of best practice by involving practitioners from all parts of the region in the editorial board and encouraging local healthcare practitioners to advertise innovative practice.

Funding

Local representatives of drug companies involved in diabetes care were approached to secure funding for the site. GlaxoSmithKline (GSK) funded the initial costs of £2500. This covered the regional launch meetings and the work done by the site design company. GSK also provided advice on how to launch and advertise the site, and continue to fund meetings of the site's editorial board. It costs approximately £350 to update the site, which equates to £1400 per year because the site is updated every 3 months. Site updates have so far been paid for by donations from the York Diabetes Centre's funds and some pharmaceutical companies. The editors are currently approaching other companies involved in diabetes care for donations.

ARTICLE POINTS

1 People are generally becoming adept at accessing information on the internet.

2 A website allows both people with diabetes and healthcare professionals to access up-to-date information.

3 Some people with diabetes are reluctant to question professionals face-to-face.

4 The website includes a little fun for children with diabetes.

5 Printed written information can become out of date, whereas a website can be regularly updated.

KEY WORDS

- Diabetes website
- Diabetes information
- Access to services
- Patient education
- Treatments and devices

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PAGE POINTS

1 The editorial board meets every 3 months to consider suggestions for updating and developing the website.

2 A map of Yorkshire is linked to details about local diabetes services.

3 The site provides information about devices for diabetes management, and available insulins and oral hypoglycaemic agents.

4 A recently added page helps surgery and pharmacy staff order from the vast range of diabetes products.

5 Diabetes UK pages have details of local support groups, and contact names and telephone numbers.

Editorial board

The nurses and GSK agreed that an editorial board should be brought together to manage the content and maintenance of the site. They initially approached DSNs who had attended the preliminary presentations, and then expanded this group to include one person with diabetes, one representative from Diabetes UK and one from Rossman Haigh, the site-designing company. The board meets every 3 months to consider any suggestions for updating current pages and developing new ideas. A GSK representative continues to meet with the editorial board.

Content of the website

The following sections describe each page of the website. In order to whet appetites and encourage people to explore the website these have been kept deliberately brief.

Local profiles

A map of Yorkshire highlights the main centres of diabetes care in the region. About half the towns and cities named have links that open up to reveal details about local diabetes services, from staff names and clinic times to Diabetes UK groups. The profiles are gradually developing as members of the editorial board add information about their own area. The design company charges £100 for each area's initial entry on the website.

Equipment

Detailed information about the current range of meters, insulin pens and other devices is updated every 3 months to provide a reference guide for the public and professionals alike.

Treatment

A grid shows the range of insulins and oral hypoglycaemic agents available, including details such as cartridge sizes and maximum tablet doses.

GP prescribing codes

This page has recently been added to assist surgery and pharmacy staff in ordering from the rapidly increasing range of diabetes products. It is gradually developing to include insulins, pen needles, lancets and test strips.

Children and teenagers

This page was developed by paediatric DSNs and has already been adapted and changed in response to feedback from children using the site. The quiz has proved popular with children and teenagers, particularly as a small prize, e.g. a teddy bear, is offered.

'Top tips'

This page offers general information about diabetes management, such as advice about coping with going back to school.

'Myths and legends'

This section contains statements that could be true or false, e.g. 'If you have diabetes you must always eat your meals at exactly the same time every day'. The correct advice is then given.

Journals

This section has changed significantly since the launch of the website. For the first few months, abstracts and summaries of a range of articles from medical and nursing journals were included. These were chosen by one editorial team member, but proved very time-consuming, as that person had to read through many articles; it was also too selective, reflecting only one person's choice. Now, the contents pages of the main diabetes journals are displayed, allowing people to choose the articles they wish to read.

Patient support

This section of the site comprises Diabetes UK pages, with details of local support groups, contact names and telephone numbers. All Diabetes UK events, both local and national are also highlighted.

Leaflets

Diabetes teams in various parts of the region have produced information leaflets on topics such as insulin stabilisation, erectile dysfunction, hypoglycaemic episodes and retinal eye disease. These can provide ideas for people creating their own leaflets, or can be printed off for use by patients and carers.

Events

Local, national and international conferences and events related to diabetes are listed, along with application addresses.

Guidelines

Guidelines such as the *Desktop Guides to Type 1 and Type 2 Diabetes*, the *ISPAD 2000 Consensus Guidelines*, and *Classification of Diabetes and its Complications* are available to read and can be printed off if required.

Useful links

Links to other websites related to diabetes care are located on this page, including those of the Royal College of Nursing, the UK Association of Diabetes Specialist Nurses, the Diabetes Nurses Forum, various pharmaceutical companies and Diabetes UK.

Future developments

These are early days in the development of www.yorkshirediabetes.com and the editorial board are debating how to carry things forward. We have discussed various options: should we remain independent; should we

link to other regional sites that might develop; should we be bringing other members of the diabetes team on board; and how do we continue funding the site?

Although the costs of implementing and maintaining the website are significant, responses and feedback lead us to recommend that making information accessible by this means is a useful way of providing health education.

The website went live in May 2001 and was widely advertised at the Diabetes UK 2002 Conference in Birmingham. In the 12 months from September 2001 to September 2002 we have had 112287 hits, an average of 9357 per month. This would appear to be proof that people are keen to access the internet for information. ■

With thanks to Moira Digby and Paul Dromgoole at York District Hospital.

PAGE POINTS

1 Development of the website is still in its infancy, and the editorial board are now looking at how it should progress in the future.

2 In the 12 months from September 2001 to September 2002, the website has received 112287 hits, showing that people are keen to access the internet for information.

Letter

DRIVING ON INSULIN – WHAT IS DIABETES UK’S POLICY?

We would like to support the points made in Marie Snell’s letter ‘Driving on insulin’, published recently in the *Journal of Diabetes Nursing* (Snell, 2002).

As far as we are aware, a major policy of Diabetes UK has been to resist blanket bans on the activities or work opportunities of people with diabetes. In fact, it has been very successful with some driving issues, when legislation threatened to remove the right of those on insulin to drive certain size vehicles. It seems bizarre, therefore, that Diabetes UK is now apparently publicly endorsing a ban on driving for those newly taking insulin. Recent articles in *Diabetic Medicine*, the journal of Diabetes UK, have made no mention of the safety or otherwise of driving at this time (Gill et al, 2002; Mansell, 2002). We assume, therefore, that no evidence exists to suggest that driving is contraindicated at the start of insulin therapy.

Our working lives are currently engaged, in part, in trying to ‘demystify’ insulin treatment and initiation, and to break down ‘psychological insulin resistance’

among health professionals. We believe that the more straightforward the process of starting insulin, the better are the opportunities for promoting self-management, which is, or should be, the principal aim of education.

Certain specific situations apart, learning to live with insulin therapy is, in our view, only possible if it is integrated into everyday activities from the start. For most people, as Marie clearly points out, driving is an everyday, indispensable activity.

We urge the Journal to seek and publish a response from Diabetes UK.

Gill G, Durston J, Johnson R, MacLeod K, Watkins P (2002) Insulin-treated diabetes and driving in the UK. *Diabetic Medicine* **19**(6): 435–9
 Mansell P (2002) Diabetes and driving. *Diabetic Medicine* **19**(8): 617–18
 Snell M (2002) Driving on insulin. *Journal of Diabetes Nursing* **6**(5): 136

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