•This meeting is organised and paid for by Janssen

•Slide content has been reviewed by Janssen to ensure compliance with the ABPI Code of Practice for the Pharmaceutical Industry.

•Speakers may express personal opinions that are not necessarily shared by Janssen.

•Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard Adverse events should also be reported to Janssen-Cilag Ltd on 01494 567447.

•Prescribing Information is available at this meeting.

Janssen-Cilag Ltd, 50-100 Holmers Farm Way, Buckinghamshire, HP12 4EG, UK

▼***Invokana® (canagliflozin)*** *This medicinal product is subject to additional monitoring and it is therefore important to report any suspect adverse reactions related to this medicinal product.*

Patient education programmes in diabetes (value and education)

Dorothy McMenemie
DSN
Inverclyde Royal Hospital

Item ref: PHGB/VOK/0415/0053
Date of preparation: April 2015

The message

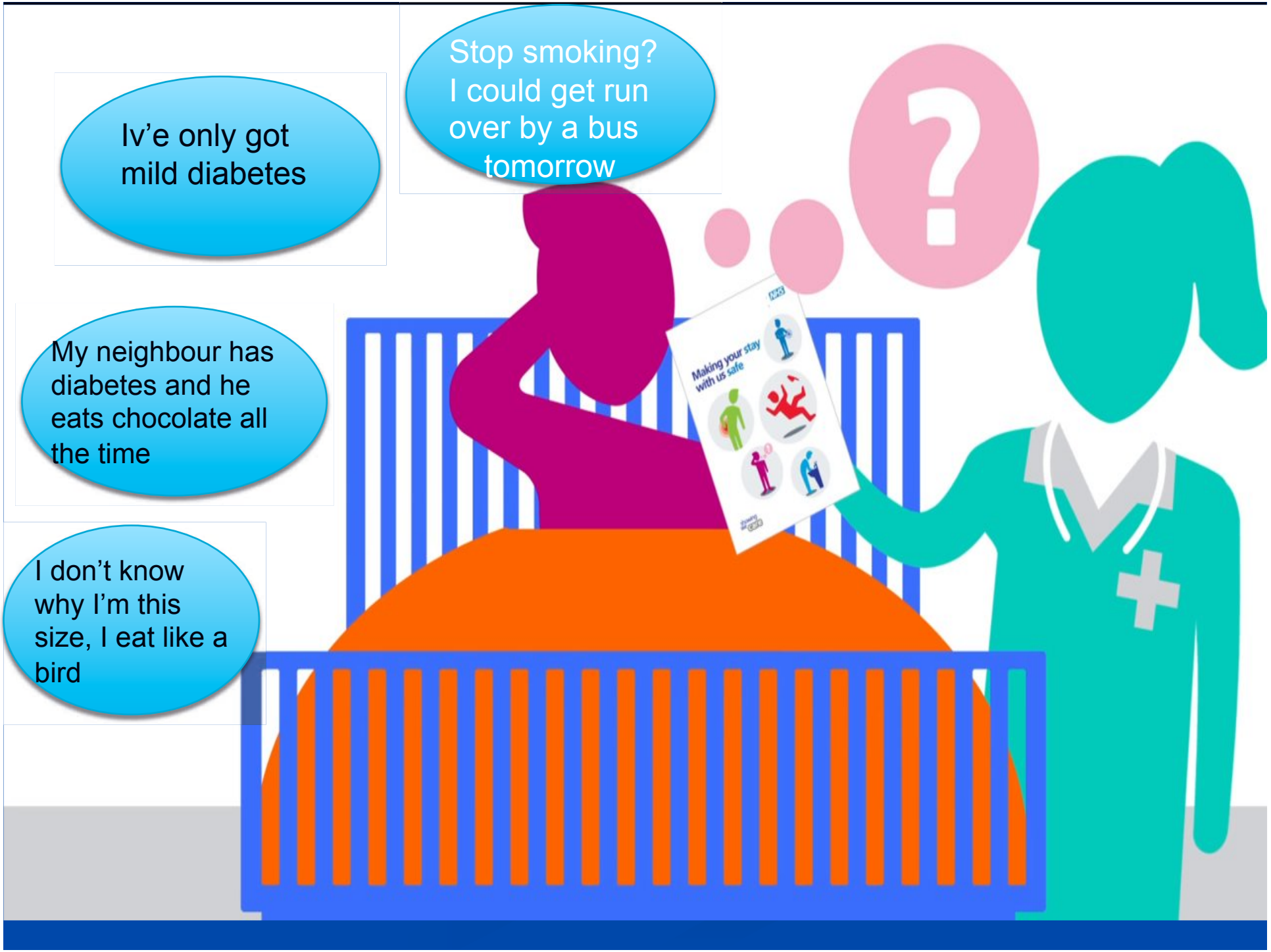
Johnny Metformin

The Ranch

1238b Currant Bun Island,

Yorks

ZY8 2 RM


Stop smoking? I could get run over by a bus tomorrow
Iv’e only got mild diabetes
My neighbour has diabetes and he eats chocolate all the time
I don’t know why I’m this size, I eat like a bird
Making your stay with us safe

Short Activity

What topics should be discussed with patients?

In 5 minutes please complete a list of subjects that you would discuss with your patients - either in groups or by yourselves. An alphabetical list of potential topics will be available.

Methods of education used currently

- One to one
- Peer and buddy
- Computerised programmes
- Group sessions….

"Education, education, education" Tony Blair following his election in 1997.

These programmes seek to support individuals with long term conditions to develop the knowledge, skills and confidence to care for themselves and their conditions effectively.

The National Service Framework for diabetes (DoH, 2003) advocated that education be built into patients' reviews and rated its impact very highly.

Structured Patient Education Programmes aim to support individuals to self-manage their condition and are recognised as core to the management of long-term conditions (Better Health, Better Care 2007).

The Department of Health and the Diabetes UK Patient Education Working Group identified five key criteria that a patient education programme should meet:

- Any programme should be evidence-based and suit the need of the individual. The programme should have specific aims and learning objectives. It should support the learner plus their family and carers in developing attitudes, beliefs, knowledge and skills to self-manage
- The programme should have a structured curriculum that is theory-driven, evidence-based and resource-effective, has supporting materials and is written down
- The programme should be delivered by training educators who have an understanding of education theory appropriate to the age and needs of the learners, and who are trained and competent to deliver the principles and content of the programme
- The programme should be quality assured and be reviewed by trained competent, independent assessors who measure it against criteria that ensure consistency
- The outcomes from the programme should be regularly audited

Policy/Strategic Drivers

- NICE Clinical Guideline 87 The management of Type 2 Diabetes recommendation 1.1.1 (key priority for implementation)
  - Offer structured education to every person and/or their carer at and around the time of diagnosis, with annual reinforcement and review. Inform people and their carers that structured education is an integral part of diabetes care.
- NICE Clinical Guideline 15 – recommendations 1.8.1.1 and 1.8.1.6
  - A programme of structured diabetes education covering all major aspects of diabetes
  - More formal review of self-care and needs should be made annually in all adults with Type 1 Diabetes, and the agenda addressed each year should vary according to the priorities agreed between the healthcare professional and the person with type 1 diabetes.

Policy / Strategic Drivers

- NICE Technology Appraisal 60 – Guidance on the use of patient education models for diabetes
  - Educational interventions should reflect established principles of adult learning
  - Education should be provided by an appropriately trained multidisciplinary team to groups of people with diabetes, unless group work is considered unsuitable for an individual
  - Educational programmes should use a variety of techniques to promote active learning

Policy/Strategic Drivers

- SIGN 116 – Management of Diabetes – Section 3 Lifestyle Management
  - Patients with Type 1 Diabetes experiencing problems with hypoglycaemia or who fail to achieve glycaemia targets should have access to structured education programmes based upon adult learning theories.
  - Adults with Type 2 Diabetes should have access to structured education programmes based upon adult learning theories.
  - Children and adolescents should have access to programmes of structured education which have a basis in enhancing problem solving skills.
- Better Health, Better Care Action Plan (2007)
  - Ensured that a self management framework was available to every CHP
  - Launched a Managed Knowledge Network in April 2008 to provide patients and carers with resources to support self management

Who is doing what

How many participants here today are involved in structured education in groups for people with diabetes?

Who do you feel is responsible for the provision of diabetes education?

What structured education programmes do you know about

Programmes in common use

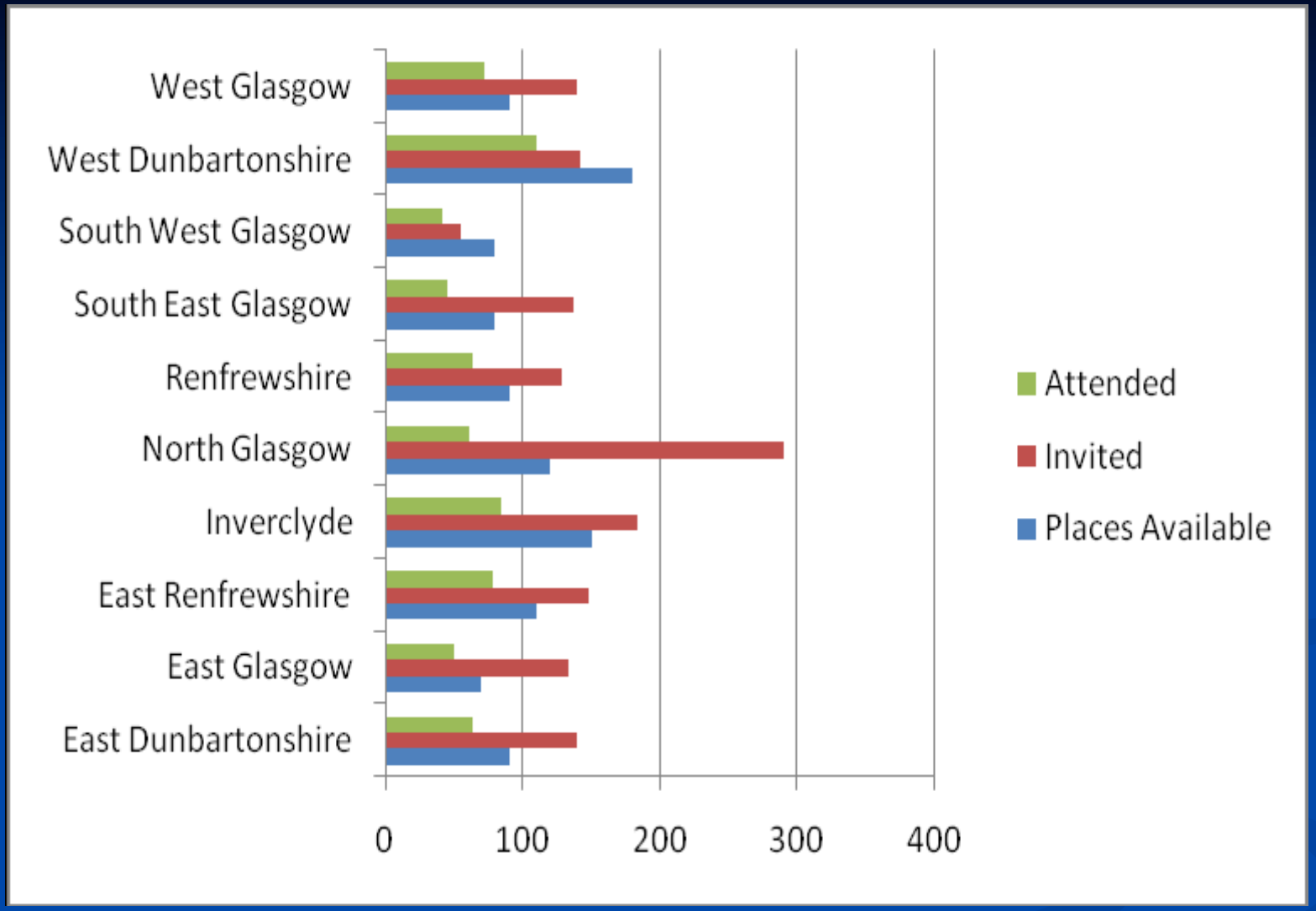
- DESMOND
- DAFNE
- DICE
- EXPERT
- Conversation Maps
- Local ones (Scotland) eg HEIDI, Buddy

DESMOND

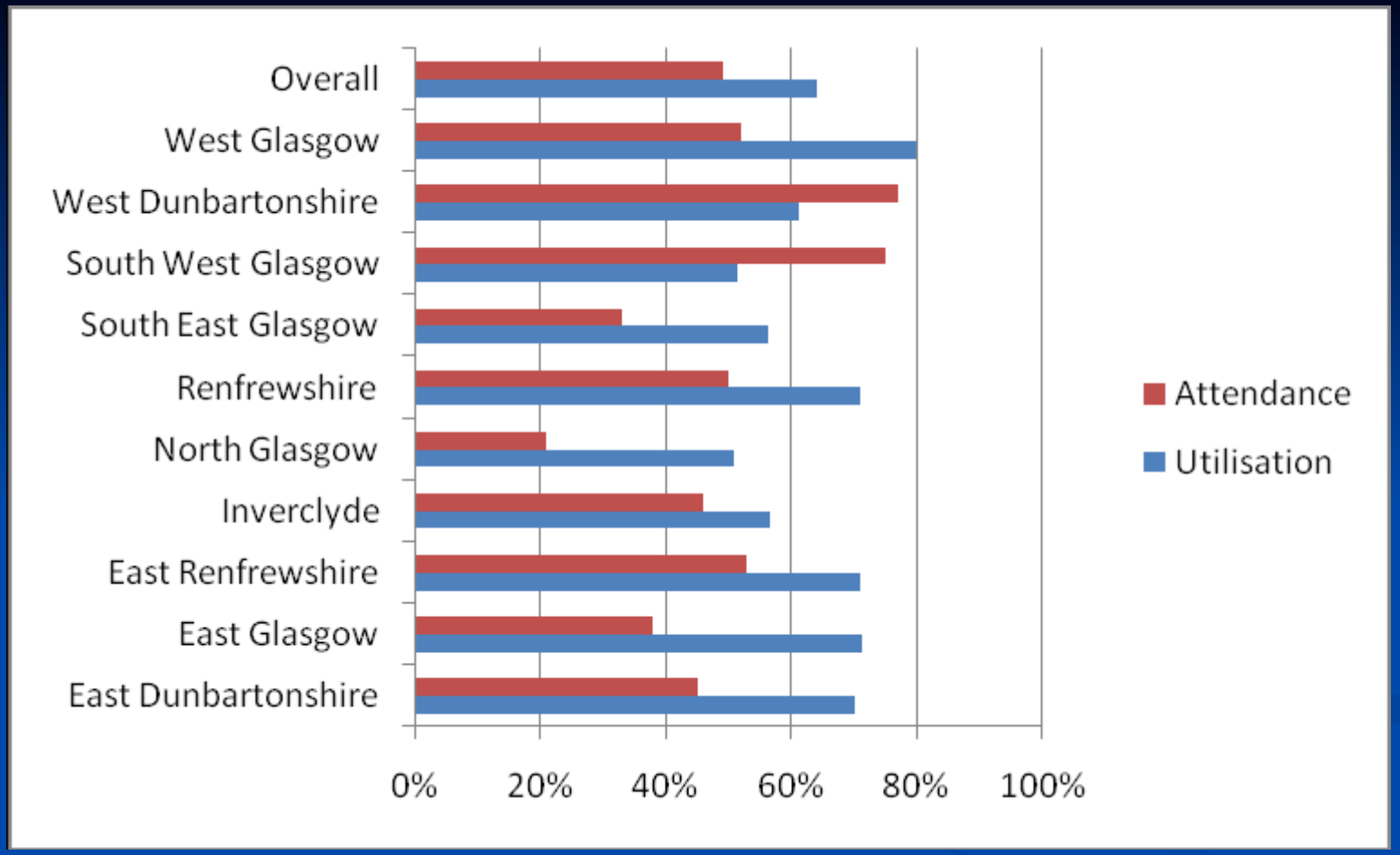
- (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) is a structured education programme for people with Type 2 diabetes.
- 4 DESMOND modules available –
  - DESMOND Newly Diagnosed,
  - DESMOND Foundation (for those who have established diabetes),
  - DESMOND BME (delivered in Gujarati, Punjabi, Urdu and Bengali)
  - DESMOND Walking Away from Diabetes (for those at high risk of developing Type 2 diabetes).
- Capacity issues in GGC allow only one of these modules to be delivered - the Newly Diagnosed module.
- The DESMOND programme aims to increase knowledge and understanding of diabetes and what this means for the individual. The programme is delivered in 1 full day session
- Total places available in GGC: 1060, total places utilised: 669 (64% of available places)

DESMOND

- The DESMOND course is a six-hour programme, usually lasting one or two days. Up to 10 people with type 2 diabetes meet with two trained DESMOND healthcare professionals.
- DESMOND focuses on helping change lifestyle, so that diabetes can be more effectively managed. This means having a good understanding of how diet and exercise affect the body.
- The amount of glucose in different foods portion sizes and food labels are discussed to allow informed choices in healthy eating
- The course discusses the serious health problems that can result from poorly managed diabetes, and patients are taught the skills they need to avoid this.



The attendance and utilisation data for the DESMOND programme in each of the CH(C)P areas. The 'Invited' column related to the number of invitations sent out in the year 2011/12 and not individual patients (patients can be invited onto the programme more than once).



The percentage of available places that were filled in the year 2011/12 (utilisation) and the percentage of attendances from the invitations sent out (attendance).

DAFNE

- DAFNE (Dose Adjustment for Normal Eating) is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and inject the right dose of insulin.
- The programme is delivered over 5 days, and patients are required to attend all 5 of the sessions, which run during the day. Total places available: 104, total places utilised 102 (98% of available places).

DICE

- DICE (Diabetes, Insulin and Carbohydrate Education) is aimed at teaching Type 1 diabetes patients skills to manage their condition, CHO counting, dose adjustment etc.
- Run over 2 days (Fri and following Mon). In 2012, 60 patients booked and 43 attended.

EXPERT (X-PERT Health)

- A charity with a network of over 600 diabetes educators in the UK and Ireland. It informs people about diabetes, builds their skills and confidence in managing the condition, and helps them to make informed decisions about their lifestyle.
- Its range of free programmes include:
- • X-PERT First Steps – a taster course for people with newly diagnosed or existing diabetes.
- The other three programmes take place over six weeks (one session per week) with groups of 12-18 participants. There is an annual follow-up for each course.
- • X-PERT Prevention of Diabetes – for people at risk of developing diabetes
- • X-PERT Diabetes – for people with newly diagnosed or existing diabetes
- • X-PERT Insulin – for people with newly diagnosed or existing diabetes and who require insulin to regulate their blood glucose levels

Conversation Maps

- Conversation Maps are a series of four interactive maps developed by 'Healthy Interactions' and cover:
- Managing Diabetes;
- Diabetes & Healthy Lifestyle;
- Starting Insulin; and Experiencing Life with Diabetes.
- The conversation maps aim to help patients understand diabetes, what is happening inside their body, the importance of a healthy diet and lifestyle and how to successfully manage their condition.

Primary goals of a diabetes education program

- Help them to accept their condition.
- Integrate the key aspects of diabetes self management into their daily lifestyle.
- Enhance their knowledge of diabetes to have better insight into the importance of metabolic control.
- Equip them to have the skills and motivation to deal with diabetes related problems when they arise.

Developing the learning environment

- Comfortable seating, good lighting, uncluttered space and no distractions.
- Well planned sessions that avoid conflict with transport issues, meals, insulin administration times or other clinical appointments.
- Quickly establish learning culture, avoidance of too much emphasis on one area such as glucose control.

Importance of behavioural change

- Unless people with diabetes change their behaviour to modify their lifestyle, attain control of their metabolic state, and learn the practical skills of diabetes self-care, the process of diabetes education will have failed.
- Level of basic knowledge at baseline.
- Attitudinal behaviour and level of intention to change.
- Social context and current lifestyle choices.
- Demographic profile
- Perception by the patient of the existence of barriers that reduce effectiveness of the program.
- Perception by the patient on whether the program is actually working.

Value in attending structured education – what are the benefits?

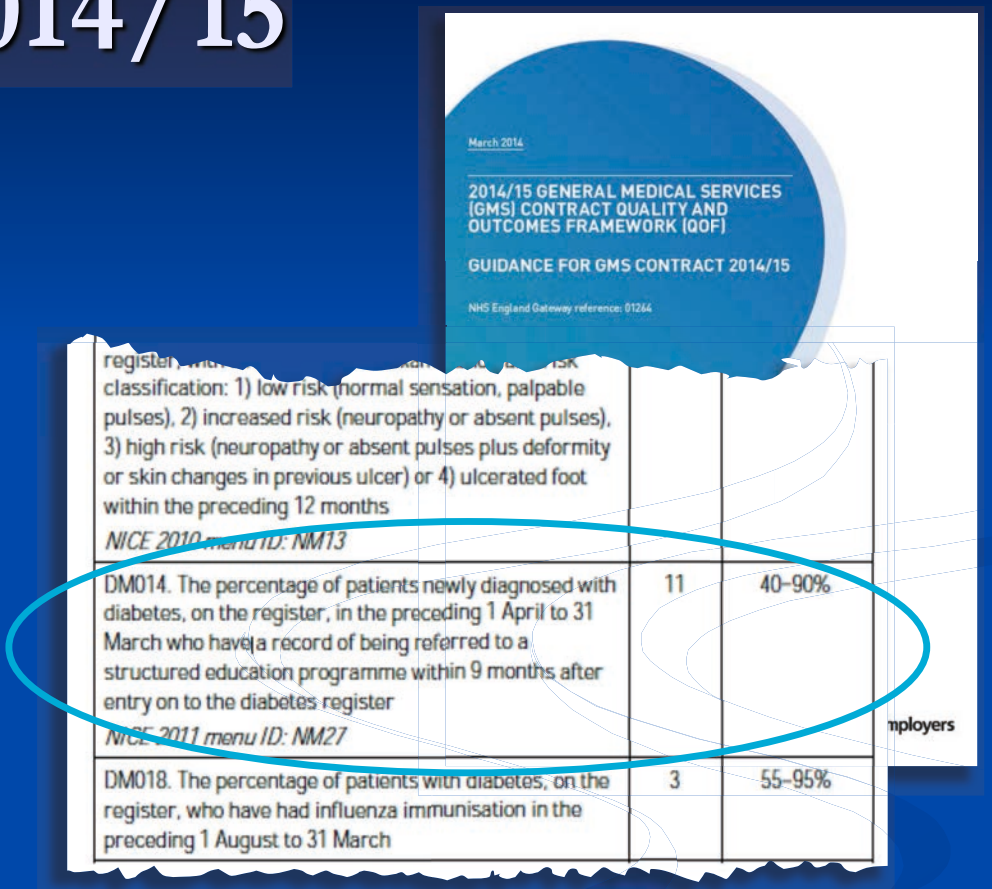
- Behaviour change or modification improve diabetes management
- Opportunity to meet and share with others
- Suits all learning styles
- Provides prolonged improvement in symptoms
- Improved management = reduced risk of complications
- Can be in a variety of educational and clinical settings
- Empowerment-based diabetes group education emphasizes strategies that are patient centered, problem based, culturally relevant, integrative, and evidence based.

QOF

- The QOF menu proposed a bundled indicator of eight checks for people with diabetes.
  - BMI measurement
  - BP measurement
  - HbA1c measurement
  - Cholesterol measurement
  - Record of smoking status
  - Foot examination
  - Albumin: creatinine ratio
  - Serum creatinine measurement

Structured education and QOF in 2014/15

- Structured education referral introduced into QOF in 2013/14 and retained for 2014/15
- Carries 11 points
- 40–90% threshold for payment
- Programmes should meet criteria from Diabetes UK and the Department for Health
  - Evidence-based, suited to needs of individual
  - Structured curriculum
  - Delivered by trained educators
  - Quality assured and reviewed by trained independent assessors
  - Outcomes regularly audited


March 2014

2014/15 GENERAL MEDICAL SERVICES (GMS) CONTRACT QUALITY AND OUTCOMES FRAMEWORK (QOF)

GUIDANCE FOR GMS CONTRACT 2014/15

NHS England Gateway reference: 01244

register) ... classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months *NICE 2010 menu ID: NM13*		
DM014. The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register *NICE 2011 menu ID: NM27*	11	40–90%
DM018. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	3	55–95%

mployers

QOF = Quality and Outcomes Framework

British Medical Association et al (2014) *Guidance for GMS contract 2014/15*. Available at: http://bit.ly/1fH7lcb (accessed 19.03.2014)

Limited offering and uptake of structured education in the UK population with diabetes

	Offered structured education (%)	Attended structured education (%)
Newly diagnosed with type 2 diabetes	12	3.1
All people with type 2 diabetes	4.5	1.4

Data on for England and Wales, as recorded in the National Diabetes Audit 2011/12.

Health and Social Care Information Centre (2013) *National Diabetes Audit 2011–2012. Report 1: Care Processes and Treatment Targets.* Available at: http://bit.ly/1bk2Glh (accessed 10.02.2014)

Reasons for low uptake?

- This could be due to factors such as the timings of the sessions, issues with transport to and from venues, or patients not wanting to attend.
- not feel comfortable being put on the spot during a whole group discussion.
- Not being released from work to attend
- Poor recruitment strategy
- Difference between type 1 and 2 diabetes

Potential recommendations for improvements to group sessions

- Collect and collate stats for each programme and measuring referrals/ attendance/utilisation.
- Keep a consistent approach to communicating the purpose of the education programme) and ask what patients expect from the programme.
- More emphasis should be placed on participant evaluations. The Stats /Quality Department could be utilised more for the collation of patient evaluations and completing reports for education programmes delivered in an acute setting.
- It might be useful to survey those who were invited/referred to programmes but did not attend to look at why they did not attend and if anything could be done to encourage attendance
- Pilot sessions at different times in the afternoon/evening to ascertain if this would increase successful completion of education programmes.
- Explore telehealth/health technologies within the education programmes, it may assist attendance and further assist patients with their self care.
- Generic education could be delivered for some aspects of the education programmes (in addition to condition specific education). To update patients on other comorbidity's e.g. heart disease. This is supported by the NHS GG&C Strategic Framework for the Management of Long Term Conditions (Section 2.12 Mortality and Morbidity):

The message

Johnny Metformin

The Ranch

1238b Currant Bun Island,

Yorks

ZY8 2 RM

Thank You

Item ref: PHGB/VOK/0415/0053
Date of preparation: April 2015