Structured Education – What are we learning? - Kate Walker BOS Trustee

As the epidemic of type 2 diabetes continues to rise and the costs associated with it increase, we have to look at current management and prevention models and ask ourselves, are they working? If they are not, why aren't they and what needs to be done?

Currently, in the UK, it is believed that 3.8 million people have diabetes. This is expected to increase to 5 million by 2025[i]. Nearly 1 million people have diabetes but are unaware of it and 7 million people are at high risk of developing it[ii]. This incurs a huge cost to the NHS, with that cost set to rise. Approximately 10% of the NHS budget is spent on diabetes, a total of £10 billion a year, of which 80% (£8 billion) is said to be avoidable if appropriate interventions were in place[iii].

Knowing these frightening statistics it is clear that managing the condition is vital, not only to help save the NHS in financial terms but more importantly to give patients a chance of a healthier and longer life. There are many areas that need to be addressed from prevention of the disease through medication to amputations. There is not the scope to cover all of these in this article so we will focus the attention on managing type 2 diabetes through structured education programmes.

Structured education is now recognised within QOF, showing it has a place in medical treatment and that it is seen to provide a solution for the challenges we are facing. Structured education is a key component in enabling people to satisfactorily, self-manage their diabetes. NICE guidance was also devised in order to standardise the way education courses are developed and run (State of the Nation 2012 Diabetes UK[ii]). However, data from the 2011–12 National Diabetes Audit shows worryingly low levels of offers of structured education and even lower numbers attending education courses. Only 2.2 per cent of people, newly diagnosed with Type 1, were reported as being offered structured education and even fewer attended. The figures reported are slightly higher for those with Type 2 diabetes[iv]. While some areas do better than others there is massive scope for improvement everywhere. Thirty one per cent of people with diabetes reported that they had never been offered structured education, even at initial diagnosis (State of the Nation 2013, Diabetes UK)[i].

Knowing the current state of affairs there are several questions that must be asked;

- Why are patients not attending diabetes education programmes?
- For those that are, are they getting any long term clinical outcomes and therefore saving the NHS money?
- Are structured education programmes actually worth spending money on?

Before we can begin answering these questions I feel at this point it is important to address what we mean by a structured education programme and what NICE guidelines are recommending should be delivered to patients with type 2 diabetes.

Structured education and self-management programmes aim to improve outcomes by addressing the person's health beliefs, optimising their metabolic control, addressing their cardiovascular risk factors (helping to reduce the risk of complications), helping them to change their behaviour (such as increasing their physical activity), improving their quality of life and reducing any depression (NICE Commissioning a patient education programme for people with type 2 diabetes[v])

NICE clinical guideline CG66 on type 2 diabetes recommends that structured education should be offered to every person and/or their carer at and around the time of diagnosis, with annual reinforcement and review[vi]. It also recommends that people with diabetes and their carers should be informed that it is an integral part of diabetic care.

Why are patients not attending diabetes education programmes?

With 3 million people having type 2 diabetes in the UK[i], one would think it would be easy to get a high percentage of patients to attend programmes to help themselves improve their quality of life. There has been NICE Guidance since 2003, but courses are still not widely in place and not routinely offered to those newly diagnosed or with on-going diabetes (State of the Nation 2012 Diabetes UK)[ii]. In England, 85% of primary care trusts (PCTs) report that they have contracts to provide structured education for people with newly diagnosed type 2 diabetes and 76% report that these programmes are NICE compliant[vii]. However, only 66% of PCTs review whether all people newly diagnosed are offered structured education and 48% of specialist providers report that they do not have the capacity to meet demand (Deakin, 2012)[vii].

The first people to influence patients about attending an education programme are the GP, nurse or Diabetic Specialist Nurse (DSN). To date there has been confusion for many health care professionals as to what education programme is running in their area, when it runs and what they have to do to get patients registered. Where the health care professionals do know what is available there is still the challenge of having enough time to explain to the patients the advantages of a programme and reassure and support them in deciding if they wish to attend.

It has been stated that up to 90% of people will access structured education if offered as an integral part of diabetes treatment and management (Deakin 2012)[vii]. So patients will attend but we have to remember all patients are unique and no one programme can suit every patient. What is needed is a menu of education programmes so they can be made to fit a patient's lifestyle and learning styles. How can we expect patients, who work full time, to attend day courses over a 6 week period. We also need to ensure the courses provide the right level of knowledge for patients and are culturally sensitive.

Another hurdle for patients attending structured education programmes is the marketing that is currently used. When we look at the successful marketing by large private fast food companies, they sell to us by playing on our emotions and making the whole experience attractive. Currently much of the NHS marketing tells people the bad news and 'if you don't' messages. I believe we are driving people away from wanting to come and learn and take responsibility. They are made to feel it is their fault and they have not been 'good'. Surely we want to follow the example of marketing companies who are highly successful and provide a marketing solution for patients that is encouraging, inviting and does not apportion blame. One that encourages them to learn and so improve their health and wellbeing.

Are patients getting any long term clinical outcomes and therefore saving the NHS money?

There is a mix of information on current structured education for people with type 2 diabetes with regards to clinical outcomes. We also have to remember that some of the local education programmes have, as yet, not been clinically evaluated so we do not know if they are beneficial. It is said that 80% of the NHS budget, spent on type 2 diabetes, is as a result of avoidable complications[iii]. If people take control and manage their condition better then they will decrease the risk of medical complications and / or delay the time of the onset of complications[viii]. Some of the national programmes are not currently seen to be showing clinical improvements for patients or to be giving long term clinical outcomes. In addition to this, current data suggests that as little as three months after a patient has undertaken an education program many return to their old behaviour patterns[ix]. If patients are not making significant and / or any changes to their current lifestyle and HbA1c, their admittance rates to hospitals and risks of complications will be unchanged. We could then argue that there has been no benefit in paying the money for the structured education in the first place. If we are being cynically, that money could have been saved for payment of future complication work.

A key education programme we could be learning from is ROMEO which is run in Italy and is seeing long term improvements in HbA1c and thus a decrease in complications for patients[x]. Programmes that are seeing improved outcomes and creating lasting results address behaviour change over a sustained period of time with full support from professionals. There is evidence to show many people know what they should be doing but they have not been given the tools and support to implement it into their daily lives. Many people have hectic and chaotic lifestyles and diabetes is not a priority in their lives. Unless we support and help them address all aspects of their lives they will continue to behave in the same way. When time is limited in Primary Care, this level of support needs to be provided in the community by trained professionals meeting all NICE guidelines.

Are structured education programmes actually worth spending money on?

I believe if we can get the whole pathway right then structured education programmes for type 2 diabetes and pre diabetes can be highly beneficial for the NHS, not only in saving money but in giving patients a better quality of life and a longer life. We need to provide patients with a menu of education programmes so that they can find the one to suit them best. In an ideal world the education programmes would be given like a prescription and would be on the GP computer system so that everyone would know what was available and how to register. Structured education should not be seen as a 'tick box' exercise but there needs to be a true understanding of the benefits of patient self-management of a lifelong condition. Once registered on a programme patients should receive positive marketing material to encourage them to engage and attend the programmes along with follow up telephone calls. The programmes themselves need to address all aspects of lifestyle and focus on behaviour change over a sustained period of time. In order to be an effective program it should run for a minimum of one year, involve working with health professionals, group work, homework and self-assessment to show the patient they are achieving a positive change to their condition. These measures fit with Diabetes UK aims and NICE guidelines for commissioning a structured education programme[v].

Structured education programmes are an investment for the future. The potential consequences of not investing in such programmes are increased complications, greater future healthcare costs, and an inability to meet future goals for individual, local and national improvement. Well-designed and

well-implemented programmes are likely to be effective and cost-effective interventions for people with type 2 diabetes (NICE Commissioning a patient education programme for people with type 2 diabetes)[v].

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[i] State of the Nation 2013. England. Diabetes UK http://www.diabetes.org.uk/Documents/About%20Us/What%20we%20say/0160b-state-nation-2013-england-1213.pdf

[ii] State of the Nation 2012. England. Diabetes UK https://www.diabetes.org.uk/Documents/Reports/State-of-the-Nation-2012.pdf

[iii] Hex et al. Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs. Diabetic Medicine (2012). Available at: http://onlinelibrary.wiley.com/doi/10.1111/j.1464-5491.2012.03698.x/abstract Last accessed 15 November 2013

[iv] National Diabetes Audit 2011–2012 Report 1: Care Processes and Treatment Targets. Findings about the quality of care for people with diabetes in England and Wales. Health and Social Care Information Centre 2013

[v] NICE National Institute for Health and Care Excellence. Commissioning a patient education programme for people with type 2 diabetes. http://www.nice.org.uk/usingguidance/commissioningguides/type2diabetes/commissioningapatienteducationprogrammeforpeoplewithtype2diabetes.jsp

[vi] NICE National Institute for Health and Care Excellence. CG66 Type 2 diabetes (partially updated by CG87). Type 2 diabetes: the management of type 2 diabetes (update). http://guidance.nice.org.uk/CG66

[vii] T. Deakin. Journal of Diabetes Nursing Vol 16 No 7 2012. X-PERT structured education programmes improve control in diabetes.

[viii] Diabetes UK. Recommendations for the provision of services in primary care for people with diabetes.2005

[ix] S.L. Norris, M.M. Engelgau, K.M. Narayan. Effectiveness of self management training in type 2 diabetes: systemic review of randomized controlled trials. Diabetes Care 24 (3) (2001) 561-587

[x] M. Trento, S. Gamba, L.Gentile, G. Grassi, V.Miselli, G.Morone, P.Passera, L.Tonutti, M. Tomalino, P.Bondonio, F. Cavallo, M.Porta. Rethink Organization to iMprove Education and Outcomes (Romeo). A multicenter randomized trial of lifestyle intervention by group care to manage type 2 diabetes. Diabetes Care 33 (2010) 745-747