Supporting Primary Care to achieve targets

Louise Cripps
Healthcare Engagement Manager, Diabetes UK
Overview

• The scale of the problem
• CCG IAF
• Three treatment targets
• Resources and support from Diabetes UK
• Information Prescriptions and Learning Zone
And there are 12.3 million people at increased risk of developing Type 2 diabetes.

2. Figure based on newly diagnosed figures from the 2011/12 and 2012/13 National Diabetes Audit, extrapolated up to the whole population with diabetes indicated by the QOF data for the equivalent years and divided by two to give an annual average.
The NHS spends at least £10 billion a year on diabetes.
That’s 10% of its entire budget.

Hex, N., et al (2012) Estimating the current and future costs of Type 1 and Type 2 diabetes in the United Kingdom, including direct health costs and indirect societal and productivity costs. Diabetic Medicine. 29 (7) 855–862
The scale of the problem:

Every week diabetes leads to more than:

- 160 amputations
- 680 strokes
- 530 heart attacks and almost 2,000 cases of heart failure.

More than 500 people with diabetes die prematurely every week.

---

Complications not inevitable but PREVENTABLE


Drivers for change – England

Diabetes is a clinical priority in the CCG Improvement Assessment Framework (Also mental health, dementia, learning disability, cancer and maternity).

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People with diabetes diagnosed less than a year who attend a structured education course</td>
</tr>
</tbody>
</table>

CCG improvement and assessment framework 2016/17
Why blood pressure, cholesterol and HbA1c?

1. People are not controlling these factors
   - Type 1 diabetes only 19% met all three targets
   - Type 2 diabetes only 41% meet all three targets

2. Poor control has devastating consequences
   - “heart failure emerges as both the most common and the most deadly cardiovascular complication of diabetes... High blood pressure is an important risk factor for heart failure”

3. We can do something about them
   - Lifestyle changes and routine drugs e.g. statins

---

5. State of the Nation 2016
The self-care challenge:

Non-adherence in chronic diseases averages 50% by one year.

The self-care challenge:

Association Between Adherence to Pharmacotherapy and Outcomes in Type 2 Diabetes: A Meta-analysis

The mean rate of poor adherence was 37.8%

Compared to those with poor adherence, individuals with good adherence had:
- 10% lower rate of hospitalisation events
- 28% lower rate of all cause mortality
The self-care challenge:

- As little as 14% of medical information was remembered correctly when people received spoken medical instructions\(^9\).

- When relevant written information with pictographs was supplied recall rose to over 80%\(^9\).

---

Diabetes and high HbA1c
Information prescription

Your last two HbA1c results are: ..../..... ..../.....

Good glucose control is important to reduce your risk of devastating complications. Reducing HbA1c has been proven to have health benefits. Discuss and agree with your doctor or nurse a realistic personal target for HbA1c.

What is HbA1c?
It tells you your average blood glucose for the last two to three months. We all need glucose for energy, but if you have diabetes your body loses its ability to use glucose. HbA1c measures how much glucose is stuck to your red blood cells. A finger prick test shows you a snapshot of your glucose at a moment in time, whereas HbA1c acts like a film recording how your glucose levels have changed.

When is high HbA1c a problem?
High levels of blood glucose over a long period of time can damage the blood vessels. This puts you at higher risk of going blind, losing a limb or experiencing kidney failure.

How can I lower my HbA1c?
It is important to understand that your HbA1c will change for many reasons including: how long you've had diabetes, sickness, depression, change in lifestyle or because of other medicines such as steroids. The actions you take to reduce your HbA1c will depend on whether you have Type 1 or Type 2 diabetes and your overall health. The next column has three main areas for you to consider.

1. Medications: It may be time to increase your dose or introduce new medication – ask for advice.
2. Education: Your healthcare team is there to provide support, but you manage your diabetes. Education can help you understand what affects your blood glucose. Ask what’s on offer in your area.
3. Lifestyle: Discuss what changes can lower HbA1c:
   - Keep to a healthy weight. Reduce the size of your portions and cut down on fatty and sugary foods.
   - Eat a healthy balanced diet. Eat less fatty food, processed meals, full-fat dairy, pastries and cakes.
   - Carbohydrates change your blood glucose - you might have to eat less carbohydrate and choose wholegrains.
   - If you drink, cut down on alcohol. Eat plenty of vegetables and fruit - aim for at least five portions a day.
   - Aim for at least two portions of oily fish a week.
   - Get more active. Aim for 30 minutes five times a week to raise your heart rate. Activities like walking fast and cycling all count. Twice a week add activities like gardening or yoga to strengthen your muscles.
   - Stop smoking. For help giving up, ask for your local stop smoking service.

Agreed action plan:

My personal goal is:
To be achieved when:
The two steps that I will take to achieve this are:

1. ...
2. ...

For information or support, call Diabetes UK Helpline: 0345 123 2300 Monday to Friday, 8am - 6pm or go to www.diabetes.org.uk/help
1. Change clinical behaviour

- Increase clinical knowledge
- Tackle clinical inertia
- More informative and engaging consultations
1. Change patient behaviour

- Increase diabetes knowledge
- Link own actions to their results
- Empower patients to self manage

Clinical audit of one GP practice showed striking results:

- **Baseline:** 75% of registered T2DM patients HbA1c < than 58 (7.5)
- **1 year post IPs introduction:** 85% of registered T2DM patients HbA1c < than 58 (7.5)
Revelation as to “ownership” of own diabetes

Patient insights

- Can I set my own goals?
- Are these my results?
- Am I allowed to keep them?
- My GP always tells me my results are fine. I will now ask what fine means.
New understanding of diabetes

Clarifies for an ordinary person the complex mechanism of diabetes that the body goes through

Patient insights

I don’t think anyone has explained it before

I found this very interesting and informative
Pride & confidence to self manage

I'm getting a folder to keep these in

It is going to help me live longer

How good we are at working together

Help me to plan better if there is a problem with my test readings
3. Large scale change

- Over one third of GP surgeries
- On EMIS Web >110k completed IPs
- 43,000 people following unique URL
The 3 key targets:

High need/cost:

Prevention:

www.diabetes.org.uk/IP-prof
The self care challenge

People with diabetes spend **THREE** hours a year with a healthcare professional on average.

For the remaining **8,757** hours they have to manage this complicated condition themselves\(^{10}\)

\[\text{4 out of 5 people don’t feel fully in control of their diabetes}\]

Why structured education?

There is strong evidence that shows structured education:

- significantly improves long-term glycaemic control
- significantly improves quality of life and self-management skills
- is cost effective and can even save the NHS money by reducing the onset of costly complications\(^\text{11}\)

Learning Zone is Diabetes UK’s new free online education service to help people living with diabetes manage the condition more effectively.
A flavour of learning zone

Blood checks

First steps

Learning more

How internet savvy are you?

Do you know where to get information about diabetes online? Which sources should you trust and which should you be careful with? See if you know in this quiz.

Joni
Knowledge Is Power

Learning about diabetes can be overwhelming, but Knowledge Is Power answers your questions with simple, straightforward advice to help you decide what’s best for you. We’ll help you find out who you can trust when researching diabetes online and we’ll explain how an education course in your area will help build your confidence.

When things get difficult we explain how you can reach out to the trained counsellors on our helpline or the thousands of people giving advice on our online forum.

We’re shining a light on the amazing support that’s out there for you. So take a look at Knowledge Is Power and let us put the information in your hands.
Supporting structured education

What's right for you?

A course can support you in many different ways, tick the ones you might find useful.

- [x] Time to ask questions
  Do you have a lot of questions? A course offers you more time to ask questions.

- [x] Meeting others with Type 2 diabetes
  Structured education courses are great places to meet other people in your area who understand what it is like to live with diabetes. Share experiences and learn from people who know what it's like to live with Type 2 diabetes.

- [ ] Hearing the latest advice about Type 2 diabetes

[ Back ] [ Next ]
Co-produced with real people

Lorna
Learning zone key points

• It’s free and easy to sign up
• Everyday advice and support
• Includes real people with diabetes
• It’s completely clinically checked
• Highly tailored
• Over 9000 registrations so far
• Please feedback to us learningzone@diabetes.org.uk
Top tips for improving attendance

✔ Be positive
✔ Get to know the course (or ensure your support staff do)
✔ Link to confidence to manage their diabetes day-to-day
✔ Use motivational interviewing techniques
✔ Avoid the term ‘structured education’. Try words like ‘course’, ‘knowledge’ or ‘training’.
✔ Promote Diabetes UK learning Zone – which then promotes structured education
Every week diabetes leads to more than

- 160 amputations
- 680 strokes
- 530 heart attacks and almost 2,000 cases of heart failure.

More than 500 people with diabetes die prematurely every week.

Any Questions?