

NHS England & CDEP

Lunch and Learn Sessions

Structured Education: Removing
barriers to attendance and improving
uptake in adults

Session Questions and Answers

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1. About the Webinars

1.1. What were the aims of the session?

NHS England partnered with the Cambridge Diabetes Education Programme (CDEP) to deliver lunch and learn webinars aimed at healthcare professionals with Primary Care in May and June 2023. The aims of the session were to:

- To support referrers to empower adults living with diabetes to attend structured education.
- To discuss barriers to attendance and methods of overcoming those barriers, informed by evidence and shared learning.
- To increase awareness of the types of structured education currently available to enable referrers to promote patient choice

1.2. Where can I find out about future events?

To find out about future events, visit <https://www.cdep.org.uk> and sign up to the [NHS England Diabetes Programme Bulletin](#)

1.3. Where can I access the slides?

The slides are available on Future NHS. To access the platform, create an account from the homepage; <https://future.nhs.uk> and once logged in click the following URL: [Lunch and Learn Sessions](#)

1.4. Can I watch a recording of the webinar?

You can see a recording of the webinar in the same folder on Future NHS, to access, follow the instructions above.

1.5. Can I share the resources with colleagues?

Yes, please download the resources or share the Future NHS folder with colleagues.

2. Structured Education, General

2.1. What counts as structured education?

[NICE guidance](#) states structured education should meet the following criteria:

- be evidence-based and suit the needs of the person
- have specific aims and learning objectives, and should support the person to self-manage diabetes
- have a structured curriculum that is theory-driven
- have outcomes that are audited regularly and;
- where applicable to the delivery format, be delivered by trained educators who are appropriately trained to deliver the programme in a way that meets the person's needs.

2.2. What does structured education cover?

Adults with diabetes need a variety of skills and knowledge to manage their condition effectively. Structured education provides these skills and knowledge to support self-management. It allows attendees to adapt their diabetes management to changes in their daily lives and to maintain a good quality of life.

All structured education programmes will provide advice, information and answer questions on topics including:

- What is diabetes?
- Insulin therapy and carb counting (type 1 diabetes applicable only)
- Healthy eating
- Getting enough exercise
- Achieving and maintaining a healthy weight
- Living, working, and socialising with diabetes
- Diabetes complications
- Looking after feet and eyes
- Medications
- NHS care processes

2.3. What is the evidence base for structured education?

There is strong evidence demonstrating attendance to structured education has a positive impact on glucose control ([Yorke et al. 2018](#)), hospital admissions ([Elliott et al. 2013](#)), and improved quality of life ([Cooke et al. 2013](#)) in those that attend.

Subsequently, referral to a structured education programme is an essential part of diabetes care as per NICE guidance.

2.4. Which services are available in my area?

Structured education is commissioned locally by ICBs. This allows ICBs to implement the services that meet the needs of the local population. We know that all ICBs commission face-to-face services as a minimum.

With the introduction of the two nationally commissioned digital services, all ICB areas will now have a face-to-face service **and** digital services available. Please speak with your ICB diabetes commissioner for more details on local structured education provision.

Face-to-face	Online
<ul style="list-style-type: none"> • Delivered in-person; • Content is delivered by a health coach; • Often delivered in group settings; • Delivered in a day or over a number of weeks (e.g. 6 hours across 6 weeks), delivery models will vary; • Intervention capacity may be limited due to delivery model. 	<ul style="list-style-type: none"> • Self-led learning, offers total flexibility; • Content is accessed via web browser or app; • Some digital services offer peer support forums; • Due to delivery model, capacity unlikely to be limited; • Making access easy for family and carers and; • Ideal for signposting alongside other SE services

2.5. Is it the same as a weight management service?

No, there are key differences between the two services.

Referral to structured education is requirement as per NICE guidance as an essential part of diabetes care for all people with diabetes, however not all people with diabetes need weight management services. If weight loss support is required, people with diabetes can be referred to both structured education and a weight management service, either at diagnosis/annual review or after attending a weight management programme.

Additionally, while structured education will cover weight management principles, this is not the service's core focus. It provides information on topics such as medication, footcare, mental health and more. Weight management services generally have a single objective to help people lose weight, and do not cover other elements related to diabetes care.

3. Structured Education, Referring

3.1. Who can refer into structured education, can a stroke specialist nurse refer?

Referral criteria into locally commissioned services are set by ICB level commissioners, please contact them for further information regarding services in your area.

The nationally commissioned services are accessible via a self-referral pathway, making it suitable for clinicians and referrers from all parts of the system to signpost to the programmes. To access materials to support signposting activity, see “where can I access referral resources?” in this document.

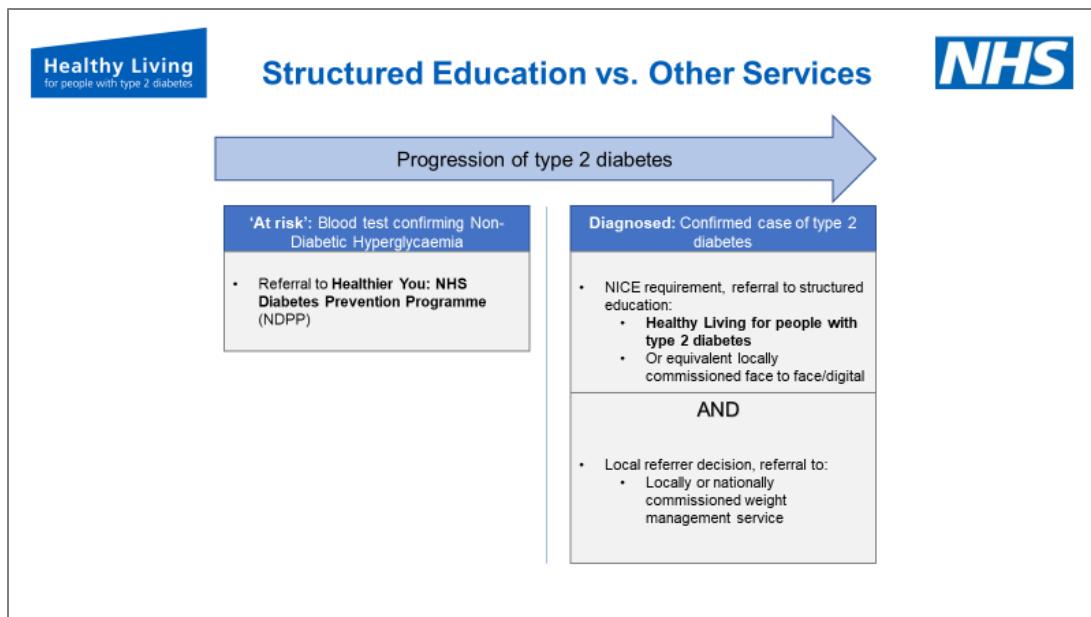
3.2. How are patients offered choice, is this done by the Provider?

To ensure that people living with diabetes have access to choice, it should be offered at the time of referral by the referring healthcare professional. While Providers in some areas may be commissioned to deliver their service in various formats (face-to-face and digital) this is not the case in the majority of areas.

Evidence shows that providing individuals with sufficient information at referral encourages uptake, and the webinar slides set out how ICBs can ensure provision of choice is offered at referral.

3.3. Can people with non-diabetic hyperglycaemia ('pre-diabetes') be referred?

No, structured education is targeted towards people with a confirmed diagnosis of diabetes. Individuals with a diagnosis of non-diabetic hyperglycaemia ('pre-diabetes') should be referred to an appropriate diabetes prevention service such as the [Healthier You: NHS Diabetes Prevention Programme](#) (NDPP).



3.4. Can I refer people to structured education multiple times?

NICE guidance recommends structured education should be offered soon after diagnosis and at annual reviews. This is to support an increase in uptake (allowing those who do not take the service up in the first 12 months of diagnosis to attend at a later date) and to support life-long management of diabetes, and this may mean referral to structured education more than once.

The nationally commissioned digital services are suitable to access as a standalone structured education offer or as a further offer of support following attendance to structured education.

For re-referral to locally commissioned services, check eligibility criteria with ICB commissioners.

4. Health Inequalities

4.1. Are services delivered in other languages?

Structured education is commissioned locally by ICBs, as such if sites require services to be delivered in other languages it should be commissioned at place. Please speak with your local commissioner to find out more.

The nationally commissioned services are delivered in English. Participants can translate the Healthy Living programme text using an online tool such as google translate. This way of translating content is in line with other NHS web-based services such as nhs.uk.

However, while online translator tools can accurately interpret individual words or phrases, they may not always be able to interpret the meaning of larger or more complex pieces of information.

4.2. Is structured education content culturally adapted?

This will depend on the service provider. Please speak with your local provider regarding their services.

Healthy Living for people with type 2 diabetes provides tailored information on healthy eating adapted for service users from Black African, Black Caribbean, and South Asian ethnic backgrounds. The information has been adapted from resources produced by Carbs & Cals, Diabetes UK and The Eatwell Guide, and reviewed by colleagues from BAME Networks across the NHS.

4.3. How are people with diabetes and mental health problems supported to access structured education?

Mental Wellbeing

NHS England are working to improve access to talking therapies (IAPT) for people with long-term conditions, including those living with diabetes. Talking therapies are available to access through self-referral, as such, all structured education providers can signpost participants who need it.

Additionally, many structured education programmes cover concepts of emotional wellbeing, increase motivation and self-efficacy to manage diabetes, and improve quality of life to support good mental wellbeing in attendees.

Serious Mental Health Issues

General Practice, Psychiatric Teams and Diabetes Team should work closely together to support people with serious mental illness manage their diabetes, and this may include referral to structured education. Offering choice of services can support individuals to access a programme that is appropriate to their situation, attitudes and needs.

Diabetes UK offer a practical guide for healthcare professionals around supporting the emotional health of adults with type 1 and type 2 diabetes, [click here](#).

5. Healthy Living for people with type 2 diabetes

5.1. How can I refer into the service?

Self-referral

Participants can self-refer to the Healthy Living programme by creating an account online at this webpage <https://www.healthyliving.nhs.uk/>. An NHS number is not required, but the participant will need to provide their name, date of birth, email address and a few other details.

GP referral

Referrers can signpost users to the self-referral route. A direct referral pathway into the service from GP systems is currently under development. Once available, NHSE will communicate to Primary Care via Diabetes Regional and Clinical Networks. There are several resources available to promote the self-referral pathway, see Future NHS for further information.

5.2. Where can I access referral resources?

For referral resources into the Healthy Living programme, see our [website](#) or download them from [Future NHS](#).

5.3. Can I order printed leaflets and posters?

You can order a pack of printed resources online [here](#), the pack will include leaflets, business cards and posters.

5.4. Does the programme count as structured education?

The programme qualifies as structured education in line with NICE guidelines and can be coded as such. The programme is also QISMET accredited.

5.5. Where can I see uptake data for this programme?

ICB level data packs are available now and are disseminated monthly via Regions to ICB teams. The data packs provide uptake data at ICB to PCN level.

5.6. Will practices know if a person has registered?

The reporting pathway is awaiting implementation, however the Healthy Living programme will report to GPs on the status of patient attendance in line with SNOMED codes. This is:

- **Did not attend:** completed the registration form but did not verify their account and access the programme.
- **Attended:** completed the registration form, verified their account and had at least one active engagement (for example accessed structured education content or used one of the programme tools).
- **Completed:** completed 60% or more of the structured education content. This threshold is modelled on dose vs. outcomes for other diabetes lifestyle services.

5.7. Can healthcare professionals sign up to this programme?

You can sign up using the self-referral route. Select “I am a healthcare professional / I work in the diabetes field” on the registration form: <https://www.healthyliving.nhs.uk/>

6. MyType1 Diabetes

6.1. How can I refer into the service?

The route into the MyType1 Diabetes Programme is self-referral, so health and care professionals can signpost adults with type 1 diabetes, their families and carers to this URL: <https://www.mytype1diabetes.nhs.uk/>

There are a number of resources available to view open access on the website. To access the structured education content, participants can log into the programme using their NHS log in.

6.2. Where can I access referral resources?

For referral resources to support signposting into the MyType1 Diabetes programme, can be download [Future NHS](#).

6.3. Can I order printed leaflets and posters?

You can order a pack of printed resources online [here](#), the pack will include leaflets, business cards and posters.

6.4. Does the programme count as structured education?

The e-learning content whereby a person is required to create an account to access qualifies as structured education in line with NICE guidelines and can be coded as such.

6.5. Where can I see uptake data for this programme?

Monthly progress reports that look at uptake metrics at regional level are published on Future NHS, you can access them [here](#).

6.6. Can healthcare professionals sign up to this programme?

Health and care professional can view the open access resources and view the resources developed for healthcare professionals. Access to the e-learning content is now accessed through NHS log in.