

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

NHS England & Cambridge Diabetes Education Programme



Please feel free to ask questions via **CHAT**
This webinar is being recorded

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

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Session objectives:

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

The Purpose of Structured Education

- Diabetes is a long-term condition predominantly managed by the individual, and managing the condition can be complex.
- Structured education (SE) provides people with the knowledge, skills and confidence to successfully self-manage their condition.
- Structured education supports good self-management (*eating well, being physically active, maintaining a healthy weight, achieving HbA1c targets, taking medicines etc.*) and reduces the risk of complications.

Offering SE (NICE Recommendations)

Due to the benefits of SE, NICE recommends it should be offered:

- Soon after diagnosis;
- At annual reviews (to enable reinforcement of key messages) and;
- To family members and carers (where appropriate).

The Current Picture in England

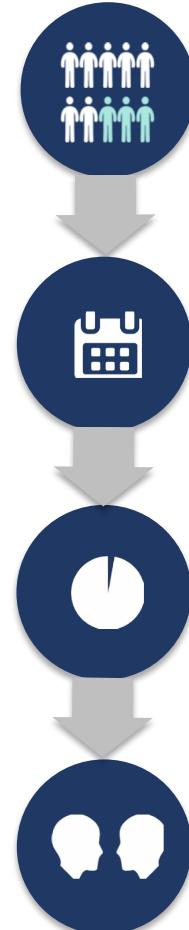
The recorded uptake of SE across England is low, despite GP referral rates being high

7 in 10 are offered SE*

Typically a
3-6 month wait
(if F2F services)

1-10% attend SE
(recorded uptake)

Commissioning of SE
varies across localities



*Informed by coded data collected by National Diabetes Audit

Overcoming Barriers to Attendance

Research into Barriers to Attendance

In 2022, qualitative interviews were carried out with adults living with type 2 diabetes who had declined their invitation to attend diabetes self-management education in Bath and North East Somerset (Coningsby et al. 2022).

Research into Barriers to Attendance

- Outputs demonstrated two themes regarding barriers to attending;
 - 1) Lack of perceived need
 - self-efficacy to manage diabetes, low prioritisation of the condition, limited knowledge of SE
 - 2) Practical barriers
 - programme scheduling and transportation issues

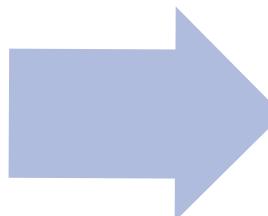
Research into Barriers to Attendance

- This research reinforces findings from a 2016 systematic review looking at international evidence in adults with both type 1 and type 2 diabetes (Horigan et al. 2016).
- It categorised barriers into two groups;
 1. Those who will not go (perception of utility) and;
 2. Those who cannot go (practical reasons).

Perceived Need: Self-efficacy to Manage Diabetes

Barriers:

- Already being well informed about diabetes and how to manage it.
- Improvements in medical biomarkers (blood glucose, cholesterol, blood pressure) did not warrant attendance at SE.
- Receiving adequate support from HCP team.
- Feeling reassured by their HCP that their diabetes was not harmful at that current time (e.g. referring to their stage of diabetes as mild, or marginal).



Solutions:

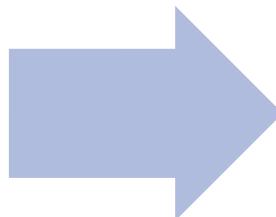
- Reiterate the importance of SE as part of good diabetes self-management.
- Encourage patients who already have a baseline of knowledge to use digital SE services to access key information/ advice as and when they need it, and address gaps in their knowledge.
- Avoid using language that lessens the seriousness of diabetes such as 'marginal', 'mild'.



Perceived Need: Low Prioritisation of Diabetes

Barriers:

- Perceived diabetes as low priority, e.g. “just another thing”, particularly in those with comorbidities.
- Avoiding the condition, such as a period of denial at diagnosis.
- Fatalistic attitudes towards diabetes and feeling powerless to change, especially in old age.



Solutions:

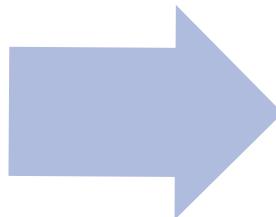
- Reiterate how good diabetes self-management can prevent further feelings of unwell, and reduce the number of years spent in poor health.
- Ensure diabetes SE is offered on an annual basis to give people the opportunity to take up the offer at a time that suits their journey.



Perceived Need: Limited Knowledge of Structured Education

Barriers:

- Feelings of limited information about:
 - the content of the sessions
 - the reason for their referral or
 - the personal benefits of attending
- This prevented individuals making decisions on attendance.



Solutions:

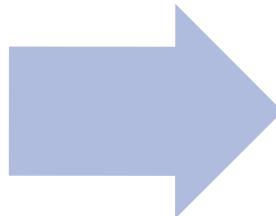
- Coningsby et al. found participants felt they **could have been persuaded** by their referrer to attend if they had **more information**.
- Referrers can influence uptake by **reiterating personal benefits** of attending (staying well, reducing complications).
- Attendance increases when referrers are positive and enthusiastic about SE, and explain that it is an “**essential part of diabetes care**”.



Practical Barriers: Programme Schedule

Barriers:

- Difficulties attending in-person sessions due to conflicting commitments such as childcare and work.
- For example shift workers could not commit to sessions the same time each week.
- Unable to give up free time such as weekends and evenings.



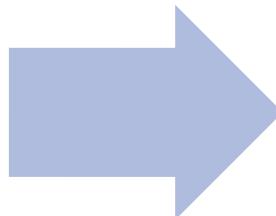
Solutions:

- Offer SE in an alternative, online format. Self-led learning means accessing content at a time that suits them:
 - Such as [MyType1 Diabetes](#) (nationally commissioned), check locally for Bertie Online / other digital programmes.
 - [Healthy Living for people with type 2 diabetes](#) (nationally commissioned), check locally for myDesmond / other digital programmes.

Practical Barriers: Transportation Issues

Barriers:

- Difficulties traveling to in-person sessions due to reliance on public transport.
- Difficulties traveling to in-person sessions due to mobility restrictions, particularly in those with comorbidities who relied on a carer or driver to get around.



Solutions:

- Check for locally commissioned services delivered virtually by health coaches.
- Offer attendance to SE to carers and family members if appropriate.
- Offer SE in an alternative, online format (see previous slide).



What SE programmes are available across England?

What is available across England?

- SE is commissioned locally, allowing ICBs to implement services based on population need.
- All ICBs commission F2F services locally
- Some commission digital services in addition.

What is available across England?

Under the LTP, NHSE nationally commissioned digital SE programmes to:

- reduce variation across England in access to online support;
- support patient choice and;
- increase attendance of SE.

Features of SE Delivery Models

Face-to-face	Hybrid	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">• Delivered virtually;• Some or all of the content is delivered by a health coach;• Health coach sessions may be delivered in groups or one-to-one;• Delivery models will vary depending on Provider;• 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;<ul style="list-style-type: none">• Making access easy for family and carers and;• Ideal for signposting alongside other SE services.

Nationally Commissioned Services

- To encourage increased attendance at SE, NHS England commissioned online SE programmes:
 - Healthy Living for people with type 2 diabetes - <https://www.healthyliving.nhs.uk/>
 - MyType1 Diabetes - <https://www.mytype1diabetes.nhs.uk/>
- Both services are **available now via self-referral** using the URLs linked above, and are:
 - Free to the ICSs and end user.
 - Available nationally, allowing all ICSs to offer access to online services.

Nationally Commissioned Services

 Healthy Living <small>for people with type 2 diabetes</small>	MyType1 ★ Diabetes
<ul style="list-style-type: none"> • Healthy Living provides knowledge and information so users can: <ul style="list-style-type: none"> • feel confident in managing type 2 diabetes; • reduce diabetes-related distress; • achieve and maintain a healthy weight; • feel motivated to continue making healthy lifestyle choices. • Healthy Living is: <ul style="list-style-type: none"> • evidence-based (RCT); • QISMET accredited; • Referrals eligible for QOF points. • No capacity limits. 	<ul style="list-style-type: none"> • MyType1 Diabetes can: <ul style="list-style-type: none"> • help participants understand more about type 1 diabetes and increase confidence to manage it; • signpost to content created by other expert organisations; • support participants to set achievable goals for diabetes self-care. • MyType1 Diabetes offer resources in up to 10 other languages including Polish, Spanish and Urdu. • The programme provides a number of eLearning courses including carbohydrate counting, living with type 1 diabetes and diabetes technology. • No capacity limits.

Examples of Locally Commissioned Services

Type 1 diabetes:



Type 2 diabetes:



Key Messages

- SE programmes are an effective way of improving outcomes, reducing complications and reducing costs in the long-term for the NHS.
- HCPs and referrers have a huge amount of influence on a patient's willingness to take up SE.
- Referrers should note that people are more likely to take it up if:
 1. The referrer is positive and enthusiastic about the benefits of education
 2. They understand that SE is essential for their diabetes management.

Key Messages

- Language matters; diabetes should be described as a serious but manageable condition, avoiding the use of words such as 'mild' or 'marginal'.
- Referrers are encouraged to make best use of locally or nationally commissioned face to face and online services.
- Online services are a great option for people who cannot or will not attend SE in person **and** as further support alongside or following other SE services

Further Resources:

- If required, local ICB commissioning teams will be able to advise on what structured education is available locally
- For referral resources for the national digital programmes, see our [website](#) or download them from [Future NHS](#).
- For key updates, shared learning, case studies and new resources sign up to the [NHS England Diabetes Programme Bulletin](#)
- There are a number of resources on CDEP – [www.cdep.org.uk](#)
- For all other queries contact us at [england.digitaldiabetes@nhs.net](#)

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Questions?

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Thank you for attending

You will receive your attendance certificate and PDF summary via email.
Please contact CDEP – info@cdep.org.uk – if you have any questions.