# **Transforming Successful Research into Effective Routine Care: Using the Re-Aim Framework to Evaluate the Desmond National Education Programme in Diabetes**

# Desmone

H Daly<sup>1</sup>, S Cradock<sup>2</sup>, B Stribling<sup>1</sup> ME Carey<sup>1</sup>, M Cullen<sup>3</sup>, Y Doherty<sup>4</sup>, L Martin Stacey<sup>1</sup>, A Scott<sup>5</sup>, C Taylor<sup>6</sup>

<sup>1</sup>Diabetes Research Team, University Hospitals of Leicester NHS Trust, Leicester, Leics <sup>2</sup>Portsmouth Hospitals NHS Trust/ Portsmouth City PCT, Portsmouth, Hants <sup>3</sup>Dept of Nutrition and Dietetics, Glasgow South East, NHS Greater Glasgow and Clyde, Scotland <sup>4</sup>Northumbria Diabetes Service, North Tyneside General Hospital, Tyne & Wear <sup>5</sup>Diabetes Centre, Ipswich Hospitals NHS Trust, Ipswich <sup>6</sup>Dietetic Department, Cumbria PCT, Whitehaven, Cumbria

## Aims:

Diabetes is a chronic and progressive disorder that impacts upon almost every aspect of life. Supporting selfcare through structured education is a crucial aspect of any high quality diabetes service and the Diabetes National Service Framework (NSF) recommends structured education as an important part of this.

The aim of patient education is for people with diabetes to improve their knowledge, skills and confidence enabling them to take increasing control of their own condition and integrate effective self-management into their daily lives. High quality structured education can have a profound effect on biomedical outcomes and can significantly improve quality of life and satisfaction. In the UK, the National Institute for Health and Clinical Excellence (NICE) health technology appraisal on patient education models for diabetes defines structured education as a "planned and graded programme that is comprehensive in scope, flexible in content, responsive to individuals' clinical and psychological needs and adaptable to his or her educational and cultural background."

DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is a structured group education programme developed by experienced health care professionals in participation with people with diabetes. It began in 2003 and is now the education programme of choice for a third of all Health Communities in England.

The RE-AIM<sup>1</sup> framework is used as a method of systematically considering the strengths and weaknesses of chronic illness management interventions in order to guide programme planning. Many commonly used interventions can result in inequitable and limited patient participation and poor implementation. In DESMOND the RE-AIM framework helps stimulate a more comprehensive and systematic comparison, so that resources can be allocated in the most effective and equitable manner possible.

### Method

The DESMOND Programme was systematically mapped against RE-AIM dimensions of Reach, Efficacy, Adoption, Implementation and Maintenance.

	Definition	DESMOND
Reach	What proportion of the target population participated in the intervention?	Capacity to be available to the target population of people with Type 2 diabetes verified.
Efficacy	What is the success rate if implemented as in protocol?	Biomedical and lifestyle improvements demonstrated in the RCT are being similarly reported in the national programme. Scale and scope of a proposed national audit identified
Adoption	What proportion of settings practices and plans will adopt this intervention?	DESMOND offered in 70 primary care organisations in England, with coverage now diffused through Scotland, Wales and Republic of Ireland
Implementation	To what extent is the intervention implemented as intended in the real world?	Quality assurance of educators ensures integrity and consistency. This element recognised by national award in 2007
Maintenance	To what extent is the programme sustained over time?	Implementation sustained from 2005. Expansion continues.

### **Conclusion:**

RE-AIM enabled an assessment of the progress and sustainability of the DESMOND National Programme, verifying current status and achievements, and identifying critical areas for development. RE-AIM could be similarly appropriate in other chronic diseases where a research intervention is transferring to routine care.

1 Glasgow R.E.; McKay H.G.; Piette J.D.; Reynolds K.D. *The RE-AIM framework for evaluating interventions: what can it tell us about approaches to chronic illness management?* Patient Education and Counselling, Volume 44, Number 2, August 2001, pp. 119-127(9)