Implementation of a Structured Education Programme Aimed at the Prevention of Type 2 Diabetes within Routine Primary Care

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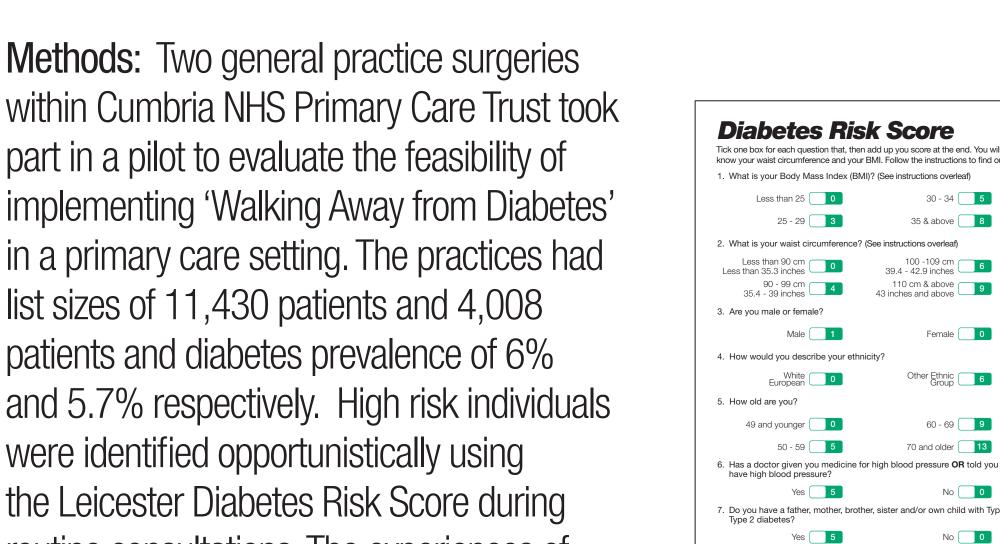
Aim: To implement a diabetes prevention programme in primary care and to evaluate participants experiences.

Background: 'Walking Away from Diabetes' is a theory driven, structured education programme for people identified at increased risk of developing Type 2 diabetes. Walking away has been developed within the NHS by the DESMOND collaborative and is based on the work of the successful PREPARE (Pre-diabetes risk education and physical activity recommendation and encouragement) study¹. The programme is quality assured and provides 3 hours of structured education for up to 10 people (and a partner/friend) led by two trained educators. The programme is aimed at promoting walking and embraces the philosophy of DESMOND; challenges false health beliefs and facilitates behaviour change.

Whilst there is clear evidence that lifestyle interventions can successfully reduce the risk of progressing to Type 2 diabetes by 30%-60% in 'high risk' individuals, there are several limitations when it comes to translating this research into practice. Cumbria was selected along with two other sites in the UK & Ireland (Brighton & Hove and West Cork) to test the feasibility of implementing of 'Walking Away from Diabetes' in a "real" world" health care setting.

Cumbria

Cumbria was chosen as it had recently implemented DESMOND Newly Diagnosed and Foundation programmes (since February 2009) and had developed an infrastructure to support the delivery of structured education across the health economy. Cumbria has a population of approximately 520,000 people and a diabetes prevalence of 5.2%.



part in a pilot to evaluate the feasibility of implementing 'Walking Away from Diabetes' in a primary care setting. The practices had list sizes of 11,430 patients and 4,008 patients and diabetes prevalence of 6% and 5.7% respectively. High risk individuals were identified opportunistically using the Leicester Diabetes Risk Score during routine consultations. The experiences of the practices, educators and participants were evaluated following delivery of the programme.

programme with enthusiasm.

Results - Practice Experience: The two Cumbrian practices involved in the early adoption of 'Walking Away from Diabetes' welcomed the

The practices promoted and raised awareness of 'Walking Away from Diabetes' by educating surgery staff and using posters in the waiting room. People at high risk of developing Type 2 diabetes were identified opportunistically using the Leicester Diabetes Risk Score (e.g. targeting people attending for hypertension review and weight management). The practices did not appear to be overwhelmed by the number of people who were identified at increased risk of Type 2 diabetes and suitable for enrolling in the programme.

The practices have seen an increased awareness of diabetes risk and "pre-diabetes" amongst the whole practice team and some proactive interest from patients.

The practices reported that they felt there was much value from the 'Walking Away from Diabetes' programme.

Results - Educator Experience:

"I enjoyed delivering the course - the activities in particular. It was daunting at first, as I struggled to see how I could cover that much information in the 3 hours. However in practice I found that it all went quite smoothly. I do think that information covered is relevant and was well received by the group members."

Results - Participant Experience:

"This is very new and a very good idea"

"The program was very beneficial - much better than I thought it would be"

Over a four month period 61 individuals were identified with high risk of diabetes; of these 43 did not have diabetes and were referred to Walking Away. 37 (86%) accepted the referral and attended the programme. All participants agreed or strongly agreed that the educators: were friendly; took their concerns seriously; and gave them the opportunity to express themselves. 93% agreed or strongly agreed that: the programme was delivered at a suitable pace; the key messages were clear; and their concerns were fully addressed. 80% agreed or strongly agreed that the lifestyle changes promoted during the programme were highly attainable.

Future plans and finance: Subject to funding approval we plan to build on our experience as an earlier adopter of 'Walking Away from Diabetes'; and utilising our existing structured education infrastructure deliver 'Walking Away from Diabetes' to high risk individuals across the county from April 2011. This could cost as little as approximately £30 per participant.

Fixed non recurring costs	Initial Cost
Additional training costs for 6 educators (£350 per educator)	£2,100
Educator resources (further 4 packs)	£1,000
Fixed recurring costs	Annual cost
Course admin	To be met from existing resource within Cumbria Diabetes
DESMOND licence fee	Already met within Cumbria Diabetes DESMOND infrastructure
DESMOND fees for quality development and ongoing training	Already met within Cumbria Diabetes DESMOND infrastructure
Variable costs	Cost per course
Remuneration cost for 2 educators (4hours per course)	£160
Venue costs	£20
Patient materials, Postage & Pedometers (£9.25 per patient)	£92.50
	£92.50
Pedometers (£9.25 per patient)	£92.50 £22,720

Conclusions:

Group-based structured education aimed at diabetes prevention for those identified at "high risk" of developing Type 2 diabetes is both feasible and highly acceptable within primary care.

1. Yates T, Davies M, Gorely T, Bull F& Khunti K, 2009. Effectiveness of a pragmatic education programme aimed at promoting walking activity in individuals with impaired glucose tolerance: a randomized controlled trial. Diabetes Care 32, 1404-10



Walking Away from Diabetes









