



**Increasing attendance at structured education in
Type 2 diabetes:
Working with practice and policy partners to
develop a multi-level implementation strategy**

**Dr Jenny McSharry, Health Behaviour Change Research Group,
National University of Ireland, Galway**

 [@JenMcSharry](https://twitter.com/JenMcSharry)

13th June 2018



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**ATTEND (ATTendance at
EducationN in Diabetes)
PROJECT**

**Increasing Attendance At T₂DM
Structured Education
Programmes**

Overview

1. Priority
2. People
3. Research



**ATTEND (ATTendance at
EducationN in Diabetes)
PROJECT**

**Increasing Attendance At T2DM
Structured Education
Programmes**



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PRIORITY

Working with Practice and Policy Partners: Identifying a national priority

Diabetes Research Prioritisation:
To allow the research agenda to be
informed by key stakeholders

Consensus Meeting (Oct 2014)	
Participant Profile	Number
HSE National Clinical Programme for Diabetes Lead	1
Diabetes Ireland Representative	1
Healthcare Professional	10
Public Health Practitioner	3
Researcher in Diabetes	2
Psychologist	1
People with diabetes	6

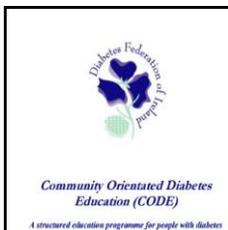


Attending at
structured diabetes
education



Diabetes Structured Education

“a planned and graded process that facilitates the knowledge, skills and ability for diabetes self-management and empowers individuals to live healthily, to maintain and improve their quality of life and assume an active role in their diabetes care team.”



Diabetes Structured Education Evidence of Effectiveness

Steinbakk et al. *BMC Health Services Research* 2012, 12:213
<http://www.biomedcentral.com/1472-6963/12/213>

 BMC
Health Services Research

RESEARCH ARTICLE **Open Access**

Group based diabetes self-management education compared to routine treatment for people with type 2 diabetes mellitus. A systematic review with meta-analysis

Aslak Steinbakk^{1*}, Lisbeth Ø Rygg¹, Monde Lisulo¹, Marit B Rise¹ and Atle Fretheim^{2,3}

21 RCTs (total n = 2833) of group based self-management education
HbA1c significantly reduced by average of 5 mmol/mol
at 6 and 12 months compared with the control group



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Diabetes Structured Education International Guidelines

- 1) International Diabetes Federation Global Guideline for T2DM
- 2) United States (US) National Standards for Diabetes Education
- 3) UK National Institute for Health and Clinical Excellence (NICE)
- 4) Irish Diabetes Expert Advisory Group

Recommendations

2. Diabetes Structured Patient Education should be a core component of the diabetes care pathway for all people with diabetes.
3. Diabetes structured patient education should be available to all people with diabetes at diagnosis and at regular intervals thereafter.
4. People with diabetes should be made aware of the different programmes available in their area so that they can access the most appropriate programme for them.

Diabetes Structured Education Attendance is an International Problem

In Northern Ireland

No reliable national data on access to diabetes education, but our local intelligence suggests there are considerable gaps in provision.



Commitment: The Executive's Programme for Government commits to enrol everyone who has a long term condition in a self-management programme⁴.

In Scotland

No reliable national data on access to diabetes education, but our local intelligence suggests there are considerable gaps in provision.



Commitment: The Diabetes Improvement Plan identifies access to "consistent, high quality education" as a national priority⁵.

DiABETES UK
CARE. CONNECT. CAMPAIGN.

**<5%
attendance**

In Wales

3.4 per cent of people with Type 1 and 1.2 per cent with Type 2 attend group-based diabetes education⁶.



Commitment: The Government's Diabetes Delivery Plan makes diabetes education a priority and commits to improve uptake⁷.

In England

1.1 per cent of people with Type 1 and 1.6 per cent with Type 2 attend group-based diabetes education⁸.



Commitment: The Five Year Forward View commits to harness "the renewable energy represented by patients" and "invest significantly in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses"⁹.



Diabetes Structured Education Attendance is an International Problem

Contents lists available at ScienceDirect

ELSEVIER **Journal of Patient Education and Counseling**

journal homepage: www.elsevier.com/locate/pateducou

PEC
Patient Education and Counseling

Discussion

Is diabetes self-management education still the Cinderella of diabetes care?

Lorna Hurley^{a,*}, Máire O'Donnell^b, Mary Clare O'Hara^a, Marian E. Carey^c, Ingrid Willaing^d, Heather Daly^c, Seán F. Dinneen^{a,b}

^aCentre for Diabetes, Endocrinology and Metabolism, University Hospital Galway, Galway, Ireland
^bDiscipline of Medicine, National University of Ireland Galway, Galway, Ireland
^cLeicester Diabetes Centre, University Hospitals of Leicester NHS Trust, Leicester, UK
^dDiabetes Management Research, Seno Diabetes Center, Gentofte, Denmark



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PEOPLE

Working with Practice and Policy Partners: Engaging Key People

Diabetes Research Prioritisation:
To allow the research agenda to be
informed by key stakeholders

Consensus Meeting (Oct 2014)	
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People with diabetes	6



Attending at
structured diabetes
education

Mc Sharry et al. *Research Involvement and Engagement* (2016) 2:14
DOI 10.1186/s13059-016-0893-6

Research Involvement
and Engagement

RESEARCH ARTICLE

Open Access

Prioritising target behaviours for research
in diabetes: Using the nominal group
technique to achieve consensus from key
stakeholders

Jennifer Mc Sharry¹, Mlou Fredin, Lisa Hynes and Molly Byrne

Working with Practice and Policy Partners: Engaging Key People

Email from Ronan Canavan
Diabetes Clinical Care Programme Lead
New national structured education co-ordinator.

“As Diabetes Research Prioritisation Meeting summary covered a number of structured education issues thought it would be useful to update you of this. Thought it good for you to know early in the process as the two projects may cover parallel themes and provide background info/support for each other”



Ronan Canavan
Lead National
Diabetes
Clinical Care
Programme



Margaret
Humphreys
National
Structured
Patient Education
Co-ordinator

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Working with Practice and Policy Partners: Engaging Key People



Sean Dinneen
Lead National
Diabetes
Clinical Care
Programme



Margaret
Humphreys
National
Structured
Patient Education
Co-ordinator

RESEARCH

Diabetes Structured Education Barriers to Attendance

DIABETICMedicine

DOI: 10.1111/dme.13120

Systematic Review or Meta-analysis

Reasons why patients referred to diabetes education programmes choose not to attend: a systematic review

G. Horigan¹, M. Davies², F. Findlay-White³, D. Chaney³ and V. Coates¹

¹Institute of Nursing and Health Research, University of Ulster, Magee Campus, Londonderry, ²Department of Clinical Psychology, Belfast Health and Care Trust, Belfast and ³Diabetes UK Northern Ireland, Belfast, UK

Can't Go

Won't Go



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Diabetes Structured Education ATTEND Qualitative Study

Aim

To explore barriers and facilitators to attendance at T2DM structured education programmes in Ireland



Gap:
Perspectives of
educators (n=14)

Gap:
Perspectives of
attendees (n=13)



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Working with Practice and Policy Partners: Engaging Key People



Sean Dinneen
Lead National
Diabetes
Clinical Care
Programme

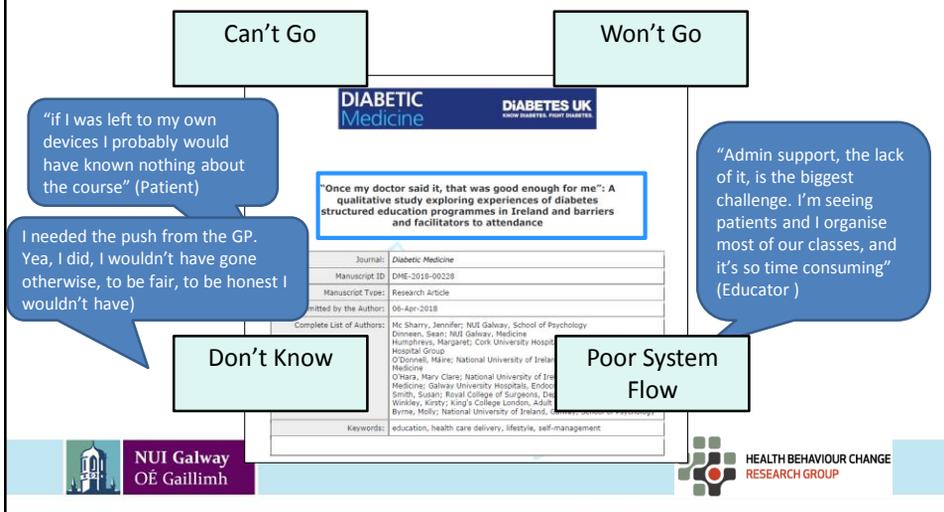


Margaret
Humphreys
National
Structured
Patient Education
Co-ordinator



Karen Harrington
National Clinical
Specialist Dietitian
(Diabetes)

Diabetes Structured Education ATTEND Qualitative Study



Diabetes Structured Education ATTEND Qualitative Study-Dissemination

Exploring Barriers and Facilitators to Attendance at Type 2 Diabetes Structured Education Programmes in Ireland: A Qualitative Study. Study Report

Research Team: Sarah Mc Dermott, Susan Dinneen¹, & Molly Byrne¹
¹ National University of Ireland, Galway, Ireland; ² Irish Diabetes Research Group, ³ School of Medicine, National University of Ireland, Galway; ⁴ Health Behaviour Change Research Group

Thank you for your involvement in this study either by taking part in an interview, or by recruiting participants. We very much appreciate you taking part.

Background
 The Health Behaviour Change Research Group at NUI Galway conducted a research prioritisation process and asked people with diabetes, health professionals and policy makers to identify the most important topics for research in diabetes. Low attendance at structured education for Type 2 diabetes (T2DM) was identified as a priority area for research in Ireland.
 Aim: To explore barriers and facilitators to attendance at T2DM structured education programmes in Ireland.

Methods
 13 people with T2DM who had attended at, or been invited to, one of the three programmes (CODE, DESMOND and X-PERT) available in Ireland and 14 educators took part in telephone interviews. We recorded and transcribed the interviews and analysed the interviews using inductive thematic analysis.

People with Diabetes (n = 13)		Educators (n = 14)	
Age	<ul style="list-style-type: none"> 50-59: 2 60-69: 6 70-79: 2 80+: 3 	Gender	<ul style="list-style-type: none"> Female: 14
Gender	<ul style="list-style-type: none"> Male: 8 Female: 5 	Programme	<ul style="list-style-type: none"> CODE: 4 DESMOND: 4 X-PERT: 6
Years since diagnosis	<ul style="list-style-type: none"> < 1 year: 1 1-5 years: 1 6-10 years: 3 > 10 years: 8 	Years delivered	<ul style="list-style-type: none"> < 1 year: 1 1-5 years: 6 6-10 years: 7
Programme attended	<ul style="list-style-type: none"> CODE: 6 DESMOND: 5 X-PERT: 2 Not attended: 0 		

Health Behaviour Change Research Group

Theme 2: More than Patient Attitudes - The Multiple Points of Non-Attendance

Lack of Awareness of Structured Education
 "It was left to my own devices I probably would have known nothing about the course" (Participant 8)
 "Health professionals may not have given the idea of structured education a lot of thought... And if you don't come knowing at least once and if it isn't in 'what they're not going to do'" (Educator 4)

Selection of Patients by Healthcare Professionals
 "Because we just assume they are referring everybody but they might not be, or what are they going to do?" (Educator 5)

Setting Education: Healthcare Professionals
 "I needed the push from the GP, I wouldn't have gone otherwise. To be honest I wouldn't have" (Participant 9)
 "We all agree that once the health care professional notices it there is a higher chance of coming" (Educator 7)

Patient Contact and Lack of Admin Support
 "Admin support (the lack of it) is the most biggest challenge. I'm seeing patients and I forget the most of our classes, and it's so time consuming" (Educator 9)
 "I don't get one mail on it removed" (Participant 6, didn't attend)

Time and Location
 "Just coming from why I was thinking I wouldn't go was just that I didn't fit in, I knew I needed it. But I was really just the timing and the inconvenience, that I would have to take time off work" (Participant 10)

Patient Attitudes and Characteristics
 "A case of the youth with his head in the sand, maybe it's got worse if I don't say anything about it" (Participant 4)
 "Sure I always say that, I always do that, sure your one is bringing something that I know... And I think it's an Irish thing maybe" (Participant 8)



Working with Practice and Policy Partners: Engaging Key People



Andrew Murphy
 Director HRB
 PC CTNI



Susan Smith
 Chair of
 Research ICGP



Sean Dinneen
 Lead National
 Diabetes
 Clinical Care
 Programme



Margaret Humphreys
 National
 Structured
 Patient Education
 Co-ordinator



Karen Harrington
 National Clinical
 Specialist
 Dietitian
 (Diabetes)

ATTEND PROJECT

Structured Attendance in T2DM Current National Context



Self-management support is defined as the systematic provision of education and supportive interventions, to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support (Adapted from Institute of Medicine, 2003)¹⁷.

Diabetes as model for other chronic disease SMS rollout

Working with practice and policy partners: Engaging with key people



Diabetes Database and Website Working Group



Sean Dinneen
Lead National Diabetes Clinical Care Programme



Margaret Humphreys
National Structured Patient Education Co-ordinator

Service User Involvement Groups

Brian Malone
Digital Content Manager
HSE Digital



Karen Harrington
National Clinical Specialist Dietitian (Diabetes)

Structured Education Attendance in T2DM ATTEND Qualitative Study-Dissemination

Exploring Barriers and Facilitators to Attendance at Type 2 Diabetes Structured Education Programmes in Ireland: A Qualitative Study. Study Report

Research Team: Cathy Mc Sherry, Margaret Humphreys, Sean Dinneen¹, & Maddy Byrne²
¹ National Institute of Cancer, Dublin, Ireland; ² Cork University Hospital, Cork, Ireland; ³ School of Medicine, National University of Ireland, Galway; ⁴ Galway University Hospital, Galway.

Thank you for your involvement in this study either by taking part in an interview, or by recruiting participants. We very much appreciate you taking part.

Background
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Aim: To explore barriers and facilitators to attendance at T2DM structured education programmes in Ireland.

Methods
 12 people with T2DM who had attended at, or been invited to, one of three programmes (CODE, DESMOND and XPERT) available in Ireland and 14 educators took part in telephone interviews. We recorded and transcribed the interviews and analysed the interviews using inductive thematic analysis.

People with Diabetes (n = 12)		Educators (n = 14)	
Age		Gender	Female: 14
Code	2	Programme	CODE: 4
Desmond	4	Programme	DESMOND: 4
XPERT	2	Programme	XPERT: 6
Sex		Years delivered	< 1 year: 1
Female	8	1-5 years	6
Male	4	6-10 years	7
Years since diagnosis			
< 1 year	5		
1-5 years	3		
6-10 years	3		
> 10 years	1		
Programme attended			
CODE	4		
DESMOND	6		
XPERT	2		
Not attended	1		

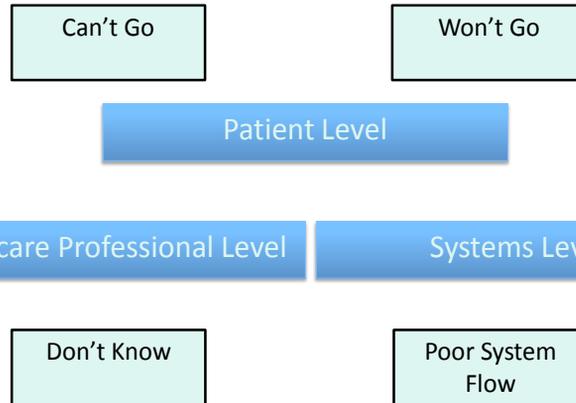
Logos: NUI Galway OÉ Gaillimh, HRB Health Research Board, HEALTH BEHAVIOUR CHANGE RESEARCH GROUP

Theme 2: More that Patient Attitudes - The Multiple Points of Non-Attendance

- Lack of Awareness of Structured Education**
 "If I was left to my own devices I probably would have known nothing about the course" (Patient 8)
 "Health professionals may not have given the idea of structured education a lot of thought... And if you don't state something at least once, and it's just 'haha! they're not going to be'!" (Educator 4)
- Selection of Patients by Healthcare Professionals**
 "Because we just assume they are referring everybody but they might not be, or what are they trying to think?" (Educator 5)
- Selling Education: Healthcare Professionals**
 "I needed the push from the GP. I wouldn't have gone otherwise. To be honest, I wouldn't have" (Patient 9)
 "We'd all agree that since the health care professional indicates it there at a higher chance of coming" (Educator 7)
- Patient Contact and Lack of Admin Support**
 "Admin support, the lack of it, is the worst support challenge. For sending permits and organising most of our classes, and it's so time consuming" (Educator 9)
 "I didn't get any mail on a way" (Patient 4, didn't attend)
- Time and Location**
 "Just coming from why I was thinking wouldn't go was just that it didn't fit in. I was a teacher. So I was really just the timing and the inconvenience, that I would have to take time off work" (Patient 12)
- Patient Attitudes and Characteristics**
 "A case of the ostrich with his head in the sand, maybe it's an easy if I don't see anything about it" (Patient 4)
 "Sure I always get that, I always do that, but you one is telling me something that I know... And think it's an 'oh, this more'" (Patient 8)



Structured Education Attendance in T2DM ATTEND Project



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Applying Research into Policy & Practice Post-doctoral Fellowships (ARPP) 2018

ATTEND Project

Personal Training Fellowship: 3 years full time

Aim: To develop a national strategy to promote attendance at structured education programmes in Type 2 Diabetes



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ATTEND Project



National Partners:



Placements:

HSE Digital (Health Service online user experience)
Centre for Effective Services (Implementation organisation)



Digital



Research Experience Abroad:

Li Ka Shing Knowledge Institute at St. Michael's Hospital
and University of Toronto (Sharon Straus)



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Conclusions

1. Priority

2. People

3. Research



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