



The Case for Diabetes Education at Level 2:

Worked example for those wishing to undertake education with Education for Health

Education for Health has created this document as part of our response to the *National Survey of the Roles and Training of Respiratory Nurses in the UK* published in October 2007. By freely providing the toolkit and worked examples of the toolkit in practice, we aim to provide as much support as possible to health care professionals wishing to study with Education for Health or other education providers.

Information in this document has been researched and prepared by Clinical Lecturers at Education for Health. It contains evidence based, disease specific information and relates entirely to studying this particular module with Education for Health.

This Business Case has been provided for the use of healthcare professionals working with patients with long term conditions. It is provided freely and in a way which can be personalised to health professionals' unique circumstances. Space has been left for health professionals to insert details from their own local health improvement plans. Indeed this information is vital if the case for education is to be presented strongly, clearly and effectively.

Worked examples similar to this are being prepared for every module offered by Education for Health. The complete list can be viewed and downloaded from www.educationforhealth.org.uk/pages/businesscase.asp

Health professionals will also find that the toolkit can be easily adapted to make their case for education in other disease areas or with other education providers. The toolkits are offered in Word in order to facilitate this.

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How to present and win your case for education

This toolkit is aimed squarely at those health professionals who share our passion for and commitment to continuing professional development which enables them to deliver measurable health improvements for their patients with long term conditions. It has been designed specifically to help your voice be heard in a fast-moving, complex and often 'noisy' healthcare community.

Step 1	Proposition	<ul style="list-style-type: none"> ▪ <i>Clearly and succinctly state your plan and objectives</i> ▪ <i>What are you aiming to achieve?</i> ▪ <i>How are you proposing to achieve it?</i> ▪ <i>Think about the people who will be making the decision - what is their prior knowledge of this clinical area?</i>
Step 2	Context / Strategic fit	<ul style="list-style-type: none"> ▪ <i>Briefly describe the National picture relating to the clinical area</i> ▪ <i>Focus on the size and scale of local need</i> ▪ <i>Relate your proposal to your local health improvement plans and strategic direction of your Practice or PCO</i>
Step 3	Benefit and impact of the education proposed	<ul style="list-style-type: none"> ▪ <i>Who will benefit from your education?</i> ▪ <i>Can you link it to the 10 High Impact Changes?</i> ▪ <i>How will your education have an impact on your Practice's performance in relation to target</i> ▪ <i>How will your education show improvements in patient care and patient quality of life?</i>
Step 4	Details of the proposed education	<ul style="list-style-type: none"> ▪ <i>What education have you identified?</i> ▪ <i>How will this education enable you realise these benefits?</i> ▪ <i>Demonstrate your commitment and motivation</i> ▪ <i>What are the timescales in which the benefits will be realised?</i>
Step 5	Evidence	<ul style="list-style-type: none"> ▪ <i>Why will your plan be successful?</i> ▪ <i>What evidence can you present to support your plan?</i> ▪ <i>Could anything jeopardise a successful outcome?</i>
Step 6	Support for the plan	<ul style="list-style-type: none"> ▪ <i>Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway.</i>
Step 7	Cost	<ul style="list-style-type: none"> ▪ <i>Clearly outline the real costs and timings</i> ▪ <i>Quantify estimated savings where possible</i>
Step 8	Next steps	<ul style="list-style-type: none"> ▪ <i>Once your plan has been agreed - What will you do next and when?</i> ▪ <i>Who else needs to know?</i> ▪ <i>Decide and agree how you will feedback the benefits achieved through undertaking this education</i>

Proposal to secure funding and 2 days study leave in order to undertake a 6 month distance learning diploma module in Diabetes.

(Insert your name, position, practice details and contact information here)

This education will enable me to directly implement research evidence and guidelines into my clinical practice and consequently lead to outcomes which will benefit our patients, General Practice, and Healthcare Community. Opportunities for personal reflection and supported learning over this period of time will additionally ensure that these benefits are sustainable and provide lasting value.

The Department of Health's Discipline of Improvement in Health and Social Care ¹ (discussed in more detail in Section 3) describes 4 levels of knowledge and skills. I have used this model to establish my current levels of knowledge, understanding and experience. In this way I have been able to plan development of my competences within the remit of Agenda for Change in a way which is also meaningful within the Knowledge and Skills Framework (KSF) and Skills for Health (National Workforce Competences)²

I am keen extend my knowledge and skills up to an advanced level. This will in turn expand the Practice's ability to offer greater access to patients, increase our ability to accurately review patients, and enable more patients with respiratory disease to be correctly diagnosed and effectively treated.

CONTENTS:

1. Concise description of the National and Local picture of Diabetes as a CVD, what it is, and the challenge it presents to (Insert name of healthcare community here) and it's health improvement plans
2. Brief discussion on the potential benefit and impact that this education could bring to (insert name of Practice here)
3. Details of the educational module which will bring about this benefit
4. Supporting evidence relating to the likelihood of achieving positive outcomes
5. Local support for the plan and during the learning process
6. Costs
7. Next steps

1. **The National and Local picture of Diabetes as a CVD and its relation to the local health economy of** *(insert name of your PCO here)*

The updated NICE guidelines for Type 2 diabetes (www.nice.org.uk) underline the fact that Type 2 diabetes is a potentially preventable condition which can result in a wide range of vascular complications leading to repercussions for the patient, the family and the NHS. NICE say that the economic impact of this disease includes the direct cost to the NHS, indirect cost to the economy, including the effects of early mortality and lost productivity and the impact of diabetes and its complications on patients and their families. Life expectancy can be improved if factors such as blood glucose, blood pressure, lipid management and smoking are tackled effectively. A 60-year-old man, newly diagnosed with type 2 diabetes, can expect to lose 8–10 years of life unless he is properly managed.

The delivery of care for type 2 diabetes is well established in Primary Care but morbidity is still high despite drug therapies, national guidelines, and the quality and outcomes framework (QoF).

As an interested *(insert your role or position here)* I am in a key position to have a positive impact on the fall out from type 2 diabetes for patients and the General Practice economy by concentrating on better diagnosis, better treatment, better follow-up, better patient education and appropriate management strategies. To do this effectively I need to develop an appropriate level of knowledge, skill and experience.

National picture

- Over 90% of diabetes is type 2 diabetes. The prevalence is estimated at 3% but many people are undiagnosed. The diabetes epidemic is likely to increase in view of current levels of obesity and overweight.
- More money is spent on treating the complications of diabetes than treating the diabetes itself, so prevention of these complications should be paramount. Effective preventative therapy is available but may not always be initiated.
- NICE stress the importance of ongoing education for patients with diabetes as being a key factor in facilitating better management, but health care professionals need educating themselves before they can support and enable patient centred care

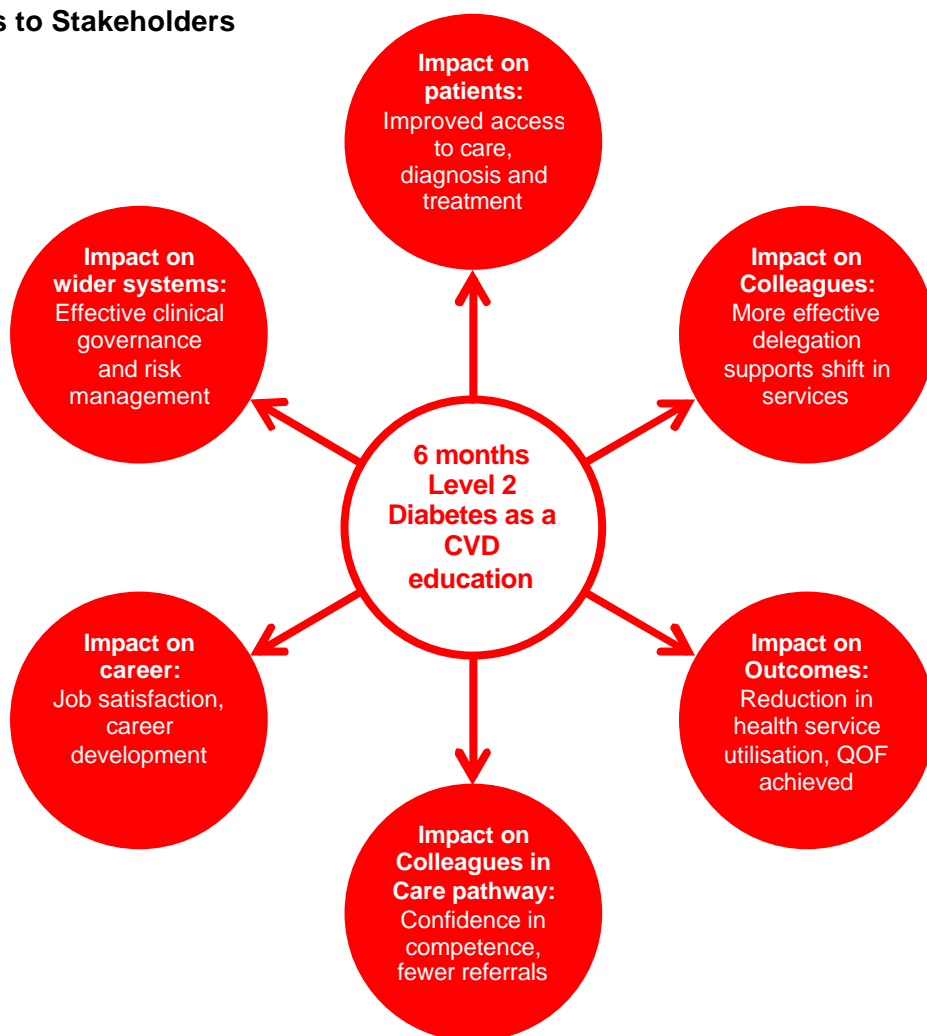
Local picture:

Insert details relating to Diabetes as a CVD from your local health improvement plans and / or strategic direction of your Practice or Primary Care Organisation (PCO)

2. **The benefits and impact of Diabetes as a CVD education**

The Department of Health's '10 High Impact Changes' for service improvement and delivery³ were initially assessed against 5 categories; this set of measures makes an excellent means to assess the benefits of this Diabetes as a CVD education:

Benefits to Stakeholders



The impact of gaining Diabetes as a CVD education on performance targets and patient outcomes:

The knowledge and ability to:	Contributes to organisational key performance targets by....	Leads to improvements in patient care and quality of life by....
Diagnose diabetes and cardiovascular risk factors	<i>Ensuring disease registers contain accurate, up to date information as required by the QoF</i>	<i>Allowing people with diabetes and CVD risk to be identified early, ensuring access to the treatment which will control their condition</i>
Provide guidelines based treatment of diabetes as a CVD	<i>Carrying out effective reviews as required by the QoF</i>	<i>Patients can be confident that they are receiving the best available care and treatment</i>
Deliver evidence based management of diabetes and CVD risk	<i>Ensuring treatment is in line with local and national clinical governance and is cost effective</i>	<i>Ensuring that all patients receive care targeted at their own individual needs</i>
Underpin knowledge with practical skills and techniques relevant to the care of patients with diabetes	<i>Ensuring best practice in terms of drug selection and effective patient education</i>	<i>Developing a partnership approach which enables patients to manage their own condition effectively</i>

3. Details of the educational module which will bring about this benefit

I have identified the **Education for Health Diabetes as a CVD distance learning module at Level 2** as the course which will best enable me to acquire the knowledge and skills to practice at an advanced level in Diabetes as a CVD

This particular course brings the following benefits to our patients, the practice and to me:

1. It is based on the latest research evidence and guidelines, is focussed on, and highly relevant to, delivering exceptional care to Diabetes as a CVD patients in Primary Care setting
2. It impacts least on my colleagues in relation to time out of the practice (just 2 days over 6 months). On the other hand it is fully supported at every stage by means of a student help line for clinical and academic enquiries and a dedicated Education Coordinator.
3. It provides clear value for money - Education for Health is a non-profit making, registered medical charity which obtains no core funding. All money raised from student education is reinvested to develop and deliver new and innovative educational programmes for health professionals working with patients with one or more long term conditions
4. It meets my learning needs and style, and fits in with my personal life and situation. The fact it is distance learning means I can study at my own pace at times which suit me, my family and my practice commitments
5. It is highly regarded by Diabetes Nurse Specialists on a National basis for its adherence to and advancement of evidence based practice
6. Its national accreditation by the Open University, and fact it is the preferred Diabetes as a CVD education of many PCT's and SHA's and Government health departments demonstrates its ability contribute effectively to local and national health improvement programmes
7. It is well established and can form part of a Degree or Diploma Programme in the Management of Long Term Conditions.

Current Level of knowledge and skills ¹	
0 Knowledge and skills not yet developed	<ul style="list-style-type: none"> ▪ I have had no experience ▪ Even though I know a few general principles, I have not developed any skills
1 Core knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill in my work but infrequently ▪ I feel capable of applying some aspects, to some situations with appropriate and effective support and direction
2 Advanced knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill frequently in my work ▪ I feel capable, confident, and with direction, I can apply this skill to most situations ▪ I have a depth of understanding to be able to explain the basic principles to others
3 Expert knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill regularly in my work ▪ I have the understanding and capability to apply and adapt this skill with confidence in complex work situations ▪ I can act fully independently and provide direction, support and advice to others ▪ I am confident that I could explain the principles, application, advantages and disadvantages to others.

The module realises the benefits of Diabetes as a CVD education for my patients and practice:

The course takes the form of a 6 month learning program which is timetabled into a series of units which cover different subject areas. These are supported by 2 facilitated study days, self assessment and reflective learning activities, and a recommended reading list. The Study days are highly interactive, include discussion and practical group work and provide opportunities for me to exchange ideas with professional colleagues. Assessment is by examination and coursework.

The units covered include:	Current level of skills....	Skill level after the course
<p>1. Over view: <i>What is diabetes; aims of treatment for diabetes; what is metabolic syndrome; aims of treatment for metabolic syndrome; role of primary care in managing diabetes and metabolic syndrome.</i></p>	<p>Indicate details here</p>	<p>2</p>
<p>2. Pathophysiology in diabetes and metabolic syndrome: <i>How the body handles glucose and what can go wrong; how insulin resistance arises and increases cardiovascular risk; why is it important to tackle obesity; why do people become obese.</i></p>		<p>2</p>
<p>3. Risk assessment and diagnosis: <i>Signs and symptoms of type 2 diabetes; diagnosing diabetes and other categories of hyperglycaemia; assessing patients with or at risk of diabetes; screening for complications; multifactorial risk factor interventions in patients with type 2 diabetes.</i></p>		<p>2</p>
<p>4. Supported selfcare: <i>Education for self-management; living with diabetes; what support do patients need about their medicines; monitoring and self-management; sources of information for patients.</i></p>		<p>2</p>
<p>5. Lifestyle modifications: <i>Lifestyle interventions for management of diabetes; delivering lifestyle interventions to patients with diabetes; lifestyle interventions to prevent type 2 diabetes.</i></p>		<p>2</p>
<p>6. Pharmacological management of diabetes: <i>Treatment for lowering glucose; pharmacological therapy for reducing cardiovascular risk; treatment for microvascular complications of diabetes; pharmacological therapy for preventing diabetes in high risk patients.</i></p>		
<p>7. Organisation of care: <i>The National Service Framework for diabetes; The National Institute of Health and Clinical Excellence; The evolving role of primary care within the diabetes care team; Auditing diabetes care; Quality and Outcome Framework of the General Medical Service contract.</i></p>		

4. Supporting evidence relating to the likelihood of achieving positive outcomes

An increasingly robust evidence base shows measurable improvements in the health of patients with long term conditions when the ability to diagnose, treat and provide follow-on care is underpinned with reflective, evidence based, and practical health professional education which takes place over time. Education of this quality enables change in practice to become embedded and sustainable.

The most significant research evidence relates to a randomised control trial⁴ conducted by Education for Health which showed that patients being cared for by health professionals who had undergone standardised, accredited education showed significant improvements in their health related quality of life and health outcomes.

In addition Education for Health is collating a wealth of case studies which show that nurse education is fundamental to the success of initiatives which aim to improve patients' quality of life and health outcomes and decrease medical encounters.

5. Support for the plan

Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway

6. Costs

Type of cost:	Item:	Actual cost to practice:
One-off costs	1 place on Education for Health Diabetes as a CVD (level 2) course. Includes all distance learning materials, attendance on the 2 study days and full access to the Student help line	£595
On-going costs	None	None
		TOTAL: £595

7. Next steps

The next Diabetes as a CVD course starts on (insert dates). The 2 study days are in (insert location) on (insert dates). To register I will need to send a completed application form and payment / invoice details by (insert date)

The course completes on (insert date)

References:

1. Discipline of Improvement in Health and Social Care (Penny 2005)
2. For information on Agenda for Change and the KSF visit the DoH website – Policy – Agenda for Change
3. 10 High Impact Changes for Service Improvement and delivery. www.modern.nhs.uk/highimpactchanges
4. Sheikh et al. Clinical and Experimental Allergy 2007;37:90-99