

Evaluation of a Diabetes Self-Management Program: A Feasibility Study

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Background

There has been a shift from paternalistic, to partnership models of care in developed healthcare systems (Cochrane 2006). In the UK health policy has paid increasing attention to initiatives designed to support people with long term health conditions (NICE 2005). The NHS Plan (2000) set out a vision by which the NHS is to become a resource which people routinely use to look after themselves. Lay-person led self-management programs are becoming more common, and are part of a widespread strategy in the attempt to improve cost effectiveness of treating the increasing number of people with diabetes (Gillet et al., 2010).



Aims and Objectives

To assess the feasibility of conducting a RCT to evaluate the effectiveness of the DSMP in a Welsh population this trial will explore;

- Effectiveness of recruitment strategy and willingness of health professionals to refer participants
- Number of eligible participants, and willingness to take part and be randomised
- Follow up rates, response rates to questionnaires, adherence rates for both groups
- Identify variability in outcome measures

To explore a range of factors that could inform future delivery of the DSMP the process evaluation will assess;

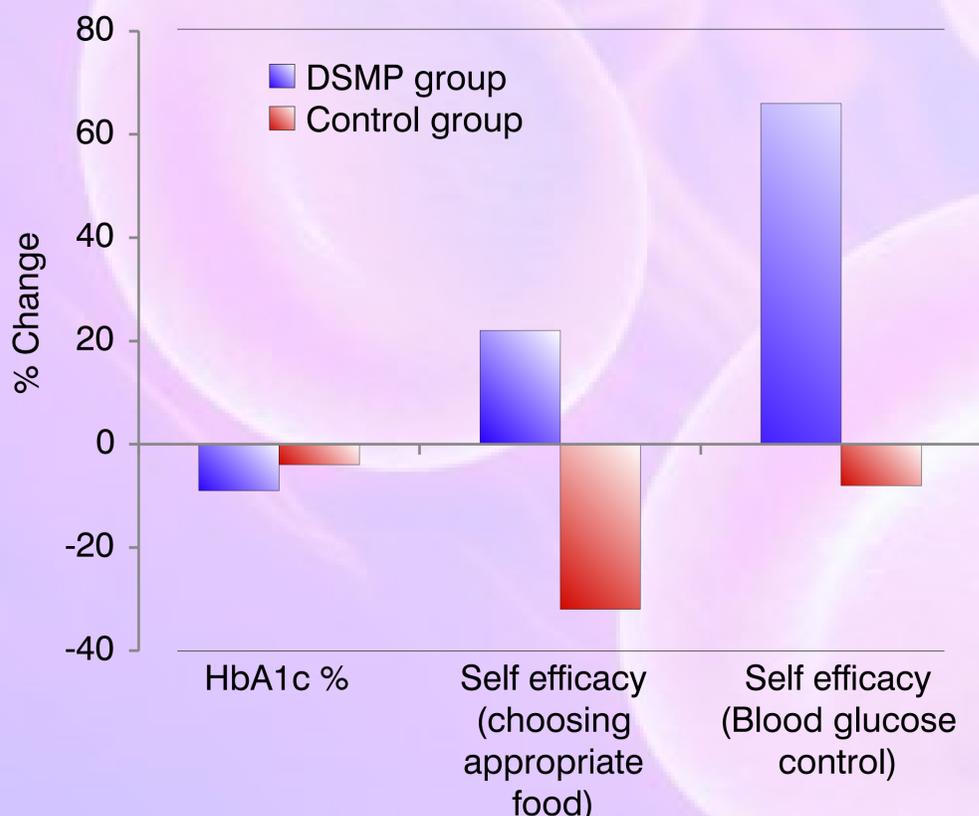
- Feedback from participants and tutors about the delivery of the DSMP (venue, time, format, content, tutor participant interaction, follow up)
- Impact of DSMP on outcomes

Results (in progress)

7.9% of eligible referred patients took part in the study, of those allocated to DSMP 77% completed the program. Participant course evaluations are positive:

"With the excellent tutors breaking it down into bite size pieces over the six weeks I was able to understand how I could take control of my diabetes."

To date 50% of the study population have been invited back for 3 month follow up: of which 47% attended.



Problem

Hywel Dda University Health Board is working towards increasing the provision of programs, thus meeting the criteria laid down by the Department of Health, and the Diabetes UK report on structured education. NICE clinical guideline CG66 recommends that patient education programs should meet these criteria, and to date DESMOND and X-PERT have achieved this. With the increase in provision required, it is essential that additional programs such as the DSMP are evaluated in different populations.

Implementation



Conclusion

There are positive changes in most of the DSMP outcomes. Participation in exercise was not increased following DSMP; to increase exercise participation an exercise intervention would be required. Participants said they would recommend the course to others and are applying new knowledge to everyday life. Suggested improvements were few; evening/weekend workshops and more information about diet.

Future directions

Focus should be directed towards recruitment strategies for both research studies and self-management programs. To date the evidence suggests that DSMP is a successful method for supporting individuals with diabetes in managing their own condition.