

# Information booklet of long term condition management

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**Community Care and Management of Longer-term Condition**  
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## 1. Introduction

### 1.1 Evaluation of Long-term Condition

Diabetes mellitus is a chronic metabolic disorder which is characterized by high blood sugar levels, which serve as a defining feature of such disease (Soares et al., 2023). This type-2 diabetes (T2DM) affects around (90% - 95%) of diabetic patients, and often, the therapy also fails to manage blood glucose levels and other multiple chronic conditions (Artasensi et al., 2020). It has a tremendous negative impact on millions of people worldwide, which in turn creates severe health problems and adds up to enormous pressure on healthcare systems. According to the World Health Organization, the number of people living with diabetes is expected to increase in the coming years (Artasensi et al., 2020). This multifactorial chronic health condition is brought on by a number of inherited or environmental variables. The prevalence of diabetes varies by race, such as in Black and Hispanic people, and some minors, including American Indians and natives of Alaska, are more prone to have the disease because of a particular inheritable profile (Artasensi et al., 2020).

### 1.2 Prevalence in the UK and Worldwide

All over the world, the prevalence of type-2 diabetes has reached an epidemic stage, which has created serious public health problems. The international diabetes federation has estimated that 463 million persons globally had diabetes in 2019, and that quantitative examination is expected to provide a number of 700 million by 2045 (Rajput, Ashraff and Siddiqui, 2022). The occurrence of diabetes is particularly high in low and middle-income nations, where there is remote access to healthcare facilities and adequate resources for management and federation. Rajput, Ashraff, and Siddiqui, 2022 also highlighted in their study that more than 5 million individuals in the UK are expected to report having diabetes, and a new 13.6 million people have been identified as being at high risk of developing the condition. The study also elaborated, based on diabetes' periodic frequency, that more than 500 people in the UK pass away abruptly each week as a result of the disease. The study further narrowed down and stressed on the overall dangerous impact of diabetes on the healthcare system (John, Jacob and Kontoyiannis 2021), with a sizable amount of healthcare spending going towards diabetes-related services, such as medication, hospital stays and management of complications.

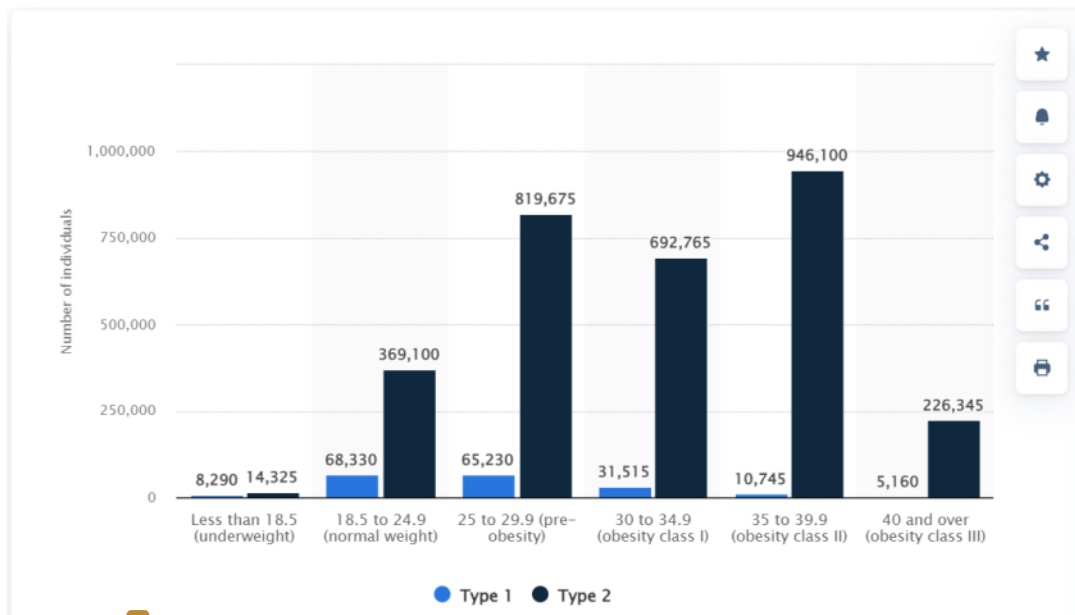


Figure.1: Number of people registered with diabetes in England and Wales from 2017 to 2018 by body mass index.

Source: Statista research department (2022).

The above-given figure represents the number of diabetic patients in England and Wales from 2017 to 2018. Through the analysis of the above figure, it can be concluded that type - 2 diabetes is detrimental to the health of the local UK population, which includes children, youth, adults, and the elderly's. This disease has affected generations, genders, and people. Seeing the above figure, a child below the weight of 20 kg to a full-grown human weighing 40 kg and above is type-2 diabetes hitting all. According to Alam et al., (2021), reduced physical activity and a diet higher in fat and salt due to urbanization, mechanization, and globalization result in obesity and elevated blood pressure, which is a major reason for diabetes in developed nations like the UK and similar countries like that.

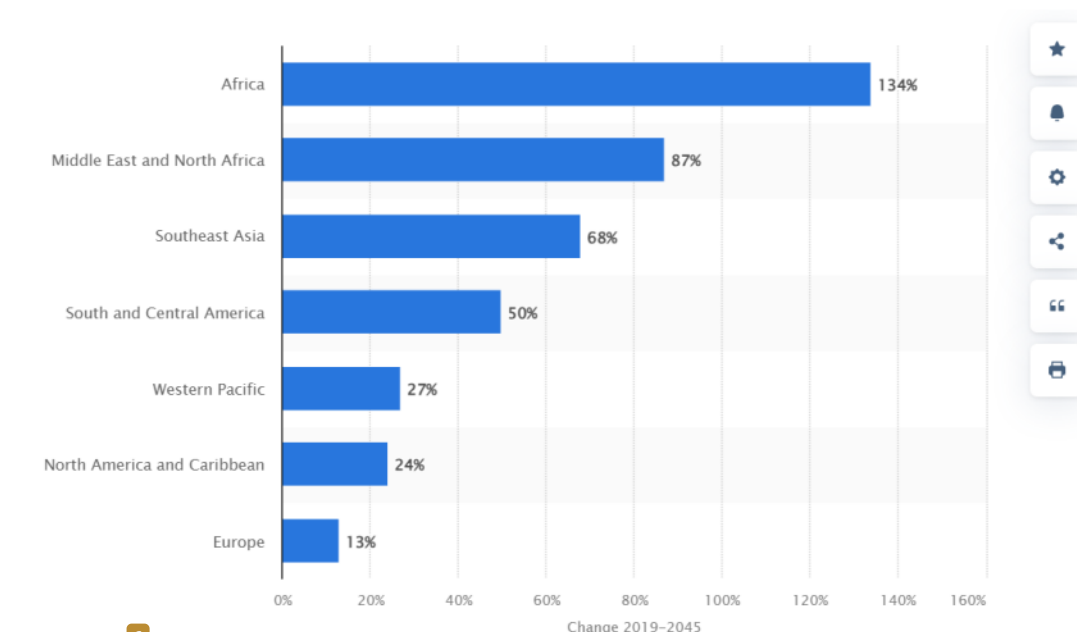


**Figure 2:** Increase in the number of people with diabetes worldwide between 2021 and 2045 by region.

**Source:** Statista research department, (2021).

The above-given figure shows an increase in the number of diabetic patients worldwide between 2021 and 2045, sorted by different regions. In this period, the number of diabetics in Europe who are aged between 20 and 79 years is expected to increase by 13%. In contrast, the most hike in the number of patients from the above-given figure can be seen in Africa, which is 134%, which is quite fatal and dangerous. According to Standl et al., 2019 this increase in the number of patients worldwide and specifically in Africa, is due to poor health and research facility and largely dependence on junk and fast food, which has a high glycemic index which in turn gets converted into diabetes.

### 1.3 Risk Factor

The most recent form of diabetes is almost related to life factors; significant risk factors include ageing, rotundity, passive gestation, poor dietary choices, and passive gestation. The susceptibility to type-2 diabetes is affected by inheritable factors as well, pressing the interaction of genetics and life. 1 out of 10 women has digestive diabetes during pregnancy. Hormonal changes during pregnancy can impair insulin function, which can result in situations where blood

sugar levels are elevated (Martín-Peláez, Fito, and Castaner, 2020). <sup>41</sup> Women who experience gestational diabetes are more likely to develop Type 2 Diabetes later.

## 2. Critical Evaluation of Impacts

### 2.1 Physical Impact

According to Sankar et al. (2020), Diabetes Mellitus may have a major and diverse physical influence on a person's health in many different ways. The family providing care may potentially be affected more broadly by these physical ramifications. The effects of complications, including heart disease, neuropathy, and foot issues, can be very detrimental to a person's physical health. These issues might lead to disability, decreased movement, and ongoing pain. Aid with daily living tasks, such as personal care, mobility aid, and medication management, may be required from family members (Hameed et al., 2020.). They could also be required to go with the patient to appointments and assist with navigating the medical system in order to obtain specialized care for these difficulties. <sup>47</sup> The Centers for Disease Control and Prevention (CDC) reports that <sup>40</sup> diabetes accounts for nearly half of all new cases of kidney failure in the United States (CDC, 2020). Diabetes patients encounter sudden problems like hypoglycemia or hyperglycemia that may call for urgent medical attention. Family members need to be aware of the <sup>54</sup> signs and symptoms of these situations, understand how to control their diabetes, and be ready to act quickly. As they must constantly be watchful and prepared to help in emergency circumstances, this obligation can cause the family additional stress and worry (Armas Junco and Fernández-Hawrylak, 2022). <sup>45</sup> The care of diabetes frequently calls for major lifestyle adjustments, such as maintaining a <sup>16</sup> balanced diet, getting regular exercise, checking blood sugar levels, and taking medications as per prescribed. <sup>16</sup> According to the national institute of Diabetes and Digestive and Kidney Diseases (NIDDK), approximately 60-70 % of people with diabetes have some form of neuropathy (NIDDK,2020). Family members may need to assist with food preparation, engage in physical activity as a family, and provide an atmosphere that is supportive of the individuals' self-care in order to support and promote these improvements. To create a supportive atmosphere, they may also need to make changes to their own eating patterns and practice healthy practices. The costs of managing diabetes, such as those for doctor visits, prescriptions, glucose monitoring supplies, and specialized equipment, can be prohibitive for both the patient and their family. To make sure the essential resources are accessible, family members might need to change their budgets, look for more financial assistance, or figure out their insurance coverage. Managing these expenses could put the family's overall financial stability under stress.

## 2.2 Psychological Impact

According to Kuniss et al. (2019), fear and anxiety might be brought on by the possibility of developing long-term illnesses linked to diabetes, such as heart disease, kidney issues, and eyesight loss. People may be preoccupied with thoughts about Their health and how it could affect their future. These worries and dread for the safety of a loved family members may share one. To ally these anxieties, they could want assurance, instruction on risk management, and direction on preventative steps. Emotional distress, such as worry, sadness, and stress, can result from the challenges of managing diabetes. The ongoing need for self-care, the worry about complications, and the psychological strain of dealing with a chronic ailment can make people feel overburdened. Family members may watch and go through the emotional struggles their loved one is going through, which can be difficult on their own emotional health. They might need to comfort the person emotionally, listen<sup>57</sup> sympathetically, and urge them to get professional assistance if necessary. For example, a study published in the Journal of Diabetes Research found<sup>48</sup> that individuals with diabetes have a higher rate of anxiety and depression compared to the general population (Alamri et al., 2020). The emotional distress may manifest as feelings of frustration, helpless, or fear related to diabetes management.



**Figure 2:** Psychological Impact on Care Workers.

**Source:** Blake et al. (2021).

The specific emotional load that people with diabetes suffer is referred to as diabetic distress. It includes all of the emotional difficulties linked to managing diabetes, such as the need for self-care, anxiety about hypoglycemia, concerns about blood sugar control, and feelings of guilt about lifestyle decisions. According to (Fisher et al. 2020), 40% of people with type1 or type2 diabetes report experiencing moderate to severe levels of diabetic discomfort. Given that this anxiety might have an effect on a person's psychological health, it is crucial to address it and offer the proper assistance.

## 2.3 Social Impact

A person's relationships and social life can be significantly impacted by diabetes mellitus in a variety of ways. These societal repercussions may also affect the extended family that provides care. A person's relationships and social life can be significantly impacted by diabetes mellitus in a variety of ways. These societal repercussions may also affect the extended family that provides care. According to (Pope et al. 2022), family members of individuals with diabetes often take on caregiving responsibilities, with spouses assuming the primary caregiver role in 68 % of cases. This in family dynamics can impact relationships and require adjustments in daily routines and responsibilities. The management of diabetes frequently necessitates changes in a person's lifestyle, such as food restrictions and adherence to medication regimens. Social activities like going out to eat, going to parties, or taking part in certain events may be impacted by these changes. To assist the individual's involvement in social events, family members may need to make accommodations and modifications, which might call for more preparation and thought. The management of diabetes frequently necessitates changes in a person's lifestyle, such as food restrictions and adherence to medication regimens. Social activities like going out to eat, going to parties, or taking part in certain events may be impacted by these changes. To assist the individual's involvement in social events, family members may need to make accommodations and modifications, which might call for more preparation and thought. According to Chowdhury et al. (2022), 24 % of the respondents to the survey experienced some form of discrimination at work due to their diabetes, such as being denied job opportunities or facing challenges with workplace accommodation. Access to social support networks and educational resources is necessary for managing diabetes. Providing emotional support, promoting self-care behaviours, and taking part in educational programs are all important roles that family members may play. Supporting the diabetic person in using these resources and standing up for their demands can have a beneficial effect on their social well-being.

## 3. Theoretical Model

### 3.1 UK Model for improved outcomes

#### House Care Model

| Area of Focus     | Description                                                                                                                                                                                                                     |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personalised care | The model focuses on ensuring that people with diabetes contain the resources and information that support them on a regular basis. This includes providing access to online education assets, care lines, online forums, peer- |

|                      |                                                                                                                                                                                                                                                                                                         |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | to-peer groups, and physical groups.                                                                                                                                                                                                                                                                    |
| <b>Collaboration</b> | The model focuses on coordination with the healthcare system across the UK in order to collaborate with diabetologists, endocrinologists, diabetes professionals, nurses, and people with diabetes in order to ensure the high-quality care and services provided to the people in an effective manner. |
| <b>Technology</b>    | The model provides the benefits of diabetes technology that is always available for people with type 1 diabetes and supports the rapid increase of diabetes technologies throughout England.                                                                                                            |
| <b>Prevention</b>    | The model focuses on tackling the diabetes crisis and preventing type 2 diabetes.                                                                                                                                                                                                                       |
| <b>Transitions</b>   | The model focuses on providing a better quality of care and transition services, including psychological support to young people with diabetes and experiencing poor health conditions.                                                                                                                 |

The House Care Model is a comprehensive strategy that aims to improve crucial facets of diabetes treatment in order to allay the worries of those who have diabetes. Making ensuring people with diabetes have access to the tools and knowledge they need to sustain themselves in daily life is its fundamental goal. The Home Care Model seeks to both successfully treat type 2 diabetes and delay its development by encouraging self-care and empowerment. The provision of diabetes support and education in a home environment is one of the core elements of the home care model Rayman and Kar (2020). Giving people the information and abilities to manage their diabetes on their own includes teaching them how to check their blood sugar levels, inject insulin, and lead healthy lifestyles. The House Care Model also emphasizes the value of individualized care plans made to meet the particular requirements of each diabetic person. These care plans could entail frequent visits from medical staff members who can offer direction and support, such as nurses or nutritionists. The model acknowledges the importance of psychological health in managing diabetes and may include access to counselling or support groups to handle any potential emotional difficulties(Beheshti et al., 2022).

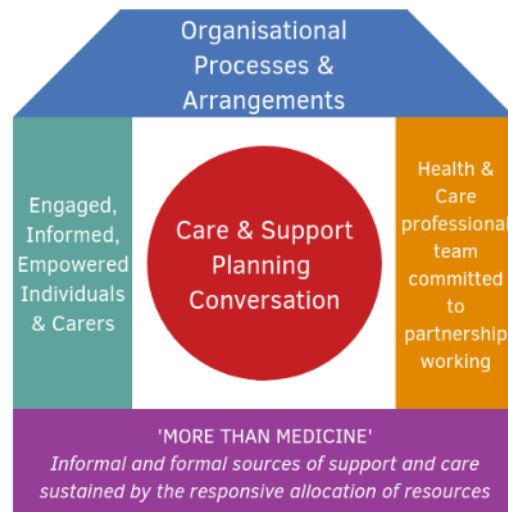


**Figure 3: House Care Model**

**Source:** Health and Social Care Alliance (2023)

The House Care Model also emphasizes the advantages of utilizing technology to improve diabetes care at home. This can involve using insulin pumps, glucose monitors, or smartphone apps that enable remote monitoring and interaction with medical professionals. The concept intends to increase the precision and effectiveness of diabetes by utilizing technology. The home treatment model has suggested conceivable enhancements to the services and care for diabetic patients. By placing a strong emphasis on self-care, personalized treatment plans, and the use of technology, it fosters a complete approach to controlling diabetes. This paradigm recognizes the need to provide patients with a supportive environment so they may effectively manage their condition while residing at home. A framework for providing high-quality diabetes care that empowers patients, encourages self-management, and makes use of technology to enhance patients' general well-being is provided by the home treatment model (Rayman and Kar, 2020). This idea may make it easier for people with diabetes to work together for better health outcomes and more efficient diabetes control with the aid of healthcare experts. The House Care Model (NHS) focuses on the urgent need for improvement in key facets of diabetes care in order to solve the issues faced by people with diabetes. The idea is to guarantee that those with diabetes have access to the resources and information that may routinely assist them. The fundamental objectives of the House Care Model (NHS) are to reduce the diabetic epidemic and prevent type 2 diabetes. This strategy fosters the rapid spread of diabetes technologies throughout England

and benefits always-accessible diabetes technology for people with type 1 diabetes. The House Care Model (NHS) focuses on providing better care and transition services, including psychological support, to young people with diabetes and other health conditions. The major area of the model focuses on coordination with the healthcare system across the UK in order to collaborate with diabetologists, endocrinologists, diabetes professionals, nurses, and people with diabetes in order to ensure the high quality of care and services provided to the people in an effective manner. These models focus on providing potential information with the help of effective communication among the people with diabetes and share all the information that provides the treatment procedures of diabetes care.

### 3.2 International Model for improved outcomes

#### Chronic Care Model (CCM)

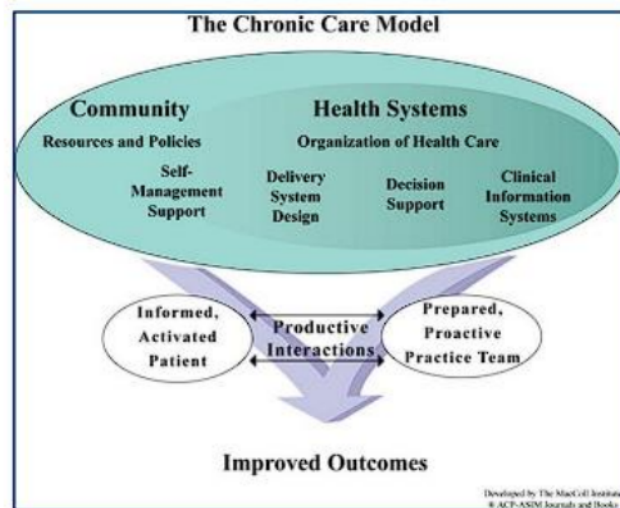


**Figure 4: Chronic Care Model**

**Source:** ACT (2023)

The understanding and management of long-term illness have been influenced by a variety of theoretical instances. A popular and influential perspective is the chronic care model plus, which emphasizes initiative-taking coordination and patient-centred care through six essential elements (Jordan and Harrison, 2021). The case-centred medical home is one of the habitual care models(CCM PLUS) that has reportedly been demonstrated to give a multifaceted result to

effectively managing habitual illness and multimorbidity in primary care. In general, this improved primary care model entails general practitioner (GP)-led care as a member of a multidisciplinary team (MDT) that aims to provide patient-centred care that is also comprehensive and coordinated, with an emphasis on tone operation and patient education (John et al., 2020). A growing body of research has shown that PCMH care models are more efficient than standard GP care at addressing biomedical, HRQoL, sanitarium, and financial issues. This research has been conducted primarily on the world stage, covering every possible nation; for instance, the Integrated Chronic Care Service (ICCS) in Canada implemented the CCM+ principles. The ICCS saw significant improvements in patient satisfaction, self-management, and fewer hospitalizations by fostering communication and collaboration between healthcare providers and utilizing community resources (John et al., 2020). The inclusion of community health workers, improved care coordination, and better access to resources in a community-based initiative aimed at managing diabetes resulted in better glycemic control, increased medication adherence, and fewer hospitalizations. Personalized care plans, remote monitoring, and social support networks were all implemented using the CCM+ framework in a population health management program for people with heart failure (Pamungkas et al., 2019). Reduced readmissions, enhanced quality of life, and greater patient satisfaction were the outcomes of this strategy.

#### 4. Implementation of Local and National Agenda

Diabetes mellitus is considered the most complex chronic condition, with a rapid increase in mortality, morbidity and economic burden worldwide. In order to prevent the long-term condition of diabetes mellitus management, the World Health Organization (WHO) declared the commitment of member states to focus on prioritizing disease prevention and health promotion. Diabetes is one of the four priority long-term conditions that has been initiated by WHO in order to provide treatment for an individual (Whelan and Bell, 2022.). For instance, the NHS initiated the Diabetes Prevention Programs (DPPs) that focus on providing an evidence-based behaviour change intervention to people with developing diabetes. Commissioning Arrangements for DPP are provided by four behaviour changes by organizations initiated by the NHS. The programme provides the services that are initiated across the 41 geographical regions. The NHS provided the guidance that indicated the implementation was not prescribed beyond ensuring the effect of workload on general practices. The involvement of local practices is limited to recognizing and suggesting people to the DPP.

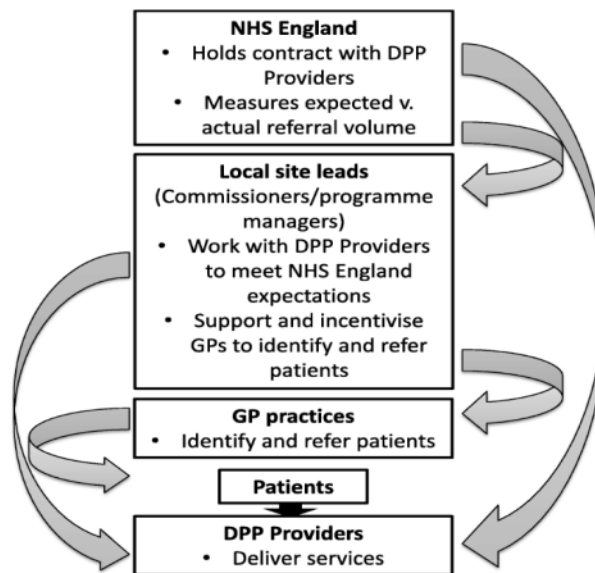


**Figure 5:** Implementation of the DPP in the NHS

**Source:** Stokes *et al.* (2019)

The above figure showcased the implementation of the DPP in the NHS that involves the local and social care agendas. The figure shows the hierarchical relationship and direct relationship between NHS leads and DPP providers. Implementing the national DPP program plays a crucial role in the context of healthcare, with the contribution of WHO successfully implementing the DPP to initiate the NHS that will be increasingly faced by the health system across the globe as the purpose established to adjust demand pressures. All reasonable procedures have been initiated by the WHO to verify the information included in the DPP program. This provides better health care and promotes developmental initiatives for diabetes mellitus management for long-term conditions.

## 5. Recommendation for Person-centered care approach and Self-management

According to the National Institute for Health and Care Excellence and the Institute of Medicines, person-centred care approaches effectively become the parameter of quality assessment. The healthcare environment transforms from an episodic and acute treatment to a coordinated, team-based, the values of attaining the high clinical parameter in chronic diseases. The individual healthcare providers, as well as health systems, set up the core strategies to implement the person-centred care approach and self-management. Person-centred Medical Home (PCMH) is

the team management that includes main elements such as commitment to quality and safety; another is the care that is comprehensive, person-centred, and accessible. The PCMH model supports consistency methods to assist smooth decision-making. Moreover, performance management and improvement involve the elements such as patient satisfaction and experiences (Chen *et al.* 2019). The model focuses on improving the chronic illness and care provided by the team of care providers. On the other hand, the Accountable Care Organization (ACO) framework of care focuses on building the care coordination among the providers and entities. ACO includes groups of doctors, the health care system and other providers with the set aim of coordinated, high-quality and efficient care for people with diabetes (Lewis *et al.* 2019.). Further, these frameworks can be effective in order to build a strong diabetes mellitus management in order to promote a person-centred care approach and self-management to prevent diabetes illness and chronic illness with effective care and treatment. For instance, the American Association of Diabetes adopted the PCMH and ACO frameworks in order to provide better healthcare services to people with chronic illness and diabetes illness (Gabbay *et al.*, 2020). The American Association of Diabetes is a suitable example to recommend a comprehensive person-centred approach and self-management support (Powers *et al.* 2020).

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