



Component 1

“Information Booklet of Long- term Condition Management”

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INTRODUCTION

Type 2 Diabetes Mellitus (T2DM) is amongst widely recognised chronic diseases in the world and is a significant public health problem (Davies, et al., 2026). It is defined by hyperglycaemia of long duration caused by insulin resistance and steady loss of insulin-producing competence by the pancreas which make it difficult for the body to control blood glucose. Type 2 diabetes is strongly linked to lifestyle, environmental and genetic factors, whereas Type 1 diabetes is predominantly caused by autoimmune damage of insulin-producing cells (WHO, 2024).

Type 2 diabetes is a growing problem that puts a strain on health systems, economies, families and communities (Davies, et al., 2026). People with the disease are at a higher risk of complications such as cardiovascular disease, kidney failure, neuropathy and visual impairment. Moreover, the disease can have adverse effects on psychological health, quality of life, social integration, and work (Randväli, et al., 2024). Consequently, prevention, early detection, evidence-based treatment, and long-term self-management support have become

key priorities in public health and healthcare policies.

This information booklet critically reviews the aetiology and risk factors for Type 2 diabetes. It also determines the effects of diabetes on people and families, and the current management and treatment of diabetes within the NHS. Also, the relevant policies and models which underpin the management of long-term conditions have also been identified. The booklet also offers suggestions for improving person-centred care and support for self-management for people with Type 2 diabetes.

PREVALENCE, RISK FACTORS AND AETIOLOGY OF TYPE 2 DIABETES MELLITUS

Type 2 Diabetes Mellitus (T2DM) is one of the most rapidly increasing chronic diseases worldwide and is acknowledged as a public health issue (Davies, et al, 2026). The World Health Organisation estimates that more than 800 million adults in the world are currently living with diabetes (WHO, 2024). As referred to the figure 1st, it can be understood that international issues of Type 2 diabetes are projected to rise substantially by 2050 particularly in Southeast Asia (106.9-184.5 million) and the Middle East/North Africa (84.7–162.6 million). This reflects escalating public health concerns that are linked to obesity, ageing populations and sedentary lifestyles (Fleck, 2025).

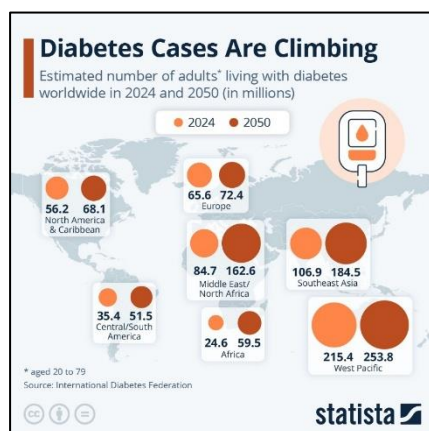


Figure 1: Increasing diabetes cases.

(Source: Fleck, 2025)

The rising prevalence is attributed to the demographic changes, population ageing, urbanisation, unhealthy dietary habits and low levels of physical activity. Diabetes is a condition affecting around 5.8 million people in the United Kingdom with approximately 90% of these cases being Type 2 diabetes (Diabetes UK, 2024). The incidence of the disease keeps increasing and poses significant problems for health care providers and policymakers. Diabetes has a substantial economic impact on the NHS with a large proportion of the annual budget depleted on the management of diabetes and associated complications (Diabetes UK, 2019).

Type 2 diabetes is caused by a mix of risk factors that can be changed and those that cannot be. Obesity is regarded as the most important of the modifiable factors (Seyoum, et al., 2025). Obesity has consistently been shown to be linked to the onset of Type 2 diabetes, making weight management a key component of prevention strategies. The lack of physical activity also raises risk by decreasing insulin sensitivity and leading to weight gain (Chomiuk, et al.,

2024). Furthermore, poor nutrition practices such as eating too much processed food, refined carbohydrates and sugary drinks have been linked to higher rates of disease.

Type 2 diabetes is a multifactorial and complex aetiology as it occurs when the cells in the body become resistant to insulin (Davies, et al., 2026). The combination of genetic susceptibility and environmental factors finally leads to the onset and progression of the disease. Awareness of these risk factors is crucial to the development of prevention strategies and targeted interventions to help curb the rising incidence of Type 2 diabetes (Bodhini, et al., 2023).

IMPACT OF TYPE 2 DIABETES MELLITUS ON INDIVIDUALS AND FAMILIES

Type 2 Diabetes Mellitus (T2DM) has a major impact on the health of people beyond just controlling blood glucose which impacts their physical health, psychological wellbeing and social functioning (Diabetes UK, 2024).

Diabetes is a chronic and progressive disease and may have a significant impact on the quality of life of the patient and their family and requires lifelong management. The increasing awareness of healthcare professionals of the need to take a holistic approach to care one that goes beyond clinical outcomes to consider the wider implications of the condition (Alzeer, 2023).

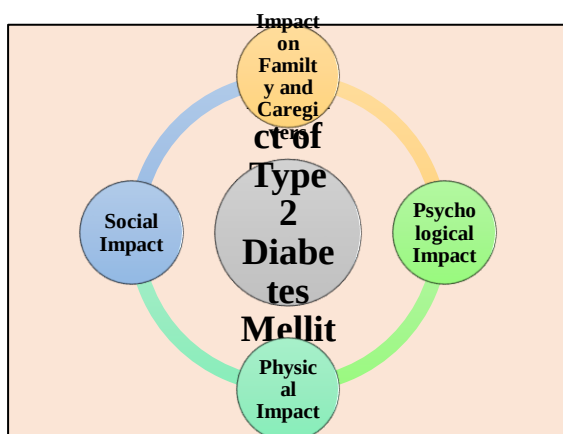


Figure 2: Impact of Type 2 Diabetes Mellitus on different areas.

(Source: created by the author)

Physical Impact

Type 2 diabetes can have serious physical effects and the condition may get worse if blood glucose is not well controlled. Diabetic retinopathy, nephropathy and neuropathy are microvascular complications that can lead to vision loss, kidney failure and nerve damage (Goldney, et al., 2023). Macrovascular complications such as cardiovascular disease, stroke and peripheral arterial disease continue to be a major cause of morbidity and mortality in people with diabetes. Long-term hyperglycaemia has been shown to cause damage to blood vessels and to important organs, making hospitalisation and disability more likely.

Other researchers, including Ullah, et al., (2023), believe that new treatment and monitoring technologies have made a great deal of difference in the management of the disease and lowered the incidence of complications. While these advances have been made, there are still many preventable complications that occur in patients because of late diagnosis, poor treatment compliance, and disparities in health care access.

Psychological Impact

There is growing awareness that the psychological impact of Type 2 diabetes is a significant part of diabetes management. People may feel anxious, depressed, frustrated and emotionally upset by the need to self-manage constantly (Gaudreau, et al., 2025). Keeping track of blood sugar, following a diet, taking medications, and making routine health visits may cause a lot of stress and decrease overall well-being. Research has shown that diabetes is associated with an increased risk of depression compared to people without diabetes (Farooqi, et al., 2022). Self-care behaviours may be impaired by depression, which can lead to a decline in glycaemic control and an increase in complications. Additionally, many people suffer from what is known as “diabetes distress,” which is not clinical depression but rather the emotional burden of living with a chronic disease (Mekonen, 2025).

Social Impact

Type 2 diabetes can also impact social connections, employment and community engagement (DeJesus, et al., 2024). There may be restrictions on food intake, medication times or physical restrictions due to disease complications. These difficulties can

limit social interaction and lead to a sense of isolation. Diabetes can impact employment due to decreased productivity or the need for frequent medical visits (Parker, et al., 2024). People with severe complications might have a lower working capacity or retire earlier, which can cause financial problems for them and their families. People with less privileged socio-economic status are more likely to have higher prevalence rates and worse health outcomes (Foster, et al., 2023). This happens because of the difficulties they have in accessing health services, healthy food and opportunities for physical activity.

Impact on Families and Caregivers

Type 2 diabetes does not just affect the person with the condition, and often has an impact on members of the family who bring emotional, practical and financial support (Newson, et al., 2025). Family support is frequently needed to help with dietary changes, taking medications, lifestyle changes, and attendance at health visits. Such involvement can be beneficial for disease management, but can also be burdensome for the carer. Family members may also be emotionally stressed due to worry about the course of the disease and

the onset of complications (Town, et al., 2024). There may be a significant change in the level of care needed, and the family may find that caring for a person with severe disability or intensive support needs becomes a much bigger burden, impacting on family relationships and quality of life. Other financial stressors can include health care costs, transportation costs, and the possibility of lost income due to caregiving duties (Nadarajah, et al., 2024).

There is evidence that individuals with diabetes who have strong family support have better self-management behaviours and health outcomes. However, Li, et al., (2025), suggest that over-involvement by the caregiver may lead to lower patient autonomy and family dynamics issues. Hence, healthcare professionals need to strike a balance between family involvement and supporting patient autonomy and self-management skills.

EVIDENCE-BASED TREATMENTS AVAILABLE THROUGH THE NHS

Management of Type 2 Diabetes Mellitus (T2DM) in the United Kingdom is based on evidence-based recommendations (White, et al., 2024). This is established by the National Institute for Health and Care Excellence (NICE) and provided via NHS services. The main aims of treatment are to get the best possible glycaemic control, to prevent complications, to help people live their lives to the full and to help them manage their condition well. Modern diabetes treatment is a multi-disciplinary approach of lifestyle modification, drug therapy, patient education and continuous monitoring (Lu, 2024).

Lifestyle and Non-Pharmacological Interventions

Lifestyle changes are the cornerstone of Type 2 diabetes treatment. The NICE guidelines highlight the need for a healthy diet, more exercise, weight loss and less sitting (Galloway, 2026). There are many structured education programmes available through the NHS, such as DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) (Watts, 2023). This helps to improve

patient knowledge, self-management skills and confidence in managing the condition. There is evidence that weight loss and regular exercise can have a significant impact on insulin sensitivity and glycaemic control (Syeda, et al., 2023). However, it is said that maintaining lifestyle interventions over the long-term may be challenging because of socioeconomic factors, psychological factors and environmental factors (Al-Dhahir, et al., 2022). This emphasises the importance of ongoing support and tailored interventions over individual behaviour change.

NHS Services and Multidisciplinary Care

Diabetes management is a complex and multidisciplinary process that requires the involvement of general practitioners, diabetes specialist nurses, dietitians, pharmacists, podiatrists and other health care professionals (Zarora, et al., 2022). Blood sugar, blood pressure, cholesterol, kidney function and foot health are all important to monitor regularly to prevent complications and early intervention. The NHS also offers annual diabetes reviews and screening programmes to help identify problems early (NHS England, 2026). These

services help to ensure timely treatment, thereby lowering the risk of hospitalisation and therefore improving patient outcomes. However, the consistency of care delivery may be impacted by differences in service access and resources in various regions.

Therefore, there is a need for a multidisciplinary approach, structured education and pharmacological management in combination with lifestyle modification for the evidence-based management of Type 2 diabetes. Although the current NHS services have made a huge difference to many people, there is a need for continued work to tackle health inequalities, increase patient engagement and increase the provision of long-term self-management support.

MODELS AND FRAMEWORKS FOR IMPROVED OUTCOMES IN TYPE 2 DIABETES MANAGEMENT

UK Model: House of Care Model

The House of Care Model is a well-established approach in the UK that guides the management of long-term conditions such as Type 2 diabetes (British Heart Foundation, 2026). The model is developed by NHS initiatives with the focus on individuals and collaborative care planning between healthcare professionals and individuals. The foundation component of the framework is the organisational systems that enable coordinated care delivery, the walls are engaged and informed patients and committed healthcare professionals (Alliance, 2026). The roof represents personalised care planning which is the core product of the model (*refer to the figure 3rd*). This allows patients to be more involved in decision-making and have more responsibility for their condition.

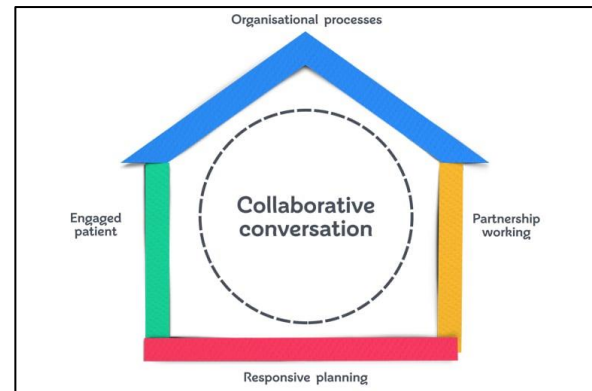


Figure 3: House of care model.

(Source: British Heart Foundation, 2026)

One of the key strengths of the House of Care Model is its emphasis on person-centred care and self-management. Research suggests that involving patients in care planning can improve treatment adherence, patient satisfaction and clinical outcomes (Alliance, 2026). In addition, the model takes into account the need to consider individual preferences, values and social contexts when formulating care plans (*refer to the figure 3rd*). However, good implementation requires sufficient resources, staff capacity and staff training. The consistency of implementation may also be constrained by differences in healthcare provision across regions (British Heart Foundation, 2026). The model provides a complete framework for personalised care but issues of

feasibility could impact its implementation in routine practice.

works well in one context may not necessarily work in another.

International Model: Chronic Care Model

One of the most influential international chronic disease management frameworks is the Chronic Care Model (CCM) developed in the United States (Kroenke, et al., 2024). The model emphasises enhancing the relationship between informed patients and proactive health care teams to achieve better health outcomes. The CCM includes six elements such as health system organisation, self-management support, decision support, delivery system design, clinical information systems and community resources (Izumi, et al., 2025). These components contribute to the facilitation of coordinated, evidence-based care and active patient involvement in disease management.

However, the adoption of all six components may be resource-intensive and difficult for healthcare organisations with limited resources or staffing (Yang, et al., 2022). Also, there are variations in healthcare systems across countries, so what

IMPLEMENTATION OF LOCAL AND NATIONAL POLITICAL HEALTH AND SOCIAL CARE AGENDAS

Health and social care policies that seek to enhance the prevention, early diagnosis, treatment and ongoing support for Type 2 Diabetes Mellitus (T2DM) (Misra, et al., 2022). This has a significant impact on its effective management. There are a number of national and local initiatives in the United Kingdom that have been designed to tackle the increasing burden of diabetes and to encourage person-centred care (NHS England, 2025). The NHS Long Term Plan at national level gives a strong focus to the prevention of long-term conditions and outcomes for people with diabetes.

The plan promotes early intervention, use of digital technologies, personalised care strategies and integrated services delivery. The NHS aims to minimise the complications of diabetes, hospital admissions and health care expenditure through these actions (NHS England, 2025). In addition, NICE guidelines offer evidence-based guidance for diagnosis, treatment, monitoring and self-management support. This means

they are consistent and of high quality across healthcare settings.

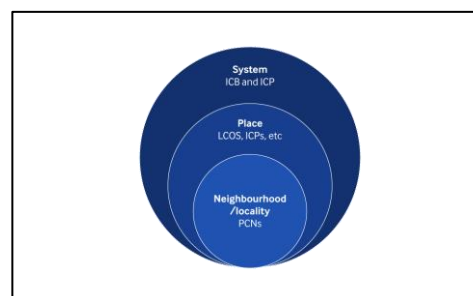


Figure 4: Integrated Care Systems (ICSs)

(Source: BMA, 2024)

Integrated Care Systems (ICSs) are becoming a more significant way of coordinating healthcare services and enhancing population health at the local level (BMA, 2024). ICSs promote co-operation between NHS organisations, local authorities, social care providers and community services to provide more integrated and person-centred care (*refer to the figure 4th*). This can help people with Type 2 diabetes to receive multidisciplinary support and manage complex health issues.

While these are encouraging steps, there are still a number of issues that impact policy implementation. There are significant concerns around health inequalities with some ethnic minority groups and disadvantaged communities having a higher

prevalence of diabetes and poorer health outcomes (Butler, et al., 2022). Healthcare resource distribution, staffing levels and service availability may also create disparities in service delivery across geographic areas. Furthermore, while national policies are highly supportive of self-management and personalised care, healthcare workers can be constrained by time to actively engage with patients and to plan and coordinate care with them (Cravo, et al., 2022).

RECOMMENDATIONS FOR IMPROVING PERSON-CENTRED CARE AND SELF-MANAGEMENT SUPPORT

Despite the advances in the management of Type 2 Diabetes Mellitus (T2DM), there is still room for improvement to improve patient outcomes and quality of life. Greater focus on person-centred care, self-management support and integrated service delivery may help to support more effective long-term disease management (Raaijmakers, et al., 2023). To begin with, healthcare providers need to improve the personalisation of care planning by engaging individuals in decisions regarding their care. Shared decision-making allows patients to engage in the decision about treatment options that reflect their preferences, values and lifestyle situations (Resnicow, et al., 2022). This can enhance adherence to treatment, patient satisfaction, and health outcomes.

Additionally, there is a need for more funding for structured self-management education programmes. Programmes like DESMOND have been shown to have a positive impact on patient knowledge and self-care behaviours (Taggart, et al., 2025).

Widening access to these programmes, especially in underserved communities, may contribute to the reduction of health inequalities and better long-term disease control. Digital health technologies such as mobile apps, remote monitoring and online education materials can also be used to continue self-management and easy communication of patients with healthcare providers (Sharma, et al., 2024). Apart from that, the multidisciplinary working between primary care, secondary care, social care and community services should be further developed. ICPs can help to enhance continuity of care and provide people with holistic care and support for their medical and psychosocial needs (Hellstern, et al., 2025). This is especially true for patients who have multiple comorbidities and need multiple interventions from various health care professionals.

CONCLUSION

In conclusion, Type 2 Diabetes Mellitus is a chronic disease with serious long-term health impacts and remains a major challenge for the individual, their family, the health care system and the community. It is a condition that is influenced by a combination of genetic, behavioural and environmental factors and has serious physical, psychological and social consequences. A holistic approach to management involves lifestyle modification, evidence-based pharmacological management, structured education and continuous multidisciplinary support.

Diabetes care in the United Kingdom has improved due to the implementation of national policies, clinical guidelines and frameworks for long-term condition management. The House of Care Model and the Chronic Care Model have shown that person-centred care and self-management support are crucial to better health outcomes. However, there are issues such as health disparities, limited resources and service quality differences that still exist. Investment in personalised care, integrated services, patient education and preventive interventions will be vital to

decrease the impact of Type 2 diabetes and enhance the lives of those living with the disease.

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