



INFORMATION BOOKLET ON LONG-TERM CONDITION MANAGEMENT OF DIABETES MALLITUS

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**Module : Community care and management of long- term
conditions**

**Assignment Title: Component 1 Information Booklet of Long-
term Condition Management**

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Introduction

It has been recognized as one of the most critical health concerns in relation to health conditions in the world as a whole, as well as in the United Kingdom. Diabetes mellitus has been recognized as a critical health concern in the world as a whole and in the United Kingdom in particular owing to an increase in prevalence, complications, and costs associated with it. It has been recognized as a chronic metabolic disorder characterized by hyperglycaemia. It has been recognized as a health condition that has to be managed and attended to by all those involved in the health sector. It has been recognized as being related to lifestyle and being related to health factors such as socioeconomic factors. This assignment aims at critically analysing the implications of diabetes mellitus, evidence-based practice, theoretical models of practice, politics, and social care in relation to diabetes mellitus. (WHO, 2023; Diabetes UK, 2024; NHS England, 2023).

The extent of the problem of diabetes is not just the current manifestations of the disease. The people living with the problem of diabetes have an enormously increased chance of developing serious health conditions, heart, renal, neurological, and sight problems, amongst others, which may cause disability, decrease the quality of their lives, and even cause death. The psychological effects of living with diabetes are not negligible, as the people living with the problem of diabetes may develop psychological conditions like stress, anxiety, and burnout as a result of the work of living with the problem of diabetes. The problem of diabetes is not just a medical problem; it is a situation that permeates every aspect of the lives of the people living with the problem of diabetes.

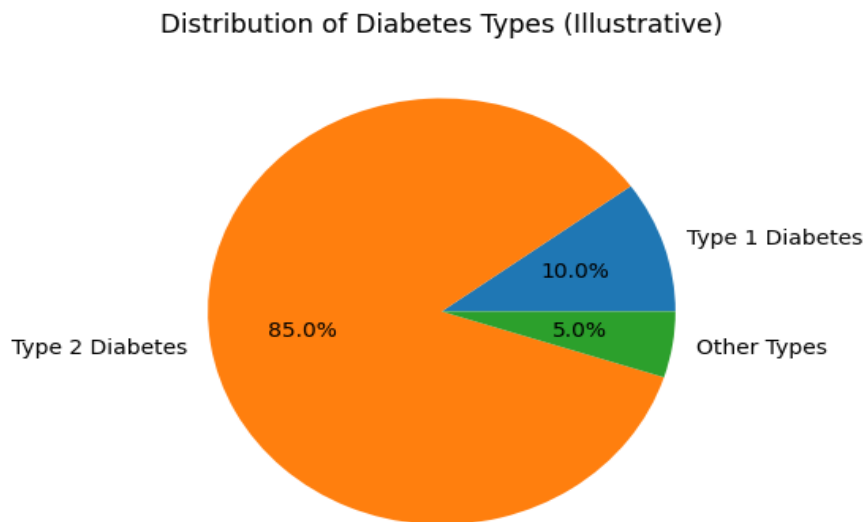
Definition

Diabetes mellitus refers to a family of diseases that affect the body's ability to use glucose, or sugar, as fuel. It occurs when the body lacks insulin or when the insulin that the body makes does not function correctly. Diabetes mellitus is characterized by the presence of hyperglycaemia that persists because the body has problems with the way it uses or makes insulin, or both.

The two main kinds of diabetes mellitus are type 1 diabetes and type 2 diabetes. Type 1 diabetes is a condition where the body immune system attacks the cells that make insulin so the body does not have insulin. Type 2 diabetes happens when the body cells do not respond to insulin and the body does not make enough insulin to compensate.

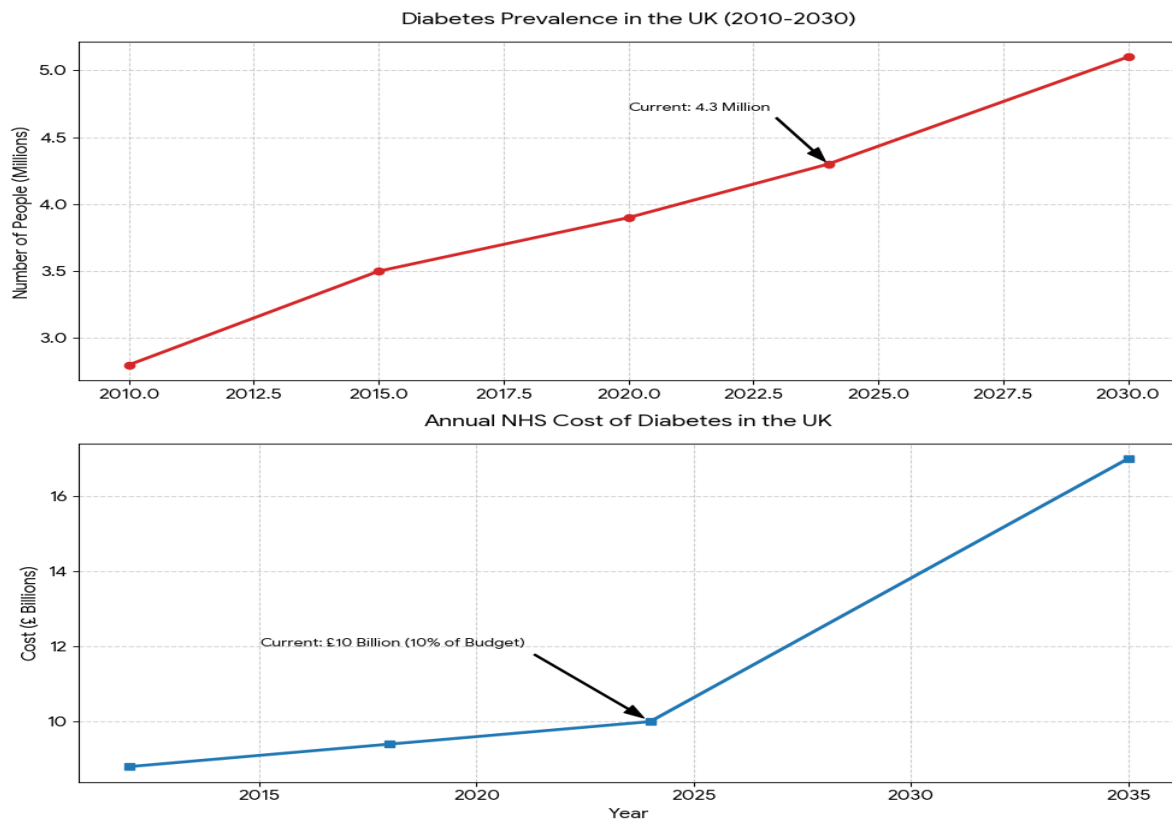
Diabetes mellitus that happens during pregnancy also known as diabetes can increase the risk of getting type 2 diabetes later in life. High blood sugar levels or can cause health

problems, including problems with the blood vessels, heart diseases, stroke and damage, to the eyes, kidneys and nerves. can lead to vascular disorders, coronary artery diseases, stroke, retinopathy, nephropathy and neuropathies. (American Diabetes Association, 2024; NICE, 2023; Holt et al., 2021).



Burden/Prevalence

Diabetes is a health concern in the United Kingdom. It has been noted that there are 4.3 million people identified with diabetes. Additionally, it has been noted that 90% of people with diabetes are identified with type 2 diabetes. This problem is on the increase because of obesity, a sedentary lifestyle, an aging population, and inequalities in health. The problem has been noted in ethnic minorities, such as South Asians, Africans, and Caribbeans. The economic burden of diabetes is a concern since it has been noted that it costs the NHS 10 billion pounds annually. This is 10% of the total NHS budget. This is mainly on the management of complications rather than the management of diabetes. The economic burden is not limited to the financial burden on individuals and the healthcare system but also on productivity, work, and life in general.(Diabetes UK, 2024; NHS Digital, 2023; Hex et al., 2012).



Risk Factors

Depending on the type of diabetes, there are different risk factors. Type 1 diabetes is an autoimmune disorder that is related to genetic, viral, and environmental risk factors. On the other hand, type 2 diabetes is related to changeable lifestyle factors such as smoking, obesity, and dietary habits. Risk factors such as age, family history, and socioeconomic status are non-modifiable risk factors. Since it is related to resistance, obesity is the most important risk factor in type 2 diabetes among all modifiable risk factors. Since social determinants of health affect lifestyle over an individual's lifetime, social determinants of health are also proven to be important in the risk factors of diabetes. (Public Health England, 2020; NICE, 2023).

Aim

This assignment's objectives are to critically analyse the effects of diabetes mellitus on people, families, and communities; assess the UK's evidence-based treatments; investigate theoretical frameworks that promote better patient outcomes; and look at how local and national political agendas affect diabetes care. In order to improve long-term results for people

with diabetes, the assignment also offers suggestions for improving person-centered care and bolstering self-management support.

1.0 Implications and Evidence-Based Treatments

1.1 Implications for individuals

Diabetes mellitus has significant consequences on a person. These consequences affect a person's social, psychological, and physical life. From a physical point of view, a person with diabetes is prone to such acute consequences as diabetic ketoacidosis, hypoglycaemia. In addition, diabetes predisposes a person to such chronic consequences as retinopathies, neuropathies, nephropathies, and cardiovascular diseases. From a psychological point of view, a person with diabetes may be subject to such consequences as worry, depression, distress related to the disease, and fear of hypoglycaemic episodes. These consequences may impair the person's ability to self-manage their diseases. A person with diabetes may not be able to... From a social point of view.(Holt et al., 2021; Fisher et al., 2010; Frier, 2014).

1.2 Wider implications on families involved in care provision

Families are considered to have a significant role to play in the support of individuals with diabetes, especially children, the elderly, and individuals with complex needs. Family members are known to help in the administration of drugs, diet planning, appointment schedules, and the management of symptoms. Family support can have significant effects on the self-management and glycaemic control of individuals with diabetes but can also have adverse effects such as anxiety and economic burden on the family members. Parents of children with Type 1 diabetes are known to experience increased anxiety levels and disruption of routine schedules due to the constant need to monitor and manage the condition of the child with diabetes. Family members of adults with diabetes are known to face difficulties in balancing the needs of the patient with the need to balance work and other family commitments. Family support can have significant effects on the self-management and glycaemic control of individuals with diabetes but can also have adverse effects such as anxiety and economic burden on the family members. Family support can have significant effects on the self-management and glycaemic control of individuals with diabetes but can also have adverse effects such as anxiety and economic burden on the (Whittemore et al., 2012; Lowes and Gregory, 2004).

1.3 Evidence-based treatments in the UK

In the UK, evidence-based practice in diabetes care is informed by NICE. This includes lifestyle modifications, medication, structured education, and monitoring. Lifestyle modifications are at the centre of the prevention and management of Type 2 diabetes. These include healthy weight, regular exercise, and healthy eating habits. Medicines are also used in the management of diabetes. These are dependent on the type of diabetes. In Type 1, the main medication is insulin. This is in the form of basal-bolus regimens and insulin pumps. In Type 2, the main medication is metformin. However, SGLT2 inhibitors, GLP-1 receptor agonists, DPP-4 inhibitors, and insulin are also used. Of interest is that SGLT2 and GLP-1 receptor agonists are recommended because of their cardiovascular and kidney benefits. In addition, structured education is an essential part of diabetes care. This includes DESMOND and DAFNE. These are essential in providing people with knowledge and skills in the management of their condition. (NICE, 2023; Davies et al).

2.0 Theoretical Perspectives for Improved Patient Outcomes

2.1UK Model: House of Care Model

The concept of the House of Care is well known in the UK and can be useful to individuals with long-term conditions such as diabetes. The basic concept is that good diabetes care can be achieved by the real partnership of enabled individuals and proactive, well-prepared health teams. It is like the bricks in the house – patient, professional, and commissioning are all key components that make up the whole picture. This is an important concept that supports the national strategy for managing long-term health conditions, as it supports the drive towards community-based, personal care. (Coulter et al., 2013; NHS England, 2023).

2.2 International Model: Chronic Care Model (CCM)

The Chronic Care Model (CCM) is an internationally recognized framework that seeks to improve the health of individuals living with chronic health problems such as diabetes. It does this by implementing system changes that create an environment that is conducive for the provision of planned, person-centered, and proactive care. It consists of six interrelated components: self-management support, delivery system design, decision support, clinical information systems, community resources, and the organization of health care services. All

these components create an environment that facilitates the delivery of coordinated, evidence-based, person-centered care that promotes sustained involvement and health over the long term. It has been proven that the implementation of the CCM improves glycaemic control, patient satisfaction, and reduces hospitalizations. It is particularly relevant in the management of diabetes, given the importance of teamwork and community involvement in the management of the condition. (Wagner et al., 2001; Coleman et al., 2009).

3.0 Implementation of Local and National Political Health and Social Care Agendas for Diabetes Mellitus

3.1 National health and social care agenda: NHS Long-Term Plan

The NHS Long Term Plan has placed diabetes at the core of the plan, as it is a major cause of chronic disease, as well as the escalating health spend. It is heavily promoting the expansion of the NHS Diabetes Prevention program, which is aimed at reducing the risk of future Type 2 diabetes by focusing on lifestyle changes and supporting individuals at higher risk of developing the disease. It also focuses on access to structured education programs, digital technology to enable the management of the condition more effectively, and multidisciplinary foot care programs to reduce amputations. It also places great emphasis on delivering personal care, community support, and reducing inequalities. (NHS England, 2019; Public Health England, 2020).

3.2 National healthcare and clinical guidance: NICE guidelines

These guidelines, which are based on solid evidence, are intended to make sure that every patient receives the best possible care, whether they are newly diagnosed with diabetes or further down the road with treatment. These guidelines include the importance of setting individualized HbA1c targets, focusing on the reduction of cardiovascular risk, and using SGLT2 inhibitors and GLP-1 receptor agonists in patients with Type 2 diabetes with high cardiovascular risk. It also includes the importance of reviewing every patient with diabetes at least annually and monitoring retinopathy, foot status, and renal function. This is all about reducing variation and using evidence for decision-making.

3.3 Local agenda: Integrated Care Systems (ICS)

With the help of Integrated Care Systems (ICS), different NHS bodies, local councils, and community organizations come together to provide care that is integrated, efficient, and effective. In the case of diabetes, ICS plays an important role in addressing health inequalities, increasing the availability of prevention services, and ensuring that the services meet the needs of the population at the local level. ICS helps create an environment that is conducive to cooperation between different services, including primary care, community services, hospitals, and voluntary organizations, making the care pathway smooth and seamless for the patient. ICS also supports different digital innovations at the local level that help patients manage their health in the best possible way. With ICS focusing on population health, prevention, and integrated care, health differences in the population with respect to diabetes are addressed, and the standard of care is improved at the community level. (NHS England, 2022; Ham et al., 2021).

4.0 Recommendations

4.1 Person-centred care (PCC)

Person care plays a very important role in diabetes care as every individual presents a distinct mix of experiences, values, and circumstances. This method is helpful in collaborative decision-making, as the individual and their healthcare team work together to set achievable goals and make a choice regarding their treatment. It increases motivation and encourages the individual to adhere to their selected treatment. Culture is another important factor in diabetes care as cultural values, food habits, and health literacy vary across different populations. The individual needs to be supported emotionally and psychologically to deal with the “day-to-day grind” of living with diabetes. This holistic approach to care, instead of focusing on the disease, increases patient compliance and strengthens the partnership between the individual and the health care provider. (Ekman et al., 2011; Coulter and Oldham, 2016).

4.2 Self-management support

An essential element of good diabetic management is helping individuals manage their condition. This is referred to as self-management. Self-management is all about helping individuals acquire knowledge and skills, and confidence, for managing their condition. This includes helping individuals manage their condition effectively through structured education

programs such as DESMOND and DAFNE. The programs provide individuals with tools for managing their condition. Technology has also been identified as an essential element of self-management. This includes mobile apps and online coaching. Self-management support also includes support from other individuals with similar conditions. This provides individuals with encouragement and a feeling of belonging. This also helps individuals manage their condition more effectively. Self-management support has been identified as an essential element of empowering individuals and reducing complications. (Lorig and Holman, 2003; Foster et al., 2013).

4.3 End of life care

Diabetes is a difficult disease with which to care at the end of life, as the blood sugars, the medications, and the possible complications of neuropathy, renal failure, heart disease, etc., have a great effect on the comfort of the individual with diabetes; hence, the care is carefully individualized according to the individual's goals, desires, and health status. A key concept when caring for diabetic patients during their last life stage is to take it easy. This means that glucose levels should not be strictly controlled because this increases the risk of low blood sugar. Low blood sugar has unpleasant symptoms such as confusion, seizures, and hospital visits. The new goal is to avoid obvious high blood sugar levels, such as thirst, tiredness, and discomfort. The other goal is to reduce constant glucose monitoring and medication management. This approach is also consistent with NICE recommendations, which emphasize comfort and reduction of procedures during the last life stage.

Communication is at the core of end-of-life diabetes care, with people and their families participating in discussions about what they want, where they want to receive care, and what is most important to them as they reach the end of their lives. This is especially the case with advance care planning, as this enables individuals to discuss with their carers what they want when it comes to changes in medications, transfers to the hospital, and the management of their symptoms, with the focus of care remaining with the individual, as well as their values, beliefs, and spirituality.

Conclusion

Diabetes mellitus is one of the most important long-term health conditions that the UK is dealing with, affecting people, families, as well as the health system as a whole. The extent of the problem, the variety of complications, as well as the economic burden, indicate the need for care that is well-coordinated, evidence-based, as well as centered around the individual. In order to develop effective care, we need to understand the effect of diabetes on the physical,

emotional, as well as social well-being of the individual, as well as the importance of evidence-based interventions, such as pharmacological, behavioural, as well as educational, interventions, which are the key drivers of good outcomes. The House of Care, as well as the Chronic Care Model, are some of the most important guidelines that are useful in developing care services that facilitate cooperation, self-management, as well as the provision of care services in a continuous manner, with national as well as local priorities, including the NHS Long Term Plan, NICE guidelines, as well as Integrated Care Systems, determining the delivery of diabetes services, as well as addressing the issue of health inequality, while promoting the importance of person-centred care as well as self-management support as key steps towards the improvement of outcomes, as well as the provision of the holistic care that people with diabetes need.(WHO, 2023; NHS England, 2019; NICE, 2023).

REFERENCE

- American Diabetes Association (2024) *Standards of Medical Care in Diabetes—2024*. Diabetes Care, 47(S1), pp.1–154.
- Baig, A.A., Benitez, A., Quinn, M.T. and Burnet, D.L. (2015) 'Family interventions to improve diabetes outcomes: A systematic review', *Current Diabetes Reports*, 15(6), pp.1–12.
- Coleman, K., Austin, B.T., Brach, C. and Wagner, E.H. (2009) 'Evidence on the Chronic Care Model in the new millennium', *Health Affairs*, 28(1), pp.75–85.
- Coulter, A. and Oldham, J. (2016) 'Person-centred care: What is it and how do we get there?', *Future Hospital Journal*, 3(2), pp.114–116.
- Coulter, A., Roberts, S. and Dixon, A. (2013) *Delivering better services for people with long-term conditions: Building the House of Care*. London: The King's Fund.
- Davies, M.J. et al. (2018) 'Management of hyperglycaemia in type 2 diabetes', *Diabetologia*, 61(12), pp.2461–2498.
- Diabetes UK (2024) *Diabetes Prevalence 2024*. Available at: <https://www.diabetes.org.uk> (Accessed: [insert date]).
- Ekman, I. et al. (2011) 'Person-centred care—ready for prime time', *European Journal of Cardiovascular Nursing*, 10(4), pp.248–251.
- Fisher, L. et al. (2010) 'The clinical significance of diabetes distress', *Diabetes Care*, 33(5), pp.1061–1067.
- Foster, G., Taylor, S.J.C., Eldridge, S., Ramsay, J. and Griffiths, C.J. (2013) 'Self-management education programmes by lay leaders for people with chronic conditions', *Cochrane Database of Systematic Reviews*, 2013(11), pp.1–150.
- Frier, B.M. (2014) 'Hypoglycaemia in diabetes mellitus', *Medicine*, 42(12), pp.686–689.

- Ham, C., Alderwick, H. and Dunn, P. (2021) *Integrated Care Systems: What do they mean for the NHS?* London: The King's Fund.
- Hex, N., Bartlett, C., Wright, D., Taylor, M. and Varley, D. (2012) 'Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK', *Diabetic Medicine*, 29(7), pp.855–862.
- Holt, R.I.G., Cockram, C., Flyvbjerg, A. and Goldstein, B.J. (2021) *Textbook of Diabetes*. 5th edn. Oxford: Wiley-Blackwell.
- Hu, F.B. (2011) 'Globalization of diabetes', *Diabetes Care*, 34(6), pp.1249–1257.
- Khunti, K. et al. (2017) 'Structured education programmes in Type 2 diabetes', *Primary Care Diabetes*, 11(4), pp.349–356.
- Lorig, K.R. and Holman, H. (2003) 'Self-management education: History, definition, outcomes, and mechanisms', *Annals of Behavioral Medicine*, 26(1), pp.1–7.
- Lowes, L. and Gregory, J.W. (2004) 'Management of newly diagnosed diabetes: Family experiences', *Journal of Advanced Nursing*, 46(3), pp.273–280.
- NHS Digital (2023) *National Diabetes Audit 2023*. Available at: <https://digital.nhs.uk> (Accessed: [insert date]).
- NHS England (2019) *The NHS Long Term Plan*. London: NHS England.
- NHS England (2022) *Integrated Care Systems: Design Framework*. London: NHS England.
- NHS England (2023) *Diabetes Prevention Programme Update*. London: NHS England.
- NICE (2023) *Type 1 and Type 2 Diabetes in Adults: Management (NG17)*. London: National Institute for Health and Care Excellence.
- Public Health England (2020) *Health Matters: Obesity and Diabetes*. London: PHE.
- Wagner, E.H., Austin, B.T. and Von Korff, M. (2001) 'Improving outcomes in chronic illness', *Managed Care Quarterly*, 9(2), pp.12–25.
- Whittemore, R., Jaser, S., Chao, A., Jang, M. and Grey, M. (2012) 'Family interventions for diabetes', *Journal of Pediatric Nursing*, 27(5), pp.442–458.
- World Health Organization (2023) *Global Report on Diabetes*. Geneva: WHO.