

The Modern Management of Type 2 Diabetes: A Framework for Community and Practice Nursing

Name: Dil Afroze Khan

Student ID: 2508106

Module: LCHS7003 - Community Care and Management of Longer-term Conditions

Lecturer: Dr Aishat Bakre

Date: 10th November 2025



Introduction: The Challenge and Our Role

The Scale of the Challenge

In the UK, one person is diagnosed with diabetes every two minutes. As frontline clinicians, you are central to managing this growing long-term condition.

Aim of this Presentation

This presentation is designed for Community and Practice Nurses to enhance their skills in delivering evidence-based, co-productive care for adults with Type 2 Diabetes.

Agenda:

1. Understanding the Condition: Overview, Prevalence & Burden.
2. The Nurse's Role in the Pathway: Diagnosis, Management & Prevention.
3. Delivering Modern, Patient-Centred Care: Co-production & Personalisation.



Overview: What is Type 2 Diabetes?

Definition

- A progressive metabolic disorder characterized by hyperglycaemia, resulting from a combination of insulin resistance (the body's cells don't respond effectively to insulin) and relative insulin deficiency (the pancreas cannot produce enough insulin to compensate).

Symptoms:

- Often asymptomatic at diagnosis, highlighting the importance of opportunistic screening.
- Classic symptoms include: Polydipsia (thirst), Polyuria (frequent urination), fatigue, blurred vision, and recurrent infections.

Aetiology (Causes):

- Non-modifiable factors: Genetic predisposition, increasing age, ethnicity (South Asian, African-Caribbean).
- Modifiable factors: Obesity (especially central adiposity), sedentary lifestyle, unhealthy diet..

Prevalence: A UK and Global Health Emergency

United Kingdom:

- Over 4.3 million people diagnosed with diabetes (Diabetes UK, 2023).
- 90% of these cases are Type 2.
- Projected to rise to 5.5 million by 2030.

Worldwide:

- A global pandemic affecting over 537 million adults (IDF, 2021).
- Identified by the WHO as a leading cause of cardiovascular disease, blindness, and kidney failure.

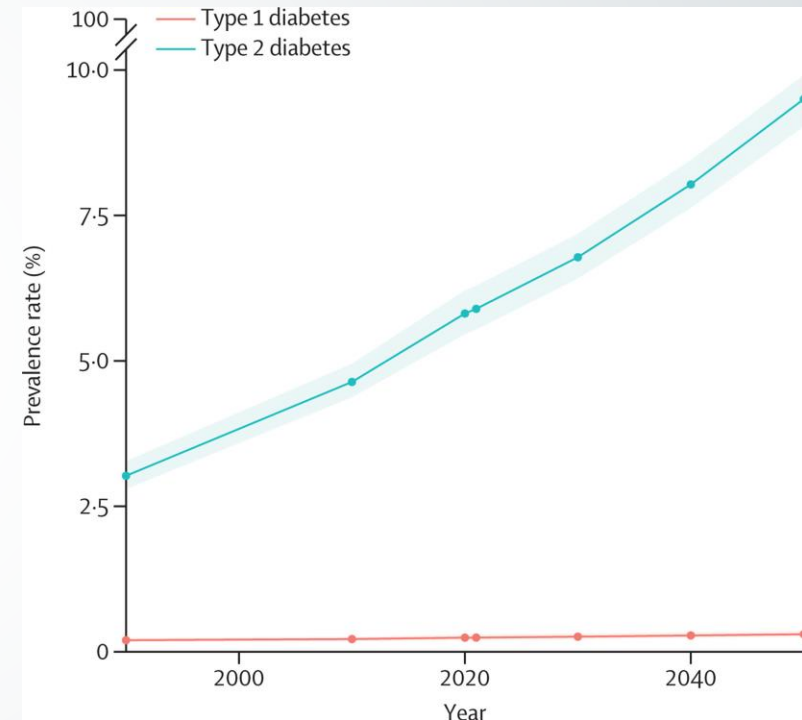


Figure: Global age-standardised prevalence of type 1 and type 2 diabetes from 1990 through 2050 forecasts



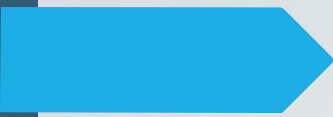
The Economic and Social Burden

Economic Burden:

- Diabetes costs the NHS over £10 billion a year, roughly 10% of its entire budget (Hex et al., 2012).
- Crucially, 80% of this cost is spent on treating complications that are often preventable with proactive, high-quality nursing care.

Social Burden (The Patient's Lived Experience):

- Psychological Impact: High rates of "diabetes distress," anxiety, depression, and burnout from the relentless demands of self-management (Hinder & Greenhalgh, 2012).
- Quality of Life: Can affect employment, social activities, and family relationships.
- Stigma: Patients often face blame and stigma, which can act as a barrier to seeking support.



Diagnosis and Initial Assessment (NICE NG28)

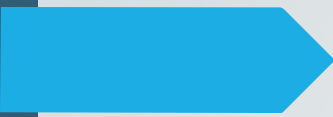
Diagnosis

As per NICE (2022) guidelines, diagnosis is confirmed via a Glycated Haemoglobin (HbA1c) test with a result of ≥ 48 mmol/mol.

The Comprehensive Initial Assessment

The nursing role includes:

- Measuring baseline BMI, waist circumference, and blood pressure.
- Conducting a full foot examination to assess neurological and vascular status (RCN, 2021).
- Arranging blood tests for renal function (eGFR), cholesterol, and liver function.
- Calculating cardiovascular disease risk using a validated tool like QDiabetes (NICE, 2022).



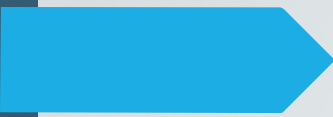
Management: The NICE Stepped-Care Model

Core UK Guidance

Management is structured around the evidence-based NICE Guideline [NG28] (NICE, 2022).

The Stepped-Care Framework

1. **Foundation:** Lifestyle advice and referral to structured education for every patient.
2. **First-Line Therapy:** Initiate standard-release Metformin, with dose titration.
3. **Second-Line Therapy:** If HbA1c remains above target, add a second drug based on patient factors, such as established cardiovascular disease (NICE, 2022).
4. **Further Intensification:** Progress to triple therapy or insulin based on ongoing review.



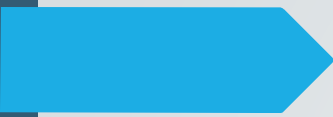
Treatment Options in the United Kingdom

Foundation of All Treatment

Supported Self-Management, with referral to structured education programmes like DESMOND shown to improve outcomes (Davies et al., 2008).

Key Pharmacological Options (NICE, 2022):

- **Metformin:** Reduces hepatic glucose production.
- **SGLT2 Inhibitors:** Promote urinary glucose excretion and offer significant cardiovascular and renal benefits.
- **GLP-1 Agonists:** Injectable agents that stimulate insulin, suppress glucagon, and aid weight loss.
- **Insulin:** Essential therapy for managing progressive beta-cell decline.



Comorbidity: The Nurse's Annual Review

Systemic Condition:

Chronic hyperglycaemia causes micro- and macrovascular damage, making proactive screening for complications essential (Fowler, 2008).

The Nurse's Role in the Annual Review (NICE, 2022; RCN, 2021):

- Cardiovascular Disease: Monitor BP and cholesterol.
- Chronic Kidney Disease: Check urine albumin-to-creatinine ratio (ACR) and blood eGFR.
- Diabetic Retinopathy: Ensure patient attends annual digital retinal screening.
- Diabetic Neuropathy: Perform annual 10g monofilament and pulse checks for the feet.



Prevention: The NHS Diabetes Prevention Programme

- **The Potential for Prevention:** Major trials show that intensive lifestyle interventions can reduce the incidence of T2D by up to 58% in high-risk individuals (Tuomilehto et al., 2001).
- **The UK's National Framework:** The NHS Diabetes Prevention Programme (DPP) is an evidence-based behavioural change programme for those with 'pre-diabetes' (NHS England, 2023).
- **The Critical Role of the Practice Nurse:** Involves the proactive identification of at-risk individuals and making effective referrals, acting as the gateway to prevention (NHS England, 2023).



Critically Evaluating the Skills for Co-Productive Care

A Necessary Shift

Effective long-term condition management requires moving from a traditional, didactic model to a collaborative partnership (Coulter & Collins, 2011).

Core Skills & Competencies (RCN, 2021)

- Motivational Interviewing: A counselling technique to explore ambivalence and support intrinsic motivation for change (Miller & Rollnick, 2013).
- Active Listening: To understand the patient's perspective, priorities, and lived experience.

Underpinning Values & Behaviours

- Empathy and partnership that respects patient autonomy.
- A focus on collaborative goal-setting and shared decision-making (Montori et al., 2012).



Recommendation: Applying the Comprehensive Model of Personalised Care

The Framework

The NHS Comprehensive Model of Personalised Care provides a structure to embed co-production into routine practice (NHS England, 2019).

Actionable Recommendations for Nurses (using the 6 Components)

1. **Shared Decision-Making:** Use patient decision aids to discuss medication options with patients.
2. **Personalised Care & Support Planning:** Co-create care plans that integrate clinical targets with the patient's personal goals.
3. **Supported Self-Management:** Ensure patients have the skills and confidence to manage their condition daily.
4. **Social Prescribing:** Utilise link workers to connect patients to non-clinical community assets to address wider determinants of health (NHS England, 2019).



Conclusion and Key Takeaways

Summary

T2D is a complex, rising challenge, but its trajectory can be positively altered through proactive, evidence-based nursing care (RCN, 2021).

Evolving Role

The nurse's role has evolved from clinical expert to a skilled facilitator of self-management and a partner in care.

Key Recommendation

To improve patient outcomes, we must embed the principles of co-productive and personalised care into every patient interaction, guided by frameworks from NICE (2022) and NHS England (2019).

References

Adu, M. D., Malabu, U. H. and Callander, E. J. (2019). 'The impact of diabetes on employment in the Australian population', *Journal of Diabetes and its Complications*, 33(4), pp. 317-321.

Chatterjee, S., et al. (2017). 'Type 2 diabetes', *The Lancet*, 389(10085), pp. 2239-2251.

Coulter, A. and Collins, A. (2011). *Making shared decision-making a reality: no decision about me, without me*. London: The King's Fund.

Davies, M. J., et al. (2008). 'The DESMOND programme for people with newly diagnosed type 2 diabetes: a cluster randomised controlled trial', *BMJ*, 336(7642), pp. 491-495.

Diabetes UK. (2023). *Diabetes statistics*. Available at: <https://www.diabetes.org.uk/professionals/position-statements-reports/statistics> [Accessed 26 October 2025].

Forouhi, N. G. and Wareham, N. J. (2019). 'Epidemiology of diabetes', *Medicine*, 47(1), pp. 22-27.

Fowler, M. J. (2008). 'Microvascular and macrovascular complications of diabetes', *Clinical Diabetes*, 26(2), pp. 77-82.

Funnel, M. M. and Anderson, R. M. (2004). 'Empowerment and self-management of diabetes', *Clinical Diabetes*, 22(3), pp. 123-127.

Goff, L. M. (2019). 'Ethnicity and type 2 diabetes in the UK', *Diabetic Medicine*, 36(8), pp. 927-938.

Hex, N., et al. (2012). 'Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK', *Diabetic Medicine*, 29(7), pp. 855-862.

References (continued)

Hinder, S. and Greenhalgh, T. (2012). “‘This does my head in’: ethnographic study of self-management by people with type 2 diabetes’, *BMC Health Services Research*, 12(1), p. 83.

International Diabetes Federation. (2021). *IDF Diabetes Atlas 10th edition*. Available at: <https://diabetesatlas.org> [Accessed 26 October 2025].

Khunti, K., et al. (2019). ‘GLP-1 receptor agonists in cardiovascular disease: a new standard of care in type 2 diabetes?’, *The Lancet Diabetes & Endocrinology*, 7(5), pp. 341-343.

Miller, W. R. and Rollnick, S. (2013). *Motivational interviewing: helping people change*. 3rd edn. New York: Guilford Press.

Montori, V. M., et al. (2012). ‘The magical medical tour’, *BMJ*, 344, e376.

National Institute for Health and Care Excellence (NICE). (2022). *Type 2 diabetes in adults: management* (NG28). Available at: <https://www.nice.org.uk/guidance/ng28> [Accessed 26 October 2025].

NHS England. (2019). *Universal Personalised Care: Implementing the Comprehensive Model*. London: NHS England.

NHS England. (2023). *Healthier You: NHS Diabetes Prevention Programme*. Available at: <https://www.england.nhs.uk/diabetes/diabetes-prevention/> [Accessed 26 October 2025].

Peek, M. E., et al. (2014). ‘A review of shared decision making in diabetes’, *Diabetic Medicine*, 31(4), pp. 386-396.

Royal College of Nursing (RCN). (2021). *Diabetes nursing: career and competency framework*. London: RCN.

References (continued)

Schabert, J., Browne, J. L., Mosely, K. and Speight, J. (2013). 'Social stigma in diabetes: a framework to understand a growing problem for an increasing epidemic', *The Patient: Patient-Centered Outcomes Research*, 6(1), pp. 1-10.

Scottish Intercollegiate Guidelines Network (SIGN). (2017). *Management of diabetes* (SIGN 116). Edinburgh: SIGN.

Strain, W. D., et al. (2018). 'Strategies for improving outcomes in the complex type 2 diabetes patient', *Diabetes, Obesity and Metabolism*, 20(S2), pp. 3-16.

Tuomilehto, J., et al. (2001). 'Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance', *New England Journal of Medicine*, 344(18), pp. 1343-1350.

U.S. Department of Health and Human Services. (2008). *Diabetes Prevention Program (DPP)*. Available at: <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp> [Accessed 26 October 2025].

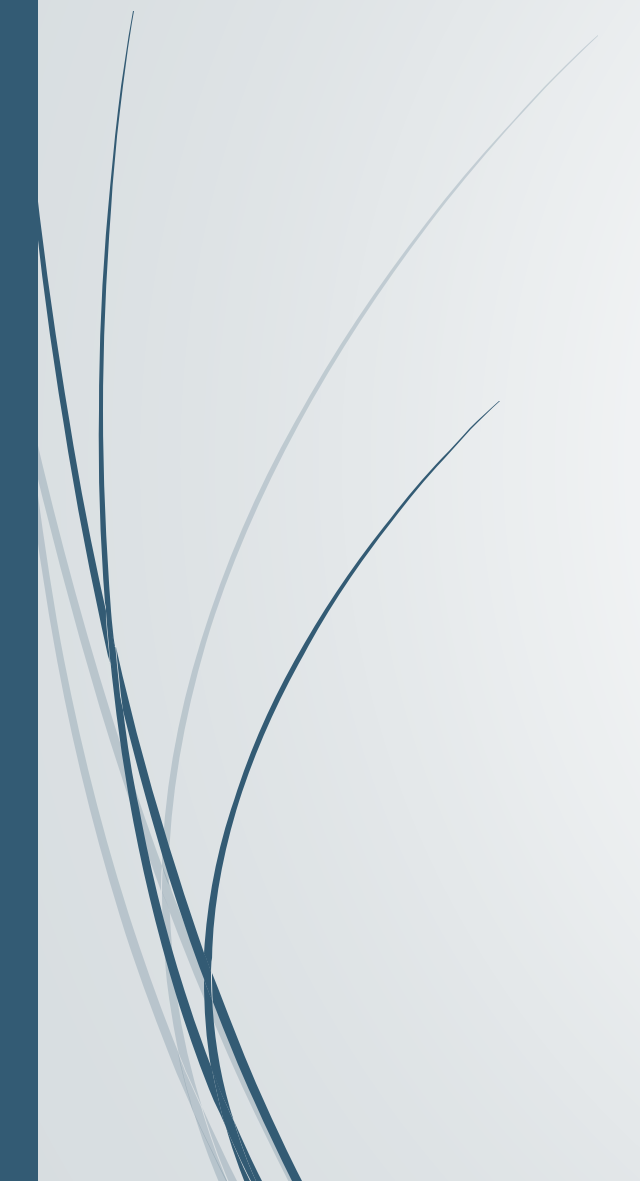
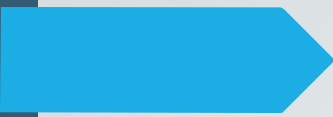
Valabhji, J., et al. (2020). 'Association of prescribed day-1 self-monitoring of blood glucose with diabetes-related mortality and morbidity in people with type 2 diabetes: an observational cohort study', *The Lancet Diabetes & Endocrinology*, 8(11), pp. 904-912.

Walker, R., et al. (2017). 'Understanding the perspectives of adults with type 2 diabetes and primary care providers on remote monitoring of glucose: a qualitative study', *BMC Family Practice*, 18(1), p. 89.

Winkley, K., et al. (2020). 'Educational and psychological models for promoting self-management in new and established type 2 diabetes', *The Cochrane Database of Systematic Reviews*, 2020(4), CD012435.

World Health Organization (WHO). (2023). *Global report on diabetes*. Geneva: WHO.

Zinman, B., et al. (2015). 'Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes', *New England Journal of Medicine*, 373(22), pp. 2117-2128.



Thank You.
Any Questions?