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COMPONENT 1

INFORMATION BOOKLET OF LONG-TERM CONDITION MANAGEMENT

COMMUNITY CARE AND MANAGEMENT OF LONGER-TERM CONDITIONS



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Understanding Type 2 Diabetes

Type 2 Diabetes Mellitus (T2DM) is a chronic metabolic disease that occurs when insulin resistance increases, and insulin production decreases, which causes high blood glucose. Insulin is a hormone made by the pancreas that allows glucose to get into body cells to be used for energy. As insulin levels fall, or stops working properly, glucose builds up in the body, causing hyperglycaemia and putting the person at risk for long-term complications. The difference between Type 1 and Type 2 diabetes is that Type 2 is more a result of metabolic issues and lifestyle than autoimmune involvement. An estimated 5-10% of cases of diabetes are undiagnosed at first, and thus go untreated (TTI, 2026).

Type 2 diabetes mellitus is acknowledged as one of the greatest chronic diseases in the world as it demands lifelong monitoring, adjustment of lifestyle and medical intervention. Misra et al. (2025) point out that more and more children are living with Type 2 diabetes, which poses significant challenges to health systems because of longer disease exposure and a higher risk of complications. Its symptoms grow slowly over time and can go unnoticed for years until the person is really tired, thirsty, needs to urinate often and has blurred vision. As a result, several people are only diagnosed when symptoms have started to occur. Type 2 diabetes (T2DM) management is not restricted to glucose management and should be comprehensive, involving practitioners and the patient and family. Tursunaliyeva (2026) pointed out that the modern approach to Diabetes management involves more and more integration between hospital- and community-based services to provide a continuity of the service throughout the various steps of diabetes care. Good community-based interventions have also shown good results in the control of disease and the importance of CBIs in the enhancement of self-management behaviours as well as reduction in the burden of diabetes-related complications among affected populations (Akbar et al., 2025).

Symptoms of Diabetes



Increased thirst.



Slow-healing cuts and sores.



Fatigue.



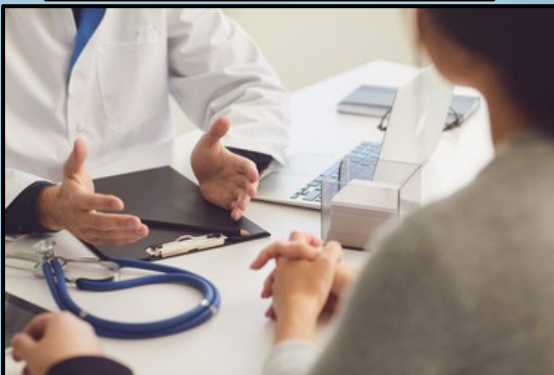
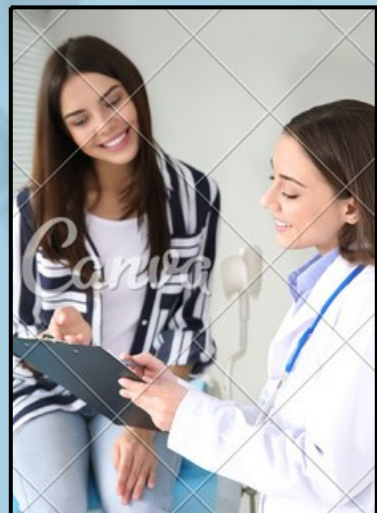
Blurred vision.



Frequent urination.



Unexplained weight loss.



How Common is Type 2 Diabetes?

Type 2 diabetes is a significant public health problem and is one of the most rapidly growing chronic diseases in the world today. The International Diabetes Federation had estimated 589 million people, or 11.1% of the world's adult population (aged 20–79 years) living with diabetes in 2025. Additionally, over 40% of affected people were not diagnosed, thus, revealing a significant burden of undiagnosed disease (IDF, 2025). Prevalence rates across countries are widely different, ranging from up to 15% of adults in some countries, indicating variation in lifestyle, access to health care, and socioeconomic factors (GD 2025). The prevalence of Diabetes in the UK has been steadily increasing over the last 10 years. It is estimated there are around 5.8 million people with diabetes in the UK (diagnosed and undiagnosed). Obesity, which is one of the common risk factors of Type 2 diabetes, is analysed to be common amongst people living within England. It has almost doubled in the last 20 years (Diabetes UK, 2021). Nearly 17% of UK diabetes cases, or more than 1 million people, are undiagnosed (BBC, 2024).

According to the data from England and Wales, there were over 4.6 million people registered with diabetes in 2023/24, of which the majority were with Type 2 diabetes (Statista, 2025). In the United Kingdom, it is estimated that around 7.5% of the adult population (aged 20–79 years) suffer from diabetes, and projections indicate an increase in this proportion in the coming decades as a result of population ageing, obesity and sedentary lifestyles (ISIM, 2025). More than 589 million adults worldwide suffer from diabetes, all of which adds to the burden of disability and health costs. (MNT, 2025). Since 1990, the prevalence of diabetes has almost doubled from 4.7% to 8.5% on a global scale (OWD, 2024).

Why Does Type 2 Diabetes Develop?

Type 2 diabetes occurs due to a mixture of genetic, behavioural and environmental factors which collectively result in fewer people being able to make adjustments to blood glucose levels. The most important feature of the disorder is insulin resistance (body cells do not respond well to insulin), and further a progressive loss of pancreatic beta-cell function. Lifestyle is an important determinant in disease progression, notably obesity, poor nutrition and sedentary living. The study by Zhang et al. (2025) showed that regular intake of sugar-sweetened beverages contributed to metabolic shifts that contributed to the origin of diabetes by regulating the gut microbiota and metabolite abundance. But social and environmental factors play a significant role in diabetes development, too. Sung and Lee (2025) emphasised that low BMI (body mass index), low education levels, and poor living environments are exacerbated by socioeconomic disadvantage and lack of access to healthcare, affecting vulnerability to Type 2 diabetes. Lack of access to healthy foods and opportunities for physical activity is more likely in communities where people are living in deprivation, and diseases are more prevalent. Similarly, Semerci Çakmak et al. (2025) identified that low socioeconomic status is one of the common obstacles to healthy lifestyle and diabetes health services utilisation for adults.

Even though there is deep concern, age continues to be an important risk factor, and its prevalence generally rises after 45 years. The number of early-onset Type 2 diabetes in younger adults and adolescents has risen significantly, though. Misra et al. (2025) noted that there is a growing concern about early-onset disease because younger patients are at increased risk of being subjected to hyperglycaemia and its related complications for a longer period of time during their lifetime. Risks are also affected by family history and ethnicity, with people of South Asian, African and African-Caribbean heritage having had higher risks than White people. Type 2 diabetes is even more likely when one has other health issues. A community-based study among people with hypertension revealed that diabetes and hyperlipidaemia occur in a high proportion, and are associated with worse cardiovascular outcomes and complicated management of the disease (Zhang et al., 2025).

How Can Type 2 Diabetes Affect Daily Life?

Physical functioning, independence and living a normal life Kan et al. (2025) also referenced a body of newer can be greatly affected in people with Type 2 diabetes. research finding that there is a link between Type 2 Managing the disease, which involves daily monitoring of diabetes and cognitive decline, while this isn't blood sugar, taking medications, making dietary decisions conclusive, it suggests that an inadequacy of the system and engaging in physical activity, is a lifelong self-across extended periods may negatively impact management challenge. Roshan-Nejad et al. (2025) found cognition, naming, memory, attention, and executive that health literacy is a crucial determinant of adherence to function. These problems can result in reduced treatment and the overall quality of life, and high health mobility, fewer employment opportunities, higher literacy is associated with better disease control and health family burden and dependency on health care. A outcomes. Diabetes can have a host of physical symptoms financial burden likewise plays its part in everyday life that can impact various aspects of life.



with diabetes. Perhaps inconsistencies about the practice of self-management available can contribute towards the risk of hospitalisation and deterioration of the disease progress. Low levels of health literacy might also mean additional challenges in relation to medicine adherence and effective management for minority ethnic groups (Parmar et al., 2025).

Looking After Emotional Wellbeing

The psychological burden of Type 2 Diabetes (T2D) now increasingly recognised as an important component of diabetes care. Those who have a chronic condition will need to monitor their food intake, medication use, blood sugar, and behaviour frequently, which may lead to emotional issues. Anxiety, feelings of frustration and uncertainty are natural and easy to come by if a person can't meet treatment goals or if they encounter problems. Jarrar et al. (2025) highlighted that better glycaemic control and psychosocial outcomes in people with Type 2 diabetes were linked to effective self-management and shared decision-making. Emotion is very closely associated with an individual's successful management of the condition. Chowdhury et al. (2025) found that restricted social support networks, financial strain and health care access are risk factors that tend to have a negative impact on self-management behaviours.

These difficulties may add to the stress, affect motivation, and treatment compliance. Educational interventions thus have an important role in building confidence and reducing psychological resistance. Alum (2025) stated that providing patient education is essential to the practice to foster sustainable post-education self-management activities and empower effective self-management. Better communication can also be effective between the health professional and patient, which can further improve emotional well-being. Saenz et al. (2025) pointed to the critical need for culturally tailored health communication and tailored lifestyle recommendations for more satisfying diabetes management. Similarly, Sun et al. (2025) demonstrated through a meta-analysis that nurse-led self-management education programmes significantly improved diabetes-related outcomes by increasing knowledge, confidence and engagement in self-care activities.

Impact on Family, Relationships and Social Life

Diabetes not only impact the person who has diabetes, Families can experience stress about the future with but also other family members, caregivers and social regard to health, re-treatment expenses, and lifestyle networks. Family and friends may need to make changes. Financial pressures can include health care costs significant contributions to the continuous needs and special food needs, as well as decreased productivity associated with blood glucose monitoring, changes in at work. Social interaction could also be restricted as a diet, dealing with medications and attending medical person might prefer to avoid social occasions for fear of appointments. Family may also help out with food experiencing diabetes symptoms or problems in a social preparation, help remind family members to take their setting or because of diet concerns. A recent study medication, and provide emotional support, but these confirmed that 61% of surveyed people were worried can add extra duties and impact the family about the risk of hypoglycaemic, thereby causing 40% of relationship and health. Chronic diseases like diabetes family members to experience distress. Another 33.3% of have been reported to place a higher burden on the family members were found to be frustrated in regards to informal caregivers and have been demonstrated in the helping their relatives with diabetes (Shah et al. 2025). community-based evaluation when the disease Bandiera et al. (2025) highlighted the critical role of progresses towards a complicated situation, and the social support networks in supporting individuals for a person's functional independence diminishes (Dutta et longer period of time in maintaining their health and al., 2025). Emotional and practical issues related to wellness needs. This includes the collaborative efforts of dealing with the disease also can affect relationships. healthcare professionals and community-based workers, One of the studies of Shah et al. (2025) has revealed which had a positive impact on medication adherence. It that there is a profound impact of diabetes on families is not only within the family environment, its impact in the UK, with 24.5% of family members reaches out to broader community contexts. It is, experiencing severe anxiety due to complications moreover, added by Sultan et al. (2025) that the associated with this long-term condition.

importance of community health workers for chronic disease lies in support and education, continuous monitoring and health promotion.

What Treatments Are Available?

Considerations of lifestyle change, medication and regular clinical supervision are all essential for the management of type 2 diabetes to prevent any problems and ensure good blood glucose management. Lifestyle changes, including a nutritious diet, a plan for exercise and weight loss, remain the mainstay of therapy. Saenz et al. (2025) determined that culturally responsive lifestyle interventions increase adherence with treatment and chronic disease management outcomes. In addition to lifestyle, drugs such as Metformin, SGLT2 inhibitors, GLP-1 receptor agonists and insulin may be used. Cup beats chronic kidney disease affects about 30-40% of individuals with Type 2 Diabetes, necessitating targeted therapeutic strategies. Dasgupta et al. (2025) noted that multi-level management is essential to attain better renal and cardiovascular outcomes.

GPs, diabetes specialist nurses, pharmacists and dietitians may be involved in reviewing the person's situation on a regular basis and monitoring for any signs of problems and to keep them on track with treatment. Collaborating with other school-based and anger-related professionals is indicated to enhance adherence to medications and healthcare equity among students with chronic disease. Meenasantirak et al. (2025) demonstrated the feasibility of web-based interventions for individuals with uncontrolled diabetes, while mobile health applications have shown potential for improving home-based diabetes management and patient engagement. Sinha et al. (2025) found positive results of the use of diabetes self-care mobile apps when it comes to supporting the everyday management

of diabetes.

Models That Improve Long-Term Condition Management

Models of Type 2 diabetes care that rely on evidence-based practice and provide integrated, proactive, and person-centred care are becoming a vital element in managing T2D. One of the most impactful approaches is the Chronic Care Model that focuses on mutually productive communication between knowledgeable patients and competent health care teams. The model emphasises the addition of: self-management support, multidisciplinary collaboration, decision support systems and community engagement, leading to better outcomes for people with chronic diseases. Promoting community-based strategies has proven to be quite successful in enhancing long-term diabetes care. Community-based interventions were found to help people with Type 2 diabetes better manage their diabetes, encourage better health behaviours and facilitate the control of the disease (Akbar et al., 2025).

Globally, IC models focus on risk stratification and preventative and ongoing care in the health sectors.

A key factor is to have a proper and well-trained staff adequately backed by human resources required for effective implementation.

Tursunaliyeva (2026) discussed the need for seamless care pathways in modern healthcare settings, where linking hospital and community care is becoming more necessary, especially in the care of chronic diseases. Similarly, Sultan et al. (2025) found that training CHWs on competency is a key element to successful chronic disease care delivery.

National Policies and Community Care Initiatives

National policies have a crucial role in influencing the strategies for diabetes prevention, treatment and long-term management. Throughout the UK, health care providers are progressively placing emphasis on integrated methods that seek to prevent problems and improve patient outcomes in community-based frameworks. The number of those who were diagnosed with diabetes rose to more than 4.9 million in 2021. Out of this, 90% are diagnosed with Type 2 (Diabetes UK, 2021). Nearly 20% of cases are still undiagnosed, as more than 1 million people are undiagnosed (BBC, 2024). Therefore, it is important to have screening programmes and community awareness programmes in order to detect people who may be at risk before complications occur. Another critical policy need is for the development of the healthcare workforce. CHWs are more involved in disease prevention, education and continued support for persons with chronic diseases. Sultan et al. (2025) pointed to an increasing focus on competency-based training to help enhance CBW's capabilities in long-term condition management. Therefore, it is important to have screening programmes and community awareness programmes in order to detect people who may be at risk before complications occur.

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Read the latest 2023 figures for the number of people living with diabetes in the UK.

Our new analysis shows that over 4.9 million people are currently living with diabetes in the UK, with 90 per cent of those with type 2. We have released these new figures to mark **Type 2 Diabetes Prevention Week**, which is taking place from Monday 10 May to Sunday 16 May.

Our analysis also shows that in 2021:

- The number of people living with diabetes has hit an all-time high to reach over 4.9 million
- 13.6m people are now at increased risk of type 2 diabetes in the UK

As part of **Type 2 Diabetes Prevention Week**, we are encouraging people to complete our free online Know Your Risk Tool to find out their risk of developing type 2 diabetes and what to do next.

Helping People Manage Their Own Condition

Fundamentally, self-management is part and parcel of Another important health literacy is related to the success the care that has to be provided to a Type 2 diabetic of self-management. A study by Roshan-Nejad et al. (2025) since the person makes daily decisions which impact indicated that teach-back strategies have a significant effect disease control. Self-management includes checking on adherence to drug treatment and quality of life in Type 2 blood sugar, taking medications, following a healthy diabetes. Similarly, Parmar et al. (2025) found health diet, exercising regularly and attending health care literacy to be one of the key factors associated with visits. Education is important in enhancing these medication adherence in ethnic minority populations. capacities. Alum (2025) highlighted the key role of Shared decision-making gives support to self-management patient education in supporting the patient's self- as well by actively involving patients in care planning. management and treatment outcomes. Based on Jarrar et al. (2025) observed a significant association technology, interventions have given an opportunity between the self-management practices together with for more self-management support. Hapsari et al. shared decision-making and glycaemic control and (2025) indicated that a self-care management psychosocial outcomes. programme developed for the Android operating system positively affected the self-efficacy and fasting blood glucose control in Type 2 diabetic individuals. Likewise, Sinha et al. (2025) found that tracking, educational materials, and customised feedback from mobile health apps successfully assist diabetes care at home. The use of web-based interventions has also been found to be beneficial in the management of uncontrolled diabetes (Meenasantirak et al., 2025).



Things We Can Do to Improve Diabetes Care

Although there have been developments in diabetes treatment, there is still a need to improve diabetes care even more to tackle a rising prevalence of Type 2 diabetes and reduce the health and socioeconomic inequalities. A key priority is to increase the number of community-based intervention programmes related to diabetes in the UK. It has been shown through evidence that community-centred strategies lead to enhanced community diabetes self-management behaviours, disease control and health outcomes for people with Type 2 Diabetes (Akbar et al., 2025). To strengthen prevention and early intervention, it may be possible to invest more in these programmes. An increased focus on improving health literacy is needed also.

Roshan-Nejad et al. (2025) indicated that educational interventions can increase the likelihood of adherence to treatment and improve the quality of life. There is a need for culturally congruent educational resources that can meet the needs of various groups. Saenz et al. (2025) also highlighted various aspects of culturally responsive communication, which is essential for facilitating healthy lifestyle changes and optimising disease management practices. Another opportunity is related to the increased use of digital health technologies. Mobile applications, internet utilization for interventions/telehealth services, can increase patient engagement, decrease face-to-face monitoring, and offer extra support. Bandiera et al. (2025) came up with some evidence that integrated care models can be helpful in regards to the collaboration between Pharmacists and Community Health Workers (CHWs), which resulted in improved

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