

My diabetes, my care

Our report looks at people's experiences of community diabetes care and the support they are given to self-manage their condition



What does this report mean for you?

Since 1996, the percentage of adults in England with diabetes has doubled. This has brought with it a significant cost in terms of people's health and wellbeing, including complications such as heart disease, stroke and amputations. As a result, it is more important than ever for people with diabetes to receive good quality care and to make sure they are supported to self-manage their condition.

To improve our understanding of people's experience of diabetes care across England, we carried out a review that looked at how care services work to deliver high-quality diabetes care.

We asked people aged 18 to 65 who have Type 1 or Type 2 diabetes to tell us about their experiences of care. We also spoke to commissioners, services and staff in 10 different locations about how they deliver diabetes care in the community.

Although many areas are doing a good job, there is still room for improvement to make sure that everyone gets the same good quality care. Services must work together to make sure the person with diabetes is at the centre of their care. This is what we found:

1. **Most people we spoke with received the checks to make sure they are not developing complications.** People felt they could talk about their care with primary care staff, and have their care explained to them in a way they could understand. However, some people told us the care they received was **not always flexible enough to meet their needs**. We said that services should develop a local plan to improve diabetes care, through supporting people to self-manage in a way that is best suited to their individual needs.
2. **People at high risk of developing Type 2 diabetes were not always identified early enough, or supported to manage their risk.** We said that commissioners and services need to engage with their whole community to increase awareness and understanding of diabetes and encourage people to have health checks.
3. **Some people need more emotional support when they are diagnosed and on an ongoing basis.** This includes those with Type 2 diabetes where the need for emotional support might be more than expected. We said that emotional support needs to be recognised by services and health professionals and embedded in care for people with diabetes.

“Although I was pre-diabetic for a time and knew what was coming in the future, the actual news of becoming a diabetic was shocking. I could have done with some psychological support at this stage.”

4. **People who had attended structured education courses felt it improved their ability and confidence to manage their condition.** However, the courses were not able to meet everyone's needs and there were not always clear alternatives for those who did not attend. We said that education courses need to be developed and evaluated so that everyone, including people from black and minority ethnic groups and people with a learning disability, can gain the knowledge and skills they need to manage their diabetes. **Services should also make better use of technology to support self-management through education, motivation, and self-monitoring.**
5. People did not always know or understand the results of their annual diabetes check-ups, particularly their foot risk scores. **Very few people had a care plan they could take with them as they moved between services.** We recommended that professionals should engage with people to understand their individual needs and for them to develop a personalised care plan together.
6. **Some staff caring for people with diabetes in care homes had limited knowledge of diabetes and some areas did not offer diabetes training for staff.** This can have a negative impact on people who rely on others to help manage their diabetes. We said that diabetes training should be available for care workers to help them fully support and care for people with diabetes.

"I found the course useful and informative. I have a much better understanding now and that has helped me to lose weight, increase exercise and I have been able to reduce the amount of medication I need."

"I am a whole person, not just a foot, eye or blood sugar level. Clinicians need to think what is best for the whole person."

Tell us about your care

As part of our inspections of GPs and other community services, the Care Quality Commission checks how long-term conditions such as diabetes are managed.

We want to hear about your experiences of care. The information helps us to decide when, where and what to inspect and to take action to make sure that services improve.

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