

Diabetes group discussion – Fareham (03-03-16)

Communication / provision of information:

- Good reports of the Desmond course – only criticism appeared to be the length of time people might have to wait.
- Face-to-face session most popular in terms of getting info. Nurses / specialist nurses were valued for this.
- Less clear how – if at all – people wanted info provided by the NHS on a more ongoing basis. Little clarity on what that info might be – except for monitoring/testing, which is a slightly different issue.
- Some wanted more access to specialist nurses, but again this was more connected to monitoring/testing than info, as such. Others felt that once a year was fine.
- Instead of 'NHS info', people valued peer support / peer groups. Felt that the group was a key way (and sometimes the only way) that they received information. (Note – 'self-selecting' sample on this one....?)
- Refresher courses valued, but attendance was less universal. Perhaps a whole-day session was too much – suggestion to break it into half-days?
- Nobody – at all, out of 20+ people – reported having a Care Plan.
- Some people supported the use of tech for providing information – eg websites/webinars/films. But... definitely not universally popular, and some people were very unconvinced by anything other than face-to-face.

Staff

- Specialist nurses were highly valued, respected, and usually very well thought of.
- GPs with a specialism in diabetes were also very well thought of.
- The majority of the group felt that GPs without a specialism in diabetes were not actually that central to their care (regarding diabetes). A few – but only a few – felt that the GP had a valuable role in terms of providing a holistic view of their care, but there was no great sense that people felt this was a priority when compared to access to specialist nurses, for example.
- Nobody had regular access to a diabetes consultant. Almost all of the group had no problem with this, and did not expect to see a consultant for routine matters. Of the few who did want access to this degree of specialist knowledge, there was actually no clear reason behind this – it tended to reflect merely a desire for greater contact/information, not a need for consultant input per se...

Self-management

Very few clear messages on this. People found it hard to articulate what – if anything – the NHS could do to help them self-manage more effectively. The answers tended to relate to other issues, but included:

- Clearer info regarding testing – people seemed to have mixed messages about whether to test, how to interpret results, etc
- Better signposting to (diabetes-specific) support groups – a feeling that although GP practice staff can't know everything, they should be able to signpost people towards particular diabetes-specific support

- More education events e.g. footcare day
- More help with practicalities – a few people specifically talked through how difficult it was to interpret food labelling
- Technology – support for ‘blood sugar watch’, for example
- Multi-specialty clinics/sessions – there was some (albeit prompted) support for the idea of bringing people together with varying conditions, and using common resources/information where appropriate. There was no instinctive opposition to such an approach, but some participants were unconvinced by the value it would bring/add, or concerned at any possibility of a dilution of their access to specialist input.