

Evidence Brief: Diabetes

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Key publications – the big picture

[Guide - Introducing a diabetes safety board in NHS trusts](#) Log in to FutureNHS to access

NHS England Getting It Right First Time (GIRFT), April 2025
GIRFT has produced a guide to support clinical teams in establishing diabetes safety boards. This follows a recommendation in GIRFT's national specialty report on diabetes, published in November 2020, which advised that a trust-level diabetes safety board attended by multidisciplinary clinical teams would reduce complications for inpatients with diabetes.

[Data tool calculates the benefits of employing more Diabetes Inpatient Specialist Nurses \(DISNs\)](#)

NHS England Getting It Right First Time (GIRFT)m, July 2024
A data tool has been developed by the GIRFT team to help trusts and systems in England to calculate the benefits of employing Diabetes Inpatient Specialist Nurses (DISNs). The easy-to-use tool – created by GIRFT and co-badged by the Association of British Clinical Diabetologists (ABCD) and Diabetes UK – calculates the return on investment (ROI) if trusts were to invest in employing more DISN nurses.

[Workforce standards for children and young people's diabetes services](#)

CYP Diabetes Network, May 2024

The National Children and Young People's Diabetes Network developed 4 aims to support further improvements in Paediatric Diabetes care in 2020. These minimum staffing standards have been developed for Monday - Friday 5-day diabetes services as part of the Aim 3 remit to produce nationally defined staffing ratios for diabetes services.

[Five areas NHS integrated care boards can improve diabetes care for people](#)

NHS England, November 2022

Preventing type 2 diabetes and supporting the delivery of high-quality care for people living with all forms of diabetes are the priorities of the NHS Diabetes Programme (NDP). The increase in prevalence, long-term risks of complications and budgetary impact of treatment make diabetes one of the most important non-communicable diseases to target. Our aim is to improve outcomes and equity across socioeconomic deprivation, ethnicity, age, and type of diabetes.

[Best Practice in the Delivery of Diabetes Care in the Primary Care Network](#)

NHS Confederation, April 2021

This document, shaped by a cross-section of healthcare professionals providing diabetes care, nicely articulates the opportunities and potential solutions that PCNs can provide, drawing on current best evidence to impact positively on peoples' lives.

[Diabetes: GIRFT Programme National Specialty Report](#)

GIRFT, November 2020

The findings and evidence-based recommendations in this report are based on GIRFT deep-dive visits to 108 acute trusts. They are focused on helping people with diabetes and their clinicians to better manage the condition and reduce avoidable harms. In particular, the recommendations will help to improve services for people with type 1 diabetes, and improve inpatient care and foot care for everyone living with diabetes.

[Building the right workforce for diabetes care: A toolkit for healthcare professionals](#) London Strategic Clinical Networks, 2019

The skills required by healthcare professionals to support people with diabetes are many and varied, from supporting behaviour change to appropriate use of complex therapeutic interventions. All this must be achieved in a supportive care system. It is scarce wonder that there is huge variation in the quality of care provided. This guide is aimed at those working in primary care, where a multiplicity of skills and knowledge must be maintained, diabetes being only one area of care

[Diabetes in the UK: 2019](#) Abstract only*
Diabetic Medicine, February 2020

Diabetes impairs the quality of life of people living with the condition and is a major public health concern. The aim of this paper is to create a state of the nation report of diabetes in the UK.

[The Future of Inpatient Diabetes Care](#)

All Party Parliamentary Group for Diabetes, 2017

Improving inpatient care starts with investing in the people who deliver the care. Specialist inpatient diabetes teams reduce errors and improve patient outcomes. Consequently, this reduces average length of stay and leads to fewer complications for patients.

The Star for workforce redesign

More resources and tools are available by searching "diabetes" in [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) and search for **Diabetes**

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advanced Practice

[Developing the Diabetes Workforce Through Education of Advanced Practice Nurses](#) Full text available with NHS

OpenAthens account*

The Journal of Nurse Practitioners 19(3), March 2023

This report describes the diabetes concentration for advanced practice nurses at the University of California San Francisco School of Nursing, and presents outcome findings on graduates' diabetes care preparedness, abilities, and clinical leadership.

Allied Health Professionals (AHPs)

[Establishing an advanced diabetes rotation for ambulatory care pharmacy residents](#) Abstract only*

Currents in Pharmacy Teaching & Learning 17(6), 2025

Introduction As the landscape of diabetes management continues to transform with the emergence of novel therapies and technological advances, pharmacy training programs must

evolve accordingly. At the University of North Carolina (UNC), an advanced diabetes rotation for pharmacy residents that builds upon fundamental clinical experiences in endocrinology and family medicine clinics has not been established.

The composition and mode of delivery of diabetes-related footcare education provided by podiatrists in Australia and Aotearoa (New Zealand): A systematic review

Journal of Foot and Ankle Research 17(4), 2024

Introduction: Diabetes-related foot disease (DFD) is a significant and costly complication of diabetes in Australia and Aotearoa New Zealand (NZ). Diabetes footcare education is considered a cornerstone of DFD prevention and management, with podiatrists playing a key role in education provision. This systematic review evaluated the nature and composition of diabetes footcare education provided by podiatrists to people living with diabetes in Australia and NZ.

Systematic Review of the Frequency of Registered Dietitian-Nutritionist Intervention in the Primary Care Setting for Diabetes Self-Management Education for Patients with Type II Diabetes

Abstract only*

Current Diabetes Reviews 19(8), 2023

Purpose: The purpose of this systematic review is to discuss the ideal frequency of Registered Dietitian-Nutritionist (RDN) contact required to improve glycemic control in patients with type 2 diabetes in the primary care setting. Method(s): Researchers completed a literature search between April 1 and June 30, 2020. Researchers identified 184 studies and included seven studies for full-text analysis.

Reducing pressures in primary care: How to make the most of your supplementary prescribing dietitian (see P359)

Abstract all available

Diabetic Medicine 40, 2023

Aims: To provide dietitian led care to those living with type 2 diabetes using insulin, in a primary care setting. Background(s): Inner West Newcastle primary care network chose to employ a diabetes specialist dietitian (DSD) via the Network Contract Directed Enhanced Service. DSD's are experts in diabetes management, with highly valuable skills which can reduce pressures in primary care. In 2016 dietitians gained supplementary prescriber (SP) rights.

Career Development

Advancing Career Development of Physician-Scientists Engaged in Diabetes Research: Insights into the National K12 DiabDocs Program

Journal of the Endocrine Society 8, 2024

Background: In July 2022 the NIH established a multicenter National K12 Diabetes-Docs: Physician-Scientist Career Development Program (DiabDocs) to support mentored research experiences and tailored career development training for cohorts of physician scientists focused on diabetes research. DiabDocs scholars are board-certified or board-eligible physicians with training in pediatric or adult endocrinology or in another area tied to diabetes research and care.

Education and Training

Innovative Programs to Train Nurse Practitioners in Advanced Diabetes Management

Abstract only*

The Journal for Nurse Practitioners 21(3), March 2025

This report provides an exemplar using diabetes programs that could be expanded to other specialties.

Increasing diversity in the nutrition, obesity, and diabetes biomedical workforce: the BRIDGES consortium

The American Journal of Clinical Nutrition 121(2), February 2025

Scientists from diverse backgrounds are underrepresented (UR) in academia. This lack of diversity impedes scientific discovery and innovation. UR scientists tend to conduct research on issues relevant to UR populations, including chronic disease prevention and management, and health disparities.

Preparing Australian diabetes educators for practice: workforce perceptions of the credentialling pathway

BMC Medical Education 25(1), 2025

The Australian Credentialed Diabetes Educator (CDE) registered trademark signifies quality care and education to those with diabetes. A review of the Australian Diabetes Educators Association (ADEA) CDE pathway was undertaken to ensure the quality of the CDE credential. The purpose of this study was to examine perceptions of the diabetes education workforce on the current pathway for educating and qualifying CDEs for practice.

Enhancing communication skills in diabetes care: an observational study regarding the impact of role-playing training for medical staff

BMC Medical Education 25(1), 2025

INTRODUCTION: Effective communication is crucial for supporting people with diabetes, yet many medical staff feel unsure about their skills in this area. We evaluated role-playing seminars as a method to improve communication skills among medical staff.,

Training staff to improve the management of diabetes in care homes

Nursing Times 121(1), December 2024

Recognising that the prevalence of diabetes in older people living in care homes is increasing, Hallmark Luxury Care Homes invested in a programme of comprehensive training for their

team. The training was delivered to registered nurses, nurse assistants and senior care assistants.

Perception of Polish pharmacy students on simulation exercise in pharmaceutical care for diabetes-a pilot study

BMC Medical Education 24(1), 2024

Background: The transformation of a pharmacist's role from that of a drug dispenser to an advisor and patient educator, partially accelerated by the COVID-19 pandemic, requires a thorough change in the pharmacy curriculum. Preparation for the provision of modern pharmaceutical services requires the use of the most advanced teaching methods, such as pharmaceutical simulation.

Feasibility and acceptability of e-learning to upskill diabetes educators in supporting people experiencing diabetes distress: a pilot randomised controlled trial

BMC Medical Education, November 2022

This pilot study found the diabetes distress e-learning to be acceptable to credentialed diabetes educators (CDEs). The study design had reasonable feasibility but requires modification to reduce participant attrition. The e-learning shows potential for improving CDEs' knowledge, confidence, and behaviours with regard to providing support for diabetes distress. Future larger-scale evaluation of the e-learning is warranted.

Current provision and HCP experiences of remote care delivery and diabetes technology training for people with type 1 diabetes in the UK during the COVID-19 pandemic Abstract only*

Diabetic Medicine, 2022

The COVID-19 pandemic has led to the rapid implementation of remote care delivery in type 1 diabetes. We studied current modes of care delivery, healthcare professional experiences and impact on insulin pump training in type 1 diabetes care in the United Kingdom (UK). One hundred and forty-three healthcare professionals (48% diabetes physicians, 52% diabetes educators

and 88% working in adult services) from approximately 75 UK centres (52% university hospitals, 46% general and community hospitals), responded to the survey. Telephone consultations were the main modality of care delivery. There was a higher reported time taken for video consultations versus telephone.

The top 10 research priorities in diabetes and pregnancy according to women, support networks and healthcare professionals

Diabetic Medicine, May 2021

Further research is needed to provide evidence-based healthcare for women, with or at risk of diabetes complications, who are planning pregnancy or are pregnant, to ensure the best outcomes for them and their children in the short and long term. The Covid-19 pandemic has highlighted the importance of inclusive research. Pregnant women, those planning pregnancy or breastfeeding are often actively excluded from clinical trials, perpetuating the population as a vulnerable group.

Setting the top 10 research priorities to improve the health of people with Type 2 diabetes: a Diabetes UK–James Lind Alliance Priority Setting Partnership

Diabetic Medicine, February 2018

We describe the largest research prioritization process for Type 2 diabetes to date and the first to consult extensively with healthcare professionals, people living with the condition and their carers in partnership. The process provides an authoritative resource to the academic community to guide research that has the potential to make a meaningful difference to people living with Type 2 diabetes and healthcare professionals.

Equality, Diversity and Inclusion

Community pharmacists' experiences regarding the treatment management of people with diabetes during Ramadan: A phenomenological study

Journal of the American Pharmacists Association 65(1), 2025

BACKGROUND: Community pharmacists are often the first point of contact for patients seeking assistance in managing chronic diseases, including diabetes, owing to their accessibility. They are readily available to patients, especially in outpatient settings, and can play a vital role in ensuring safe medication use in patients with diabetes. However, published research on the role of community pharmacists in managing diabetes in patients fasting during Ramadan in Türkiye and worldwide is limited.

Integrated Care

Enhanced community care for type 2 diabetes in Ireland: the patient's perspective on attending an integrated care centre

Abstract only*

Irish Medical Journal 118(2), 2025

Background: Chronic diseases, particularly type 2 diabetes mellitus (T2DM), present significant challenges to Ireland's healthcare system. Slaintecare's Enhanced Community Care (ECC) initiative involves the nationwide establishment of integrated care centres (also known as hubs) that facilitate specialist management of T2DM within the community. This study evaluated the experience of people living with Diabetes (PWD) attending the Dublin North West (DNW) hub as part of this novel paradigm of T2DM care.

Learning from Covid-19

The impact of the COVID pandemic on primary care diabetes services in the UK: A cross-sectional national survey of views of health professionals delivering diabetes care Primary Care Diabetes, January 2022

COVID-19 pandemic has had significant impact on the ability of healthcare professionals and their practices to deliver routine diabetes care. Failure to restore primary care provision urgently and safely to at least pre-pandemic levels in a sustainable manner may lead to emotionally drained and overworked workforce in primary care, place additional burden on the already overburdened healthcare system and worse outcomes for patients.

Inpatient diabetes care during the COVID-19 pandemic: A Diabetes UK rapid review of healthcare professionals' experiences using semi-structured interviews Diabetic Medicine, January 2021

This position statement makes recommendations to improve and sustain inpatient diabetes care during the current COVID-19 pandemic and for future waves. It describes the experiences of clinicians working during the first wave of the COVID-19 pandemic.

Time in range: a best practice guide for UK diabetes healthcare professionals in the context of the COVID-19 global pandemic Diabetic Medicine, November 2020

Recent changes in access to continuous glucose monitoring systems within UK health services have increased the number of people able to benefit from these technologies. The COVID-19 pandemic has created an opportunity for diabetes healthcare professionals to use continuous glucose monitoring technology to remotely deliver diabetes services to support people with diabetes.

Pharmacists

Impact of clinical pharmacist integration on diabetes management: a prospective cohort

BMC Health Services Research 25(1), 2025

INTRODUCTION: Diabetes is a chronic disease with increasing prevalence. There is growing evidence pharmacist can contribute to clinical outcomes. This study aims to evaluate contribution of pharmacist to prediabetes and diabetes care., METHODS: A Prospective cohort study designed to evaluate the effects of pharmacist intervention on prediabetes (pDG) and type II diabetes mellitus (DMG) patients.

Evaluation of pharmacist-led management of type 2 diabetes using personal continuous glucose monitors across a large tertiary academic health system Abstract only*

Journal of the American Pharmacists Association, 2025

BACKGROUND: There is limited but positive evidence of the impact of pharmacists in managing patients with type 2 diabetes (T2D) using a personal continuous glucose monitor (CGM). Previous studies have been limited to single clinic pilots or community pharmacies with small sample sizes.

Cost-Effectiveness Analysis of Pharmacist-Led Diabetes Management Across Primary Care Clinics

Innovations in Pharmacy 15(3), 2024

Purpose: Ambulatory care pharmacists (ACPs) on healthcare teams improve patient outcomes and can manage multiple chronic disease states. ACPs have demonstrated clinical benefit but need to prove financial sustainability. The primary objective of this study was to determine the cost-effectiveness of utilizing ACPs for diabetes mellitus (DM) management.

Student pharmacist's application of the pharmacists' patient care process during an interprofessional diabetes camp introductory pharmacy practice experience Abstract only*

Currents in Pharmacy Teaching and Learning 16(11), 2024

Background and purpose: To describe student pharmacist's application of the Pharmacists' Patient Care Process (PPCP) during participation in an interprofessional introductory pharmacy practice experience (IPPE) at a Type 1 Diabetes (T1D) pediatric summer camp.

Implementation of a diabetes specialist pharmacist to support inpatient and acute diabetes care at St Mary's Hospital, Imperial College Healthcare NHS Trust

Diabetic Medicine 40, 2023

Background: One in six hospital beds is occupied by patients with diabetes. Access to acute and inpatient specialist diabetes services is essential for safe care, harm reduction, and admission avoidance. Aim(s): Through funding from NHS England we implemented diabetes specialist pharmacist (DSP) service, 3-month pilot project, at our hospital. The aim was to reduce diabetes related acute admissions, support staff, improve patient safety and care for people with diabetes.

Evaluation of pharmacist consults within a collaborative enhanced primary care team model to improve diabetes care

PLoS ONE 18(1), 2023

Background An enhanced primary care team model was implemented to provide proactive, longitudinal care to patients with diabetes, grounded in close partnership between primary care providers (PCPs), nurses, and Medication Management Services (MMS) pharmacists.

Exploring barriers and facilitators to pharmacist-provided diabetes self-management education and support

Journal of the American Pharmacists Association: JAPhA 63(1), 2023

BACKGROUND: Pharmacists have the necessary clinical experience and medication knowledge to effectively provide diabetes self-management education and support (DSMES); however, barriers exist to DSMES implementation by community pharmacists., OBJECTIVE: The aim of this study is to explore DSMES from the community pharmacists' perspectives, identify barriers and facilitators to pharmacist DSMES implementation, and guide development of pharmacist-provided DSMES programs in Idaho.

The intervention strategies and service model for pharmacist-led diabetes management: a scoping review

BMC Health Services Research 23(44), 2023

BACKGROUND: There is increasing intervention activities provided during pharmacist-led diabetes management. Nevertheless, there is an unclear definition of the activities involved during the intervention. Thus, this study aimed to describe the type of intervention strategies and service model provided during pharmacist-led type 2 diabetes management and service outcomes.

Community Pharmacists' Attitude, Practice and Confidence in Supporting People with Diabetes in Japan and Ireland: A Cross-sectional Survey

Yakugaku Zasshi 143(10), 2023

Community pharmacists have a role in supporting people with diabetes to better address their condition and reduce their risk of diabetes-related illness. The purpose of this study was to examine and compare the attitudes, practices, and confidence of community pharmacists in Japan and Ireland on the care of people with diabetes.

Primary Care and Community

Removing barriers to management of adults with type 2 diabetes on insulin using continuous glucose monitoring in UK primary care practice: An expert consensus

Diabetic Medicine: A Journal of the British Diabetic Association 42(3), 2025

AIMS: This expert consensus reviews the reality of primary care clinical management of people with type 2 diabetes (T2D) on non-intensive insulin therapy, with an emphasis on the use of continuous glucose monitoring (CGM) technology for effective care in this participant group. Here, we identify key unmet needs for skills and systems development within this frontline healthcare setting, along with major challenges and opportunities associated with managing these changes effectively.

The effect of diabetes management on the workload of district and community nursing teams in the UK Full text available with NHS OpenAthens account*

Diabetic Medicine, October 2024

Aims: The number of older people with diabetes requiring care from district nursing teams is increasing. The role of district nursing teams in diabetes management has expanded to involve diagnosis, treatment and medication administration. As the complexity of caseloads increases, the current model is likely unsustainable. This study aims to understand the current diabetes workload of district nursing teams.

Exploring the Feasibility and Acceptance of Delivering Oral Health Interventions in a Primary Care Diabetes Context in North East England: A Qualitative Two-Case Study

2024, International Journal of Dental Hygiene

The evidence base supporting a bidirectional relationship between diabetes and periodontitis is well-established and published guidance recommends inter-professional

management. This two-case study describes the development and implementation of an evidence-based oral health intervention delivered in diabetes review consultations in NHS primary medical care in Northeast England.

Primary care optometry-based diabetic retinopathy review clinics - a new model of care and comparison with virtual diabetic retinopathy clinics Abstract only*

Eye (London, England) 38(15), 2024

BACKGROUND: Given the increasing prevalence of diabetes and diabetic retinopathy (DR) in the UK, this study evaluates a novel primary care optometry-based DR review service against traditional hospital-based virtual DR clinics., METHODS: In the hospital-based virtual DR service, patients attended for data capture (visual acuity, fundus photography, macular OCT scanning) with asynchronous review at a later date by a hospital clinician.

Sustainable Implementation of Physician-Pharmacist Collaborative Clinics for Diabetes Management in Primary Healthcare Centers: A Qualitative Study

Journal of Epidemiology and Global Health 14(3), 2024

Background: Although physician-pharmacist collaborative clinics for diabetes management have been shown to be effective and cost-effective worldwide, there is limited understanding of the factors that influence their sustainable implementation. This study aims to identify the associated factors and provide sustainability strategy to better implement physician-pharmacist collaborative clinics for diabetes management in primary healthcare centers in China.

Implementation of a diabetes prevention programme in a multi-ethnic community in primary care in England: An evaluation using constructs from the RE-AIM Framework

Primary Care Diabetes 17(4), 2023

AIMS: To implement a diabetes prevention programme in primary care METHODS: The programme was implemented for 12 months in two neighbouring towns, served by eight general practices. Practices requested a referral pathway involving an external administrator running electronic searches and sending postal invitations. If interested, people called and booked a place on the programme.

[Translating theory into practice: The DiAST \(diabetes support\) model of best practice diabetes care in the Primary Care Network \(see P327\)](#) Abstract all available

Diabetic Medicine 40, 2023

Aims: The document Best Practice in the Delivery of Diabetes Care in the Primary Care Network (PCN) was published in April 2021. How does the theory and ideology translate into practice. Method(s): A DiAST Lead (primary care diabetes specialist nurse) was appointed across a PCN comprising five GP practices (population 1672 persons with diabetes) in March 2022. The primary focus was the education and mentorship of all healthcare professionals (HCPS) in delivering effective, holistic diabetes care not solely residing in glycaemic management.

[Australian general practitioners' perspectives on integrating specialist diabetes care with primary care: qualitative study](#)

BMC Health Services Research 23(1), 2023

BACKGROUND: Improving the coordination and integration of health services is recognised nationally and internationally as a key strategy for improving the quality of diabetes care. The Australian Diabetes Alliance Program (DAP) is an integrated care model implemented in the Hunter New England Local Health District (HNELHD), New South Wales (NSW), in which endocrinologists and diabetes educators collaborate with primary care teams via case-conferencing, practice performance review, and education sessions. The objective of this study was to report on general practitioners' (GPs) perspectives on DAP and

whether the program impacts on their skills, knowledge, and approach in delivering care to adult patients with type 2 diabetes.

Staffing

[Optimal staffing for a good quality inpatient diabetes service](#)

Abstract only*

Diabetic Medicine 40(10), 2023

Introduction: Increasing numbers of people admitted to hospital have diabetes and need specialist support. To date, there is no mechanism which can help teams estimate the number of health care professionals they need to provide optimal care for people with diabetes in hospitals. Method(s): The Joint British Diabetes Societies (JBDS) for Inpatient Care Group organised a survey of specialist inpatient diabetes teams in the UK for current staffing and the perception of optimal staffing using mailing lists available through their representative organisations.

Technology

[Effect of virtual care in type 2 diabetes management - a systematic umbrella review of systematic reviews and meta-analysis](#)

BMC Health Services Research 25(1), 2025

Virtual care presents a growing opportunity to provide diabetes care remotely, potentially increasing the accessibility and efficiency of healthcare services. * Virtual care can improve both clinical and behavioural outcomes in type 2 diabetes management, though the effect varies by people with type 2 diabetes demographics and clinical characteristics.

[Using virtual reality based learning to provide education on the management of diabetes emergencies for doctors in training](#)

Practical Diabetes 40(5), 2023

It is essential that all doctors in training feel confident in their

ability to manage diabetes emergencies occurring in hospital settings. This is particularly pertinent when specialist expertise is not always immediately available, as well as at a time when diabetes prevalence in hospitals is rising. The project team created interactive, immersive scenarios and ran 'DEVICE' (Diabetes Emergencies: Virtual Interactive Clinical Education), a pilot study to test the feasibility of using virtual reality (VR) as a safe-space learning medium for training medical staff on diabetes emergency management.

What are the perceptions and concerns of people living with diabetes and National Health Service staff around the potential implementation of AI-Assisted screening for diabetic eye disease? Development and validation of a survey for use in a secondary care screening setting

BMJ Open 13(11), 2023

Introduction The English National Health Service (NHS) Diabetic Eye Screening Programme (DESP) performs around 2.3 million eye screening appointments annually, generating approximately 13 million retinal images that are graded by humans for the presence or severity of diabetic retinopathy. Previous research has shown that automated retinal image analysis systems, including artificial intelligence (AI), can identify images with no disease from those with diabetic retinopathy as safely and effectively as human graders, and could significantly reduce the workload for human graders. Some algorithms can also determine the level of severity of the retinopathy with similar performance to humans.

Ways of Working

How do UK general practice staff understand and manage prediabetes? A focus group study

BJGP Open, 2022

The present study's findings suggest that it may be beneficial to shift health messages away from quantitative markers to exploring the patient's lived experience and what is possible within their social context. The findings also suggest that a longer-term approach was a key prevention strategy in assisting people with behaviour change.

Evaluation of a Community Health Worker Social Prescribing Program Among UK Patients With Type 2 Diabetes

JAMA Network Open, September 2021

In this cohort study with difference-in-differences analysis of 8086 patients in the UK National Health System, a holistic community health worker intervention was associated with improvements in hemoglobin A1c levels. The association increased over time and was greater for White patients vs non-White patients, those with fewer additional comorbidities, and those living in the most socioeconomically deprived areas.

The NHS Diabetes Prevention Programme: an observational study of service delivery and patient experience

BMC Health Services Research, November 2020

Addressing issues that we have identified as being linked to negative experiences with the NHS-DPP could increase uptake, reduce patient drop-out and increase the overall effectiveness of the programme. In particular, modifying structural aspects of the NHS-DPP (e.g. reliable session scheduling, reducing group sizes, enough session resources) and increasing interaction appear particularly promising for improving these outcomes.

Behavior Change in Diabetes Practitioners: An Intervention Using Motivation, Action Planning and Prompts

Patient Education and Counseling, November 2020

This study suggested specific deliberative planning may not be the most useful approach to behavior change in unpredictable health care delivery contexts. In the UK all health and social care professionals are encouraged to 'make every contact count' [41] as an opportunity to discuss ways of improving health and well-being with service users, and this type of training develops important and relevant skills for delivery.

Provision of services in primary care for type 2 diabetes: a qualitative study with patients, GPs, and nurses in the East of England

BJGP, September 2020

The authors interviewed 24 patients and 15 GPs and nurses, identifying a changing landscape of diabetes provision owing to burgeoning pressures that were presented repeatedly. Patient responders wanted GP-delivered care with continuity. They saw GPs as experts best placed to support them in managing diabetes, but were increasingly receiving nurse-led care. Nurses reported providing most of the in-person care, while GPs remained accountable but increasingly distanced from face-to-face diabetes care provision

Safe care for people with diabetes in hospital

Clinical Medicine Journal, January 2020

There have been some significant strides in improving the care for hospital inpatients with diabetes over the last few years. However, there remains a large amount to do and the data suggest that patient safety is still being compromised. To reduce these risks, the ongoing education of medical and nursing staff, and all other groups involved in the care of patients with diabetes in hospital remains paramount given the increasing prevalence of the condition and its ongoing impact.

Does the Diabetes Specialist Nursing workforce impact the experiences and outcomes of people with diabetes? A hermeneutic review of the evidence

Human Resources for Health, August 2019

Evidence suggests that Diabetes Specialist Nurses educate patients and other healthcare professionals as well as delivering direct care. The outcomes of these actions include a reduced patient length of stay in hospital, reduced inpatient harms and complications, and improved patient satisfaction. Additionally, they are cost-effective.

Recruitment, retention, and training of people with type 2 diabetes as diabetes prevention mentors (DPM) to support a healthcare professional-delivered diabetes prevention program: the Norfolk Diabetes Prevention Study (NDPS)

BMJ Open Diabetes Research and Care, May 2019

Individuals with type 2 diabetes can be recruited, trained and retained as DPM in large numbers to support a group-based diabetes prevention program delivered by healthcare professionals. This volunteer model is low cost, and accesses the large type 2 diabetes population that shares a lifestyle experience with the target population. This is an attractive model for supporting diabetes prevention efforts.

Language matters. Addressing the use of language in the care of people with diabetes: position statement of the English Advisory Group

Diabetic Medicine, 2018

The use of language by healthcare professionals can have a profound impact on people living with diabetes. Our working group, which represents people with diabetes and key stakeholders, has developed a set of principles to guide healthcare professionals, with the goal of improving interactions with those living with diabetes.

Using evidence-based guidelines to inform service provision: a structured mapping exercise within the National Health Service Diabetes Prevention Programme in England

BMC Research Notes, July 2018

This structured mapping exercise has utility for implementation science and real-world programmes in explaining differences in outcomes based on specific components of the interventions and how each programme is implemented in relation to the service specification. This method could also enable the identification of key areas that require improvement.

NHS Diabetes Prevention Programme in England: formative evaluation of the programme in early phase implementation

BMJ Open, February 2018

When fully implemented the NHS DPP will provide an evidence-based lifestyle intervention for prevention of T2D in adults at high risk, with provider capacity to deliver the intervention on a national scale. Formative evaluation of first wave NHS DPP implementation found that the intervention specification reflected current evidence, while allowing balance between consistency and contextual variation in intervention delivery, with detailed session planning devolved to providers.

The role of nurse specialists in the delivery of integrated diabetes care: a cross-sectional survey of diabetes nurse specialist services

BMJ Open, August 2017

This study is the first to examine the provision of diabetes nurse specialist (DNS) services nationally in Ireland. A comprehensive questionnaire that was employed in a previous UK study and adapted for the Irish context was used for the study. Although the support of the Irish Diabetes Nurse Specialist Association and other sources was enlisted to generate the sampling frame, there is no definitive list of all DNS in Ireland.

Workforce Demographics

A survey of the UK diabetes inpatient specialist nurse workforce, 2023

Journal of Diabetes Nursing 28(4), July 2024

The diabetes inpatient specialist nurse (DISN) workforce has grown in number and recognition since the first National Diabetes Inpatient Audit in 2010. DISNs provide vital support for people with diabetes during admission to hospital and for the healthcare providers responsible for their care. To address gaps in our understanding of the DISN workforce and their needs, and to help with the development of more specific training, support tools and ongoing workforce development, a national survey was conducted.

Trends in the primary healthcare nursing workforce in managing diabetes from two sample surveys in 2006-2008 and 2016 in Auckland, New Zealand

New Zealand Medical Journal 136(1585), 2023

AIM: To examine trends in the primary healthcare nursing workforce and their community management of diabetes. method: Two representative surveys were carried out in 2006-2008 and 2016 among all primary healthcare nurses in Auckland. Nurses were randomly selected, and 26% (n=287) and 24% (n=336) completed a self-administered questionnaire and telephone survey. Biographical information, knowledge of diabetes, how valued nurses felt and diabetes care for patients was provided.

Workforce Supply

Does shortage of GPs matter? A cross-sectional study of practice population life expectancy

British Journal of General Practice 74(742), 2024

Background: There are not enough GPs in England. Access to general practice and continuity of care are declining. Aim: To investigate whether practice characteristics are associated with life expectancy of practice populations.

Burnout in diabetes and endocrinology specialist registrars across England, Scotland and Wales in the pre-COVID era

Abstract only*

Primary Care Diabetes, 2022

The aim of this study was to assess the frequency of burnout syndrome among Diabetes Specialist Registrars across England, Scotland and Wales and to identify any self-reported factors which may be contributory to burnout.

A survey of staffing levels in paediatric diabetes services throughout the UK

Diabetic Medicine, 2018

Some 175 services (93%) caring for 29 711 children and young people aged ≤ 24 years with diabetes participated in the survey. Northern Ireland and Wales had the lowest ratio of total staff to patient population. Nursing caseloads per one whole-time equivalent (WTE) nurse ranged from 71 patients in England to 110 patients in Northern Ireland with only 52% of the UK services meeting the Royal College of Nursing recommended nurse-to-patient ratio of $> 1 : 70$.

Competency Frameworks

An integrated career and competency framework for adult diabetes nursing

Diabetes UK, Updated September 2024

Welcome to the 7th edition of the Integrated Career and Competency Framework for Adult Diabetes Nursing. 2005 saw the publication of the first version of competencies for nurses working in diabetes care. In the ensuing decades, subsequent editions of the framework have evolved to align with updates in diabetes care and contemporary nursing practice. With this in mind, it is essential to review and update the framework to provide a contemporary evidence-based resource for benchmarking skills and knowledge, aligned to defined contemporary levels of practice and proficiency. Additionally, this document provides a structured framework to plan career development in diabetes care.

End of Life Care (June 2024)

Diabetes UK, June 2024

End of life care for people with diabetes continues to be under investigated and there is a dearth of guidelines, recommendations, and research into this topic.

Caring for people with diabetes as they approach the last year, month and days of life often falls to non-diabetes specialist healthcare professionals, so it is important that clear clinical recommendations are accessible to promote good quality care.

Competency Frameworks in Diabetes

Diabetes UK

Competency can be defined as having the knowledge, skills, and attributes for a given task. Assuring the competency of healthcare professionals caring for, and supporting, people with diabetes is a challenging, but essential, component of improving the quality and standards of diabetes care.

Specialist diabetes team: role and members

Diabetes UK, October 2010

Specialists involved in the delivery of diabetes care must work in multidisciplinary teams for care to be truly effective. They should have received extensive training accredited at a national level. Specialist teams should comprise physicians, nurses, podiatrists, dietitians and clinical psychologists, who will also collaborate with many other specialists who might be incorporated into the team. Specialist teams provide direct care for people with diabetes with complex needs that cannot be met within the skill competencies of the general practice team.