



Think Diabetes

Supporting a cultural shift in the workplace

Part of
TheAHSNNetwork


hin Health
Innovation
Network
South London


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About the Health Innovation Network, South London

The Health Innovation Network is the Academic Health Science Network (AHSN) for South London. There are 15 AHSNs across England. We are a membership organisation focused on lasting system-wide improvements in patient and population health, strengthening relationships and capitalising on teaching and research strengths across south London.

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Thinking Diabetes in the Workplace

The purpose of this report is to bring attention to the impact that employers can make by supporting a cultural shift in the workplace. The shift is one which acknowledges time away from work to attend education for diabetes (or other long-term health conditions) is an accepted benefit for the employee, as well as for the employer, through improved health of their workforce. The primary audiences for this document are Human Resources Directors and Managers, Occupational Health Leads and Health and Wellbeing Champions. The principle objective is to educate employers on the need for employees with diabetes to attend structured education and to support managers to put the policies and processes in place to make these reasonable adjustments. Examples of good practice by several organisations are highlighted in the report.

Executive Summary

The working population in Britain spends roughly a third of their life at work. Yet all too often, the role of employers in creating and maintaining healthy workplaces, or supporting their staff to be healthy, is overlooked.


This needs to change. It has been estimated that an average London organisation of 250 employees loses around £250,000 a year due to ill-health¹¹. Employers can directly influence their employees' health and many employers are beginning to see the benefits of promoting wellbeing initiatives. The **London Healthy Workplace Charter**, backed by the Mayor of London, provides clear and easy steps for employers to make their workplaces healthier and happier.

Employers are able to see that small changes in their approach can have disproportionate benefit. Diabetes education is a compelling illustration of this, as the case studies in this report show. With no additional financial investment, apart from staff time, employers can change the culture around diabetes education.

Diabetes costs the NHS more than £10 billion per year and this constitutes roughly 10 percent of the entire budget¹². It has significant implications for the economy and the workplace due to increased levels of sickness absence and its association with a range of disabling complications which may influence an individual's ability to do their job effectively. We know that structured education is part of the solution. People with diabetes benefit from being able to self-manage their condition and make changes to diet and lifestyle. Structured education helps them to do this and is clinically proven. It also provides much needed peer support after being diagnosed with a life changing condition. What's more, it is recommended as a basic and crucial part of care for an individual with diabetes by the National Institute for Health and Care Excellence (NICE), the NHS' guidance on clinical standards.

Less than

10%

 of people who could benefit from structured education attend within 12 months of their diagnosis

“

The case for employers adjusting their policies and supporting individuals to attend structured education is overwhelming.

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Despite this, uptake rates of diabetes education are low and one of the reasons commonly cited is that it is difficult to take time off work. Diabetes is covered by the Equality Act 2010 as a long term condition that has significant impact on individuals' lives. Employers are therefore obliged to make reasonable adjustments, although these adjustments are not defined. The case for employers adjusting their policies and supporting individuals to attend structured education is overwhelming. Indeed, some of the organisations in this report have gone further – bringing structured education to the workplace with a course delivered in-house for staff with Type 2 diabetes.

Our case studies show that making changes to support staff to attend education does not have to be complex. Simple steps such as updating existing policies were achieved quickly at Bexley Council. As an alternative to running a structured education programme for people diagnosed with diabetes, another approach focused on delivering a more general healthy lifestyles session in the workplace. London South Bank University, Southwark Council and Bexley Council chose this approach to engage with a far wider number of staff on the issue, with a view to improve staff health and reduce staff absences.








Of course, employers are not the only barrier to education. There are many others, including patchy provision and quality of courses, and the stigma associated with diabetes itself. In south London, these barriers are changing – a new, easy to use online booking service has been introduced offering far greater choice and flexibility in courses and signposting individuals to further support. For more information, visit the Book & Learn website: diabetesbooking.co.uk.

Diabetes is one of the greatest health challenges we face. During 2017-18 the Health Innovation Network worked with several employers and stakeholders to understand the challenges faced by employees with diabetes and the opportunities available to employers to increase access to structured diabetes education.

The recommendations in this report can help employers play their part in tackling the barriers to education, at low cost. This will support not only their employees, through living well with diabetes, but their bottom line, through a healthier, more productive workplace.

Recommendations for employers

As a result of several consultation meetings with the Think Diabetes Working Group and the pilots, the following recommendations have been made for employers to support employees living with diabetes:

-  Allow and encourage employees with diabetes to attend their diabetes education course, including through paid leave and/or flexible working practices.
-  Promote structured education courses for employees with diabetes (in south London) through the Diabetes Book & Learn service; diabetesbooking.co.uk.
-  Review your organisation's relevant policies and update them to acknowledge the benefit to staff with diabetes attending structured education. An example of this is provided on page 13.
-  Hold a briefing with senior management to ensure they are aware of new staff policies in this area.
-  Reflect this cultural shift with entries in your Staff Health and Wellbeing Strategy relating to activities such as Healthy Lifestyles education sessions.
-  Link in activity generated from your Health and Wellbeing Strategy with your organisation's aspirations for a Healthy Workplace Charter award, or similar.
-  Proactively inform your managers and staff of the updated policies and encourage discussion within teams.

Burden of Diabetes

According to the 2017-18 National Diabetes Audit, more than 3.1 million people were diagnosed with diabetes in England^[3] and it is estimated that in London over 671,000 people over the age of 16 have either Type 1 or Type 2 diabetes, with 234,000 living in South London^[4]. We expect these figures will increase when the latest audit figures are released in June 2019.

Based on current population trends, Public Health England estimates that by 2035, 4.9 million people will have diabetes in England.

Diabetes costs the NHS more than £10 billion per year and this constitutes roughly 10 percent of the entire budget. Public Health forecasting predicts that an ageing population and rising prevalence of obesity will increase NHS spending on diabetes to £16.9 billion by 2035, accounting for 17 percent of the budget. Diabetes is a leading cause of blindness in the UK and over 100 amputations are carried out each week on people with diabetes due to complications – 80 percent of which are preventable.

The burden of illness in the workplace is usually borne from employee sickness absence and the resulting cost of lost productivity. Although there are no costings available relating specifically to employees with diabetes, it has been estimated that an average London organisation of 250 employees loses around £250,000 a year due to ill-health^[5].

However, there is a positive angle to this story. Evidence strongly suggests that people who attend diabetes education courses have improved outcomes, reduce the onset of complications and there is a health system cost saving. Furthermore, attendance at these courses is recommended by the National Institute for Health and Care Excellence (NICE) as an integral part of diabetes care.



Structured Education

What are structured education programmes?

When people are first diagnosed with diabetes (whether it is Type 1 or Type 2), NICE guidelines recommend they should attend a structured education programme (the ideal timing varies between individuals depending on the clinical circumstances). Structured education programmes for people with diabetes are an essential component of effective diabetes management.

The aim of structured education is for people with diabetes to improve their knowledge, skills and confidence, enabling them to take increasing control of their condition and integrate effective self-management into their daily lives. These programmes help people to take control of their diabetes through learning more about their condition and they also provide valuable peer support. They are provided locally and for small groups of people. The length of the courses varies from 1 day (or 2 half days) to 6 full days. It is also good practice to ensure that people with Type 1 and Type 2 diabetes attend “refresher” courses at a later stage.

Structured education programmes are clinically effective. A meta-analysis of 21 studies showed significant reductions in blood-sugar levels at 6 months, 12 months and 2 years, as well as significant improvements in knowledge, self-management skills and empowerment^[6].

Examples of structured education courses include: Dose Adjustment For Normal Eating (DAFNE) for Type 1 diabetes, Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) and the X-PERT programme for Type 2 diabetes.

Benefits of structured education for Type 1 Diabetes



Significantly improve **long term blood sugar control**



Reduce the onset of complications such as **blindness, kidney disease and foot ulceration**



Substantially **reduce severe short-term complications caused by low or high blood glucose levels** thereby reducing the need for emergency treatment



Reduce **anxiety and depression**

Benefits of structured education for Type 2 Diabetes



Lower average blood glucose levels, thereby **reducing the risk of complications**



Reduced **cholesterol and blood pressure levels**



Improved levels of **physical activity**



Improved **understanding of diabetes and self-management skills**



Weight **reduction**

Despite the NICE Guidelines and the strong evidence supporting structured education, attendance at structured education has remained low across south London and nationally.

Table 1: National, London wide and south London data (all south London/ London wide Clinical Commissioning Groups combined) on Structured Education: percentage offered by Type 1 and Type 2 Diabetes and percentage attended by Type 1 and Type 2 Diabetes (Source: National Diabetes Audit 2017-18).

Type	Region	Offered within 12 months of diagnosis (%)	Attended within 12 months of diagnosis (%)
Type 1	England	38.6	4.5
	All London	41.9	6.8
	South London	36.3	8.8
Type 2	England	75.1	8.7
	All London	76.4	7.2
	South London	77.3	9.4

National Diabetes Audit data from 2017-18, the most up to date data published at this time, shows that nationally, of 38.6 percent of people with Type 1 Diabetes who were offered structured education, only 4.5 percent took up the offer within 1 year of diagnosis. The figures in south London were 36.3 percent and 8.8 percent respectively.

For Type 2 diabetes, the National Diabetes Audit data shows that nationally 75.1 percent of people with Type 2 Diabetes were offered structured education and only 8.7 percent took up the offer within 1 year of diagnosis. The figures in south London were only slightly better at 77.3 percent and 9.4 percent respectively.

Why is attendance at structured education programmes so low?

This remarkable distinction between the proportion of people offered and attending structured education has not gone unnoticed.

There are many and varied reasons people with diabetes do not attend structured education courses. Some include physical barriers such as courses not being offered in their local area or them being offered where it is difficult for people to get transport. Others report having other health problems or priorities preventing them from attending. A lack of self-confidence or low literacy or numeracy has also been reported.

The All Party Parliamentary Group for Diabetes’ report: Taking control: Supporting people to self-manage their diabetes (March 2015) highlighted that many structured education courses require substantial time off work during the week; and that this is a major disincentive to attendance as people often do not wish to use annual leave for this purpose.

A recommendation from the report states:

“The clear benefits to people’s health of attending education courses mean that the Government should give people a legal right to time off work to attend education courses about their diabetes that their healthcare team believe are appropriate to their needs.”

p. 20. [APPG Diabetes Report Education Final Report](#)

NICE recommends that well-designed and well-implemented structured education programmes are likely to be cost-effective for people with diabetes and should be offered to every person and/or their carer at and around the time of diagnosis, with annual reinforcement and review.

What does the law say?

Diabetes is covered by the Equality Act 2010^[7] as a long term condition that has significant impact on individuals' lives. Employers are therefore obliged to make reasonable adjustments, although these adjustments are not defined.

The Equality Act 2010 describes a disability as:

“A person has a disability if they have a physical or mental impairment and this impairment has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.”

Whether or not diabetes has a substantial adverse effect is decided by looking at what the effects of the condition would be if someone didn't take their medication or follow the prescribed diet. Because of this, people with Type 1 diabetes will always be considered to have a disability. It is not as clear for people with Type 2 diabetes but often they will be covered by the Act. For an impairment to be considered long-term, the effect must have lasted, or be likely to last, a minimum of 12 months. What is considered a reasonable adjustment will vary from one situation to another and will depend on the circumstances of both the person with the disability and the employer.

In any circumstance, where an employer is considering how to support an employee with Type 2 diabetes, the case for supporting them to attend education is overwhelming. This is not only for the benefit to their personal health and wellbeing, but also for the resulting overall health and productivity of the organisation.



Health Innovation Network Think Diabetes Pilot and Case Studies

Several organisations from the Health Innovation Network's membership were invited to join a working group to look at the issue of supporting employees living with diabetes to attend structured education courses. The working group consisted of patient representatives and stakeholders with roles in Human Resources, Occupational Health, Health and Wellbeing and legal services. Working group members were consulted on possible actions employers might take and a number of recommendations were made.

Organisations involved in the working group agreed to pilot several initiatives to support employees living with diabetes in their workforce. A number of ideas and suggestions were proposed and piloted. These are listed below as case studies under three key actions. These case studies highlight different ways in which various activities were delivered in workplace settings to further enhance the organisation as a supportive employer of people with diabetes.

Case studies: Learning from the Health Innovation Network Think Diabetes pilot

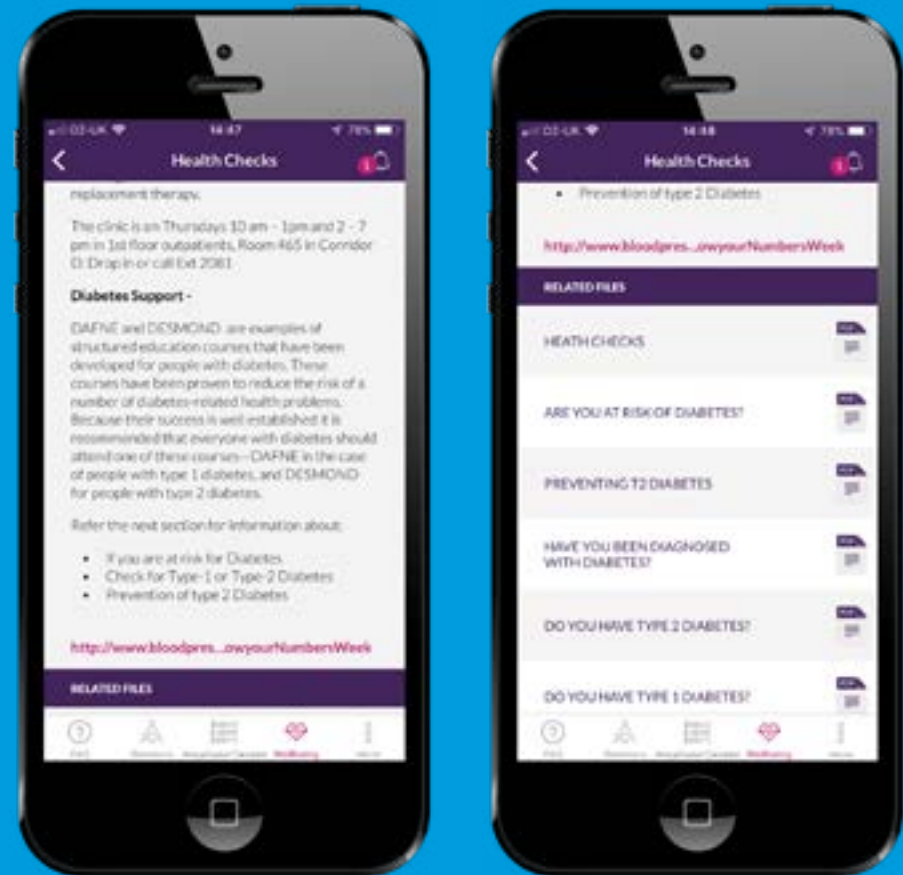
Human Resources Policy and Strategy changes -

London Borough of Bexley, Kingston Hospital, London Borough of Southwark and London Southbank University

The Head of HR Advisory Services oversaw an update to Bexley Council's Employment Procedures (Key Points) to include explicit reference to time off work which may include attendance at educational courses and training relating to an employee's disability or condition (see page 13).

The revised arrangements were made available to staff and managers using the Council's Employment Deal microsite and via e-Learning tools and absence refresher training materials for managers. This initiative sits alongside the Council's overall Health and Wellbeing Prevention Strategy.

Information about diabetes education courses has now been included on Kingston Hospital's HR App. In the Wellbeing section of the App, under Health Checks, sits a description of Diabetes Support with links to a number of resources.



Delivering Structured Education in the Workplace - Kingston Hospital

Collaboration between HR, Occupational Health and the Diabetes Team at Kingston Hospital resulted in a DESMOND course being delivered on the grounds of the hospital for staff with Type 2 diabetes. This initiative was backed with full support from the hospital's Health and Wellbeing group.

As an accredited provider of the DESMOND programme, educators from the hospital delivered it over two sessions a fortnight apart. Demand for the course to be delivered on-site continues to grow. Kingston Hospital will be running another DESMOND course and plans are being discussed for it to become a regular feature for employees with diabetes as part of the hospital's staff health and wellbeing offer. The hospital's intranet has been re-designed to allow staff to self-refer to future DESMOND courses confidentially online.

As a result of the Think Diabetes initiative, additions have also been included in the Health and Wellbeing Strategies of both Southwark Council and London South Bank University. Items relating to diabetes have been added to each organisation's strategy; and activities have already been, or will be, delivered within the year.



“ When I was originally diagnosed by my GP as I live in the Wandsworth area I was referred to DESMOND sessions with Tooting/Battersea being the closest. I was put off by this as I work at Kingston Hospital and it would have meant having a whole day off work for each session plus having to travel there and back by bus, and I didn't bother to attend because of this. I was so pleased the workplace sessions became available as it is so much more convenient to me, and I am sure many other people are in the same situation as me.

Kingston Hospital employee.



Healthy Lifestyles Awareness Raising Sessions - London South Bank University, Bexley Council

As an alternative to running a structured education programme for people diagnosed with diabetes, some pilot sites focussed on a healthy lifestyle session, which included other health issues, being delivered in the workplace. London South Bank University and Bexley Council chose this approach to engage with a far wider number of staff, with a view to improve staff health and reduce staff absences.

A Health and Wellbeing Programme that will include delivery of other health-related information sessions on a wide variety of issues, is being developed at Bexley Council. Also, as part of the Health and Wellbeing Programme, consideration is being given to inviting specific groups to visit the Occupational Health nurse for a health check on an annual or possibly bi-annual basis. Highlights of these initiatives were:

- A two-hour Healthy Lifestyles session delivered by a dietitian to staff at both the council and university. In total, 32 staff from a variety of departments attended the sessions. Content included 'Energy Balance and Food Groups', 'How to Read Food Labels', 'Rethinking Soft Drinks' and 'Exercise and Being Active'.
- During the introductions, some participants identified themselves as having diabetes, pre-diabetes or coming from a family with someone diagnosed with diabetes.
- An occupational health nurse from each organisation was also in attendance at the session. Participants were invited to sit with the nurse at the back of the room as the session was being delivered and have their blood glucose tested via a finger prick test. The blood glucose tests were done in the same room as the session but out of earshot of other participants.
- 23 out of 32 (72%) staff presented to the nurse and had their blood glucose tested. One person was in the diabetes range, three were in the pre-diabetes range and all other test results were within the normal range.
- Evaluation feedback of the sessions found high ratings for improvement in knowledge, improvement in skills and value of the session to participants.



Online training on Structured Education for diabetes

Everything you wanted to know about diabetes and structured education in a FREE online training module! This excellent E-learning module has been produced by the Cambridge Diabetes Education Programme on behalf of the Health Innovation Network. It takes only 45 minutes to complete and will provide the learner with a much greater understanding of the benefits to people with diabetes attending structured education courses.

Simply register at www.cdep.org.uk/structured-diabetes-education.html and the free module called “Structured Diabetes Education” is ready for immediate access.

To make it easier for people to access Structured Education, a new, easy to use online booking service, **Diabetes Book & Learn**, has been introduced in south London offering far greater choice and flexibility in courses and signposting individuals for further support.

Section of Bexley Council's Employment Procedures, Key Points, Disability/III health/long term health conditions

Account should be taken where an Employee has a disability and/or health condition. Advice is available and can be obtained at any stage from Occupational Health and, with the Employee's consent, their GP and/or specialist. Employees are expected to participate in Occupational Health assessments where required.

Consideration should be given to whether an Employee with a disability is placed at a disadvantage and whether reasonable adjustments can be made. Discussions should take place with the Employee and/or their representative. Our overall aim is to provide support to a disabled Employee throughout their employment which includes where formal processes are used and reasonable adjustment(s) will be made where possible.

The Council understands that people living with a disability/long term condition may need to take time off work for reasons related to their condition. Time off from work can take the form of a short period of time away from work or appointments over a set period of time. The Council will aim to support employees who have a disability/long term condition.

Time off may include but is not limited to:

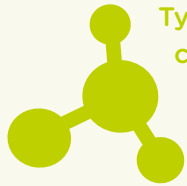
- Medical or Hospital appointments or treatment
- Check-ups or specialist check-ups including monitoring of disability-related equipment or treatment
- Rehabilitation
- Educational courses and training relating to disability/condition
- Counselling
- Physiotherapy

The amount of time required will need to be reasonable in all circumstances and planned in advance where possible to minimise workplace disruption. Where possible employees will endeavour to arrange appointments outside of normal working hours or on non-working days where they are part time workers. In all circumstances staff should discuss the requirements with their manager. HR advice is also available.

“ I became a type 1 diabetic when I was 18 years old. I didn't always inject or test my blood and as there was no real immediate sign of illness, that's how I managed it. My behaviour carried on right through my 20's and early 30's until my GP spotted that I had some kidney damage and luckily he had a special interest in diabetes and pushed hard to get me on to a London DAFNE course. It was truly a light bulb time for me! I got to spend a week just thinking about myself, my diabetes, how blood sugars are affected by different meals, how I could learn to eat what I wanted, when I wanted and therefore give me back some control over my life. Having the ability to spend 5 days, not working and having to think/worry about work vs my health gave me the ability to truly put myself first for as long as I can remember.

Jilian

”



Type 1 diabetes develops when the insulin-producing cells in the pancreas have been destroyed.

No one knows for certain why these cells have been damaged, but the most likely cause is the body having an abnormal reaction to the cells.

10%

of people with diabetes have

Type 1 diabetes^[9]



90%

of people with diabetes have

Type 2 diabetes^[10]



Type 2 diabetes occurs when the body is not making enough insulin, or the insulin it is making is not being used properly.

Type 2 diabetes usually appears in middle-aged or older people, although more frequently it is being diagnosed in younger, overweight people. It is known to affect people from black and minority ethnic backgrounds at a younger age.

56%

of people with diabetes are **male**



44%

of people with diabetes are **female**^[11]



4.6 million people

have diabetes in the UK (June 2018)^[8]



South Asian and black people are two to four

times more likely to develop

Type 2 diabetes^[12]



One in six people

in a hospital bed has diabetes^[15]



Gestational diabetes affects up to 5% of all pregnancies.

Those from black and minority ethnic groups are at a higher risk of gestational diabetes^[14]



12.3 million people

are at **increased risk** of Type 2 diabetes in the UK^[13]



Type 2 diabetes risk



can be reduced



by changes in lifestyle such as healthy eating and being more active

“ I attended a DESMOND course just after being diagnosed with Type 2 diabetes. It answered a lot of questions for me and eliminated the myths I had picked up. It’s a must if you want to manage your diabetes and avoid the side effects. ”

Stephanie

“ What I found most useful from the talk was understanding what diabetes is, how it causes the pancreas not to produce enough insulin and the impact that has on your body. The blood test was a bit of an eye opener; whilst I wasn’t recorded as being pre-diabetic, it did show me that I was very close to that measure. The test itself was simple and just a prick on the finger which took just a moment. ”

Bexley Council session attendee

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