

FOCUS ON RESEARCH

DIABETES SERVICE PROVISION: A FOLLOW-UP STUDY OF USER EXPERIENCES

Researchers

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Aim

Interviews were conducted with people with type 2 diabetes to: (1) look at continuities and changes in their disease perceptions, health service preferences and education/support needs; (2) determine whether the reorganisations of Scottish diabetes services have long-term implications for disease perceptions, satisfaction with services/ professionals, and commitment to self-care; and, (3) make recommendations for health service delivery.

Project Outline/Methodology

20 respondents were reinterviewed on the 4th anniversary of taking part in an earlier interview study. These interviews were analysed alongside respondents' original interviews enabling continuities/changes in their accounts to be explored.

Key Results

There was a general deterioration in respondents' health and an increased use of oral hypoglycaemic agents (OHAs) since the earlier interviews. Most respondents now recognised the progressive nature of their disease, but there was limited awareness of links between diabetes and cardiovascular disease, even in those who had developed coronary heart disease.

More patients were now attending diabetes clinics within general practices. Practice nurses' expertise was perceived as complementary to that of GPs. While respondents appreciated the greater convenience of local services, some remained concerned about whether the level of expertise in primary care was sufficient. The potential to receive 'holistic' care could be undermined when the GP specialising in diabetes was not a respondent's preferred GP. Some respondents suggested that their consultations had become more standardised, with less emphasis given to lifestyle factors.

Fewer respondents were still performing blood glucose self-monitoring and those who were remained uncertain how to interpret and respond to results.

Respondents attached less importance to dietary management, and reported limited on-going

encouragement from health professionals regarding lifestyle. There was poor appreciation of the benefits of physical activity for blood glucose control. Walking was the activity respondents were most likely to adopt and sustain over time.

While disease management was considered to be respondents' responsibility, most expected doctors to make treatment decisions, and seemed unaware of targets for blood glucose, and cholesterol.

Conclusions

The study provides continued, if limited, support for the provision of diabetes care in primary care. Although respondents adopted a passive role in relation to treatment decisions, this did not prevent them from being committed to taking medications as prescribed. There is a need to support patients to achieve ongoing lifestyle changes.

What does this study add to the field?

This longitudinal study shows that patients' disease perceptions and expectations of services change over time and in light of broader transitions in diabetes service provision.

Implications for Practice or Policy

The on-going importance of lifestyle for diabetes management should be emphasised to patients over time. Professionals may benefit from training in Health Behaviour Change to support patients with this. Other continuing education needs include: relevance of CVD risk reduction; what patients should do if they miss doses of OHAs; whether to self-monitor and how to respond to high readings; and the meanings of blood glucose and other results. This education should form part of all consultations and be linked to patients' own results and management plans.

Where to next?

We have designed a questionnaire to quantify the extent to which our findings are representative of wider groups of patients in Lothian with type 2 diabetes.

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