

GROUP 3. Health Care Professional Knowledge and Communication

Interventions to be discussed;				
N: Restructuring the ‘findings’ letters to young adults following their DES appointment and on-line support tool AND K: Nationally approved training delivered to HCPs (GPs, Diabetes teams) AND G: Feedback to local GPs and Diabetes team about DES (results and attendance)				
Jude Kay	Programme manage DES Wales			
Heather Lewis	Public Health consultant lead for DESW			
Suad Mohamed	Screening & Immunisation Manager NHS England/Public Health England			
Charlotte Wallis	Co-Chair BARS			
Mandy Grange	Screening Quality Assurance Service (SQAS) senior QA advisor for the North East			
Phil Gardner	Public Health England (EROS team member)			
Caroline Schmutz	JDRF (EROS Research Advisory Group)			
Hannah Sutton	Young adult with Type 1 diabetes			
	Prioritized interventions	Barriers and/or enablers that the proposed intervention addresses	Components of the intervention that could be addressed	Issues identified in Event 1 (30 th June 2021)
N	Restructuring the ‘findings’ letters to young adults following their DES appointment and on-line support tool.	YA with diabetes experience mixed feelings about receiving DES results (e.g., anxiety and relief) Representative quotes from YA <i>“They just say wait for the results and 6 weeks of anxiety later you get a generic letter and leaflet with a grade on it but no details-</i>	Results letters and test result include; <ul style="list-style-type: none"> • A clear explanation of the results in plain English, Reassurance about treatment options (phrased/framed positively) 	<ul style="list-style-type: none"> • Current centrally produced results letters are inappropriate for some groups (not tailored to young adult’s (YA) needs) • Use of different formats • A 'quick win' and would have an impact on a large group of people • Remove anxiety about result

		<p><i>fine it's background but is it better/worse what is going on with my eyes?! “</i></p> <p><i>“I was notified that I had some eye damage- but it didn't need to be treated at this point- no one contacted me or explained the letter.”</i></p>	<ul style="list-style-type: none"> • Contact details so that YAs can discuss their results with someone appropriate <p>Online educational material (e.g., text, graphics, short videos) to provide an explanation of the findings and advice given with FAQs.</p>	<ul style="list-style-type: none"> • Web links from letter to more information should people want it (linked via QR code) • Website better than leaflets particularly for YA (relates also to intervention A) • ‘This is an excellent idea, an improvement on the letter would be great. More information on next steps, what the results mean and what they don't! Some people believe once they have retinopathy that's it! ‘ • Could be linked to online description/leaflet explaining the result <p>CHALLENGES</p> <ul style="list-style-type: none"> • YA don't read letters
<p>K</p>	<p>Nationally approved training delivered to HCPs (GPs, Diabetes teams).</p>	<p>YA with diabetes;</p> <ul style="list-style-type: none"> • believes there is a lack of knowledge about diabetes and DES amongst the public and HCPs • finds information about potential complications of diabetes, from HCPs, frightening <p>Poor communication by HCPs has a negative impact on YA with diabetes</p>	<p>Training could include;</p> <ul style="list-style-type: none"> • Actions HCPs can take to support, encourage and enable young adults to attend DES e.g., how to raise the issue of DES and check screening attendance in a non-judgmental way, how to facilitate referrals and access to convenient DES services, how to provide reassurance and address concerns around DR, complications/sight loss, and DES, reinforcing the benefits of screening 	<ul style="list-style-type: none"> • Encompasses tailored communication (intervention L) • Need training to explain results • Teach people what words to use' • Promotion of 'Language matters' document produced by PHE (maybe linked to intervention O) and tailored to eye screening • Diabetes Australia version more detailed gives direct examples • Nationally accredited programme but delivery and content adapted for specific needs

		<p>Representative quotes from YA <i>“To be honest I find it kind of pointless as my Opticians maintains a better, easier access for support and help if I feel there is a problem, also they explain the results the doctors at the screen don’t tell me anything.”</i></p> <p><i>“[...] you don’t need someone saying like you’re doing a shit job. What you need is [...] you need someone to explain to you, OK, this is what we found, or this is what potentially could happen. These are the options, don’t worry about it, do you know what I mean?”</i></p> <p><i>“When I got told I had the macular oedema thing my GP was like, you’re a bit young to have any diabetic complications, and it’s like, well I have been diabetic 20 years, that’s the same as someone getting it when they’re 40 and seeing complications when they’re 60, it’s just, yeah. So, I think there’s a bit of a gap where even medical professionals don’t really think about what they’re saying sometimes.”</i></p>	<ul style="list-style-type: none"> • Videos demonstrating a HCP speaking to a YA with diabetes and practice/role playing different communication styles. • A testimonial from a YA describing how negative communication impacted them • Educational material adjusted for different age groups 	<ul style="list-style-type: none"> • Number of diabetes Masters programmes available e.g., Warwick, Leicester, Swansea, KCL • I have mainly very bad experiences with HCP when talking about these things and those conversations stick with you for a long time and keep your in fear. • In the past I have felt that I haven't been listened to in appointments, some of my thoughts have been disregarded and made to feel irrelevant' • Responding to needs as an individual would help YA to attend their appointments <p>CHALLENGES</p> <ul style="list-style-type: none"> • Taking DES out of other aspects of diabetes care has deskilled GPs and diabetologists (knowledge gap) • Perceived lack of knowledge of general diabetes clinic staff regarding diabetic eye disease/screening and unable to answer questions • Before we can think about how to improve education/ training for HCPs we need to know how what type of education/ training they receive.
--	--	---	--	--

G	<p>Feedback to local GPs and Diabetes team about DES.</p>	<p>Poor communication by HCPs has a negative impact on YA with diabetes</p> <p>Proactive checking of DES attendance (and rebooking missed appointments) by the Diabetes team facilitates regular DES attendance</p> <p>Representative quotes from YA <i>“Oh, and my diabetologist can't view the results, he relays on me to tell them the grading. Screening feels like it's not for my benefit or my care but to meet a target.”</i></p>	<ul style="list-style-type: none"> • Provide GPs feedback and data on DRS attendance in local area, benchmarked against similar GP practices. Highlighting the low attendance rates in YAs to persuade GPs that this is an issue/ draw their attention to it. 	<ul style="list-style-type: none"> • Evidence that increased communication and multi-disciplinary teamwork leads to better outcomes • Trusted person may have more influence in encouraging attendance • 'Prompt us to prompt them' • Should be linked to an action (following up non-attenders, acting on bad news) • Linked to HCP training (intervention K) • Significant variation in uptake of DES between GP practices • Lack of QOF target for DES could have led to a lack of GP engagement • Feedback between service providers should be going on already • Diabetic care team often not aware if eye screening had taken place and the result <p>CHALLENGES</p> <ul style="list-style-type: none"> • GP less involved in T1 diabetes care • Currently optometrist not in the loop and could help to explain the screening result and promote diabetes self-management <p>Lack of IT connectivity means lack of sharing of info (model system in Scotland who have overcome this-also incorporates a patient portal)</p>
----------	--	--	--	--

DES – Diabetic Eye Screening

DR – Diabetic Retinopathy

HCP – Health Care Professional

YA – Young Adult with diabetes (Type 1 or 2)