



International
Diabetes
Federation

PATIENT-CENTRED CARE

Third BCV consultation

Executive Summary, May 2018





Diabetes education at the time of diagnosis

Initial diabetes education at the time of diagnosis is widespread, albeit not all-encompassing

Seventy per cent of BCVs received education at the time of their diagnosis and 75-80% were satisfied with it. While some work remains to be done regarding the way education is delivered, the survey points to widescale initial education being provided to people with diabetes at the time of their diagnosis. This varied, however, markedly by region, with NAC and AFR having the highest ratios of people not receiving education. More importantly, access to education appears all too often to be dependent upon an individual's income level, geographical location and/or setting.



People with diabetes have a huge thirst for knowledge, which can be supported by more access to peer support

Nearly all of the BCVs still want to know and learn more about their condition despite a vast majority having received education at some point, and three quarters of them having also looked for additional information by themselves. This need for information together with the highly complex nature of diabetes management and its evolution over time suggests that new, innovative channels of education and interaction types between a person living with diabetes and their healthcare team need to be put in place to ensure an adapted education continuum. Facilitating and promoting the development of peer support as a way of enhancing knowledge and as a support mechanism would also greatly contribute to improved diabetes self-management.

Improving education of people with diabetes is as important as enhancing HCPs' training



Ever felt the need for psychological support

The provision of psychological support represents a major gap in diabetes care

BCVs viewed improving access to diabetes education and improving the content/the way this education is delivered as key to optimising diabetes education for people with diabetes.

They also stressed the need to make the role of the people themselves more central. – something which was deemed as important as improving HCPs' training.

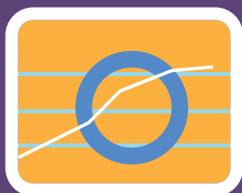
More than 75% of BCVs did not get offered any psychological support at the time of diagnosis and two-thirds never got it offered, despite 75% of respondents having, at some point, felt the need for it. When it was received, psychological support was generally considered to have been useful – having helped the BCVs accept their condition and given them more confidence to get on with their lives.

Much remains to be done to have fully integrated, multi-disciplinary diabetes care

On average, respondents currently consult just over three healthcare professionals. Worryingly though, 15% of the sample never received any screening for complications. Despite the recognised need for a multi-disciplinary approach to treating diabetes, only about one-third of respondents described their care as integrated.

Interactions with healthcare teams tend to be positive, but sometimes lack depth

The vast majority of all respondents found most aspects of their interactions with their healthcare teams to be positive. There was, however, a feeling that a proper, meaningful dialogue was not always on offer. Placing people at the centre of their diabetes care and establishing a real dialogue between the person living with diabetes/their carers and ideally an integrated, multi-disciplinary team would go a long way towards improving health outcomes.



More government action is required to promote integrated care, better access to education and to care and medicines and placing people at the centre of their care

It is vital for governments to continue developing policies designed to strengthen their health services through more integrated care and the set-up of multidisciplinary teams, ensure that healthcare professionals are fully trained to recognise the vital role that people themselves have to play in managing their condition, and improve access to education as well as to essential diabetes care and medicines.

GLOSSARY OF TERMS

IDF: International Diabetes Federation

BCV: Blue Circle Voices

T1D: type 1 diabetes

T2D: type 2 diabetes

GDM: gestational diabetes mellitus

HCP: healthcare professional

AFR: IDF Africa region

EUR: IDF Europe region

MENA: IDF Middle East and North Africa region

NAC: IDF North America and the Caribbean region

SACA: IDF South and Central America region

SEA: IDF South East Asia region

WP: IDF Western Pacific region

Background

The Blue Circle Voices (BCV) is an International Diabetes Federation (IDF) initiative that aims to represent the interests of people living with, or affected by, diabetes, through a worldwide network of members and other stakeholders. It comprises adults living with all types of diabetes, as well as carers and relatives of people with diabetes, of all ages and from all IDF regions. The BCV network draws upon the experiences of people with diabetes, acts as their global voice and provides them with an opportunity for expression.

Between October 13 and November 15, 2017, IDF organised an online consultation with the BCVs. Its main aim was to provide some insights into the perceptions that BCV members have of the quality of the diabetes care that they/the person they care for have received ever since they were diagnosed as well as any gaps in its provision.

A total of 76 Blue Circle Voices responded to this consultation. Two-thirds of the respondents were women; 86% lived in an urban setting; and some 60% lived with T1D. Representation was well spread globally, with the exception of South East Asia.

For more information, please contact bluecirclevoices@idf.org or visit the [IDF website](#).



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