

CONFERENCE ABSTRACT

Introduction of the DESMOND Programme for Type Two Diabetes to WellSouth Primary Health Network

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Introduction: In order to manage the increasing numbers of people with type two diabetes mellitus (T2DM) in New Zealand, supporting self-management is crucial. There are many education programmes running in New Zealand for patients with T2DM. However these courses have limited evidence against which to benchmark results or give guidance as to their effectiveness. When designing a service to meet the needs of people with T2DM in the Southern Region, WellSouth looked to implement a programme that was evidence based and based on sound theories. The DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) Foundation Programme met this criteria.

Practice change implemented: To ensure continuity of information provided to patients closer to home, WellSouth established an accessible self-management education day for people living with T2DM.

Aim and theory of change: The aim of introducing DESMOND was to encourage people living with T2DM to take ownership, and have better self-management of their condition. DESMOND focuses on the lived experience of the person with diabetes, and the day starts with discussing their beliefs about their diabetes. The DESMOND theory is that only the person can change their own beliefs and the DESMOND educators help to facilitate this throughout the day.

Targeted population and stakeholder: The programme was developed for people with newly diagnosed T2DM but has adaptations for those who have been diagnosed longer. DESMOND is delivered in a number of centres across the Southern Region, to meet the needs of a geographically spread population.

WellSouth invested a large amount in training a multi-disciplinary team of nurses, pharmacists and dietitians to be DESMOND educators. This investment should be returned by improving the health of the T2DM population.

Timeline: The programme was introduced eighteen months ago, in that time thirteen educators have been trained and 300 participants have attended DESMOND throughout the region.

Highlights: When the programme was developed, it was done using health professionals and people living with diabetes. The structured nature and rigorous quality development process of DESMOND means that it is delivered the same every time.

Evaluation results six months post-programme in Australia and the UK have shown:

- A significant decrease in systolic blood pressure
- A significant decrease in 'diabetes distress'
- A trend toward reduction in cholesterol and HbA1c
- A significant increase in physical activity
- A significant increase in perceived impact of diabetes.

Sustainability: Due to the structured evaluation of the programme, there is stringent data to back up the effectiveness of DESMOND. The positive results will help in the continued financial backing and there is also the possibility of the WellSouth educators going onto train other organisations in the country to deliver DESMOND in the future.

Transferability: DESMOND was originally developed in the UK before going to Australia and New Zealand. This shows how easily the programme can be transferred with a few minor changes (cultural, ethnicity) to work in different geographical areas.

Conclusion: DESMOND has provided a unique tool to give people with T2DM the skills to optimally self-manage their condition.

Keywords: desmond; type two diabetes; self-management
