Briefing paper

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# Diabetes Care: Maximising Effectiveness of Allied Health Professionals (AHPs)

Allied Health Professionals, or AHPs[1] are the third largest professional workforce in the NHS, consisting of thirteen distinct professions. Each of these professions play a vital role in promoting public health, supporting overall well-being and positively impacting the physical, mental and social health of the population.

More than 7.3% of the population aged 17 and over in Wales lives with diabetes, of which around 90% have Type 2. Managing diabetes and its complications accounts for 10% of the annual NHS Wales budget i.e. £500m approximately per annum. It is thought that around 350,000 people are also at high risk of developing T2D.

The prevalence of diabetes in Wales is predicted to increase to 22% by 2035[2].

Elevated blood glucose levels in diabetes can lead to serious short-term complications, such as diabetic emergencies, and long-term damage to the heart, kidneys, eyes and feet. Keeping blood glucose levels within an optimum range can be complex in diabetes, with many members of the healthcare team being involved in supporting people affected.

Allied health professionals' interventions can help prevent the development of complications for people living with both type 1 and type 2 diabetes. They work within and across care pathways and use their specialist expertise to become intersectional collaborators, to support people at higher risk of developing type 2 diabetes (T2D), to make changes to their routines that can help delay or prevent the onset of T2D. This compliments the interventions of other professionals to deliver holistic, person-centred diabetes care, and enables them to directly support timely access to care and population health and prevention strategies.

This paper highlights key AHPs involved in Diabetes Care, designed to support an understanding of skillsets and roles, to maximise their effective utilisation.

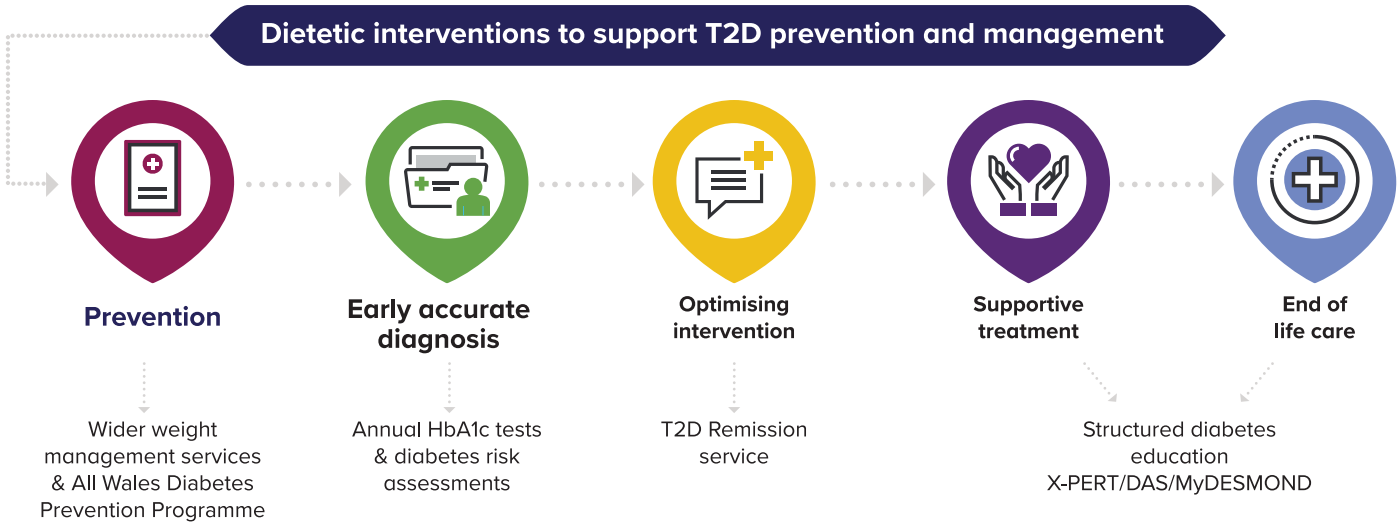
Addressing the social and environmental determinants that cause ill health, are core components of diabetes treatment and care, which AHPs historically, have been pivotal to this process. Treatments have focused on optimising glycaemic control using ever more costly pharmaceutical agents. Weight management is a cornerstone of metabolic health, with diet quality also of importance in both the prevention and management of T2D.

**Dietitians** enable de-prescribing and medicines optimisation through empowering people to have a better understanding of the interaction between their diabetes, medication, nutrition, and activity. They facilitate improved pre-diabetes and diabetes management through one-to-one consultation and within structured diabetes education programmes, such as DAFNE for people living with T1D and X-PERT for people living with T2D. Significantly, X-PERT Structured Diabetes Education (SDE) for People living with Type 2 Diabetes (PLWD) has been available across Wales since 2006.

Following attendance to X-PERT SDE, 54% of people on diabetes medication reduced the quantity and 24% were able to come off medication completely.
With studies showing that along with the cost saving of medication, there are additional, impactful benefits such as improved quality of life scores and an increase in life expectancy[3,4]. Together with these group programmes; people will have also accessed 1:1 Dietetic consultation to support with nutrition therapy and diabetes.

It is vital in the context of diabetes care that the **Clinical Psychologist** is part of and recognised as a core member of the diabetes multi-professional care team[5]. Recognising **Clinical Psychologists** working in diabetes teams, fulfil multiple roles as a clinician (psychological assessment and therapy), as advisor to the healthcare team (training, consulting), as a communicator and promotor of person-centred care initiatives and as a researcher[6].

There is clear evidence for the need for psychological support for people living with diabetes at all stages of their lifespan, and at all levels of intervention. Studies consistently demonstrate that PLWD report higher levels of psychological issues such as depression[7,8] and regularly face psychological harms specific to living with diabetes such as diabetes distress[9], which is distinct from depression[10] and Type 1 Disordered Eating (T1DE), involving the deliberate omission or manipulation of insulin for the purposes of weight loss[11]. Furthermore, high levels of psychological distress and diagnosable psychological disorders are consistently observed in individuals with a pattern of repeat emergency admissions[12] with young adults being at particularly high risk[13]. Links between increased psychological distress and worsening diabetes self-management are also well established, with high diabetes distress predicting higher average blood glucose levels (as measured by HbA1c) in both people with type 1[14] and type 2 diabetes[15] .



Notably, AHPs are skilled in using impactful behaviour change conversation techniques and are skilled in Making Every Contact Count (MECC). **Podiatry** services in Wales have invested in a pathway approach to person-centred activation. This is designed to give knowledge to the individual and enable them to determine true risk to crisis. This is transferable to all aspects of diabetes care, improving outcomes for individuals and supporting prudent utilisation of expert AHP resource. Additionally, **Art, Drama and Music Therapists** may be part of care pathways for with people living with diabetes.

**Podiatry** is a specialised branch of medicine that focuses on the diagnosis and treatment of foot and lower limb disorders. **Podiatrists** undergo extensive training to address a wide range of lower limb issues, including structural abnormalities, injuries, infections, and long-term conditions like arthritis and diabetes.

**Podiatrists** keep people mobile, in work and active throughout their life course, minimising the impact of long-term conditions such as diabetes, with specialist and preventative care. They are skilled and trained in the treatment and prevention of diabetes-related foot complications and are intrinsic to multiple care pathways and liaise expertly between community, residential, domiciliary, and secondary and primary care settings.

Recent developments have shown that podiatrists, who undergo further training to become independent prescribers, can add further value to multi-disciplinary teams in all care settings.

Prompt **Podiatry** intervention and vascular assessment, for a person who has a diabetic foot at risk, has been shown to minimise time spent in hospital and prevention of admission. This prompt intervention also minimises the likelihood of someone being on long term antibiotic therapy, reducing the risk of antimicrobial resistance and reducing the risk of amputation.

**Orthotists** play a vital role in assessment, diagnosis, and treatment of biomechanics abnormalities of the foot and ankle, which result in greater risk of ulceration and limb loss if this is not treated. This is achieved using gait analysis, biomechanical analysis and data capture to design and provide specialist footwear and orthoses. **Orthotic** intervention can reduce the risk of people with diabetes developing foot ulceration and promote healing. Orthotists often work with **Podiatrists** to manage the complications of diabetic foot disease to achieve optimal outcomes, they play a vital role in supporting people to manage their own health, improve their activity levels safely and to continue with employment where possible.

Together, **Prosthetists** and **Orthotists** use their assessment, analytical and problem-solving skills to provide custom engineering solutions for people who have had an amputation because of diabetes. Working closely with **Physiotherapists** and **Occupational Therapists** as part of multi-professional amputee rehabilitation teams. Their work is essential, in improving the quality of life for people with diabetes by restoring function, enhancing mobility, preventing severe complications, and enabling people to achieve their rehabilitation goals through provision of artificial limbs and holistic support.

**Occupational Therapists** are the only AHP who are dual trained at degree level as both mental and physical health care professionals. Educated in physical, psychological and mental health, and in the social determinants of health. This enables them to support people who are experiencing a complexity of issues across this spectrum of presenting need. Taking a whole-person approach to both physical and mental health needs and well-being, they empower and enable people to achieve their full potential, maximising functional independence, health and recovery, so that they can do the activities (or occupations) that matter to them, in their preferred environment[16].

**Occupational Therapists'** practice spans across all age groups, and they have expertise in prevention, early intervention and self-management. Understanding the impact of developmental, physical, and mental health conditions on daily function and enabling participation in activities are unique and important contributions of Occupational Therapy and they therefore have a key role in supporting individuals living with diabetes.

## Conclusion

AHPs interventions impact positively on the outcomes experienced by people living with diabetes in Wales. This delivers value and impact across the health and care system. Good preventative care and support to increase the success of self-management, reduces demand for emergency crises and hospital admission, surgery for amputations, blindness, the need for prosthetics, long term social or community nursing care, housing adaptations and enables people to continue to participate actively in employment, education, and family responsibilities.

Allied Health Professionals are indispensable in the comprehensive effective care of individuals living with diabetes. Their specialist knowledge and skills, combined with a person-centred, holistic approach, contribute significantly to improving the quality of life and health outcomes for those living with diabetes. They are perfectly placed to lead a comprehensive, long-term system-wide approach to improving diabetes outcomes in Wales.

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## For more information

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