



# Type 2 Diabetes Peer Mentor Programme

Midterm Evaluation



# What is the Type 2 Diabetes Peer Support Project?

**“ We are now beginning to understand that the roots of health lie not in hospitals or GP surgeries, but in our people and communities. The NHS Five Year Forward View set out a central ambition for the NHS to become better at helping people to manage their own health and wellbeing. ”**

Professor Alf Collins Clinical Advisor, Personalised Care Group, NHS England, April 2018

Brigstowe's Type 2 Peer Support Project was set up in partnership with Bristol Community Health in October 2018 to investigate the potential benefits of 1-2-1 peer mentoring for people newly diagnosed with type 2 diabetes in Bristol.

The peer mentoring has been based on Brigstowe's successful and nationally recognised introduction of peer mentoring for people diagnosed with HIV in 2016 and looks to see if similar wellbeing and health outcomes can be achieved when transferring the model to alternative chronic health conditions.

**“ I feel the peer mentor role greatly supports the work we do and is a key aspect of the support that can be offered to people with type 2 diabetes. ”**

Jackie Freeman, Dietician, Diabetes & Nutrition Service, August 2019

The service itself enables people who are recently diagnosed or struggling to come to terms with their diagnosis to meet with a trained volunteer mentor who is also living with type 2 diabetes and trained in befriending, coaching, motivational interviewing and SMARTER planning techniques. The mentor & mentee meet once a week to share experiences, give advice, goal-set, as well as to provide information based around the mentees' diagnosis and how to manage lifestyle changes that will benefit their health. The mentoring relationship is time limited to promote independence, lasting up to 4 months.

**“ Having somebody to talk to was very helpful. My mentor supported me and allowed me to discuss things I wanted to talk about and helped me come up with a plan to manage my diabetes. ”**

Mentee, 2019

## Process:



## Measuring Success:

The success of the process has been assessed using the self-reported patient activation measure (PAMs) outcome. PAMs is utilised throughout the NHS and other health care providers to identify the knowledge, skills and confidence patients need to self-manage their condition and engage with health care and health care professionals over 4 levels.

## What did the evaluation find?

The model successfully transferred from HIV to diabetes.

This project initially focused on people newly diagnosed with type 2 diabetes, defined as having been diagnosed within the last 18 months.

# Mentees

Those mentees who were assessed and matched under the programme saw significant improvements across the board in their PAMs. All these mentees started between levels 2 or 3 in their PAMs assessments and left the service with this having been raised to 4. This indicates that 1-2-1 peer mentoring has a significant impact on individuals who are aware that they have a condition that requires management and that they will need to take an active role in managing it in the future.

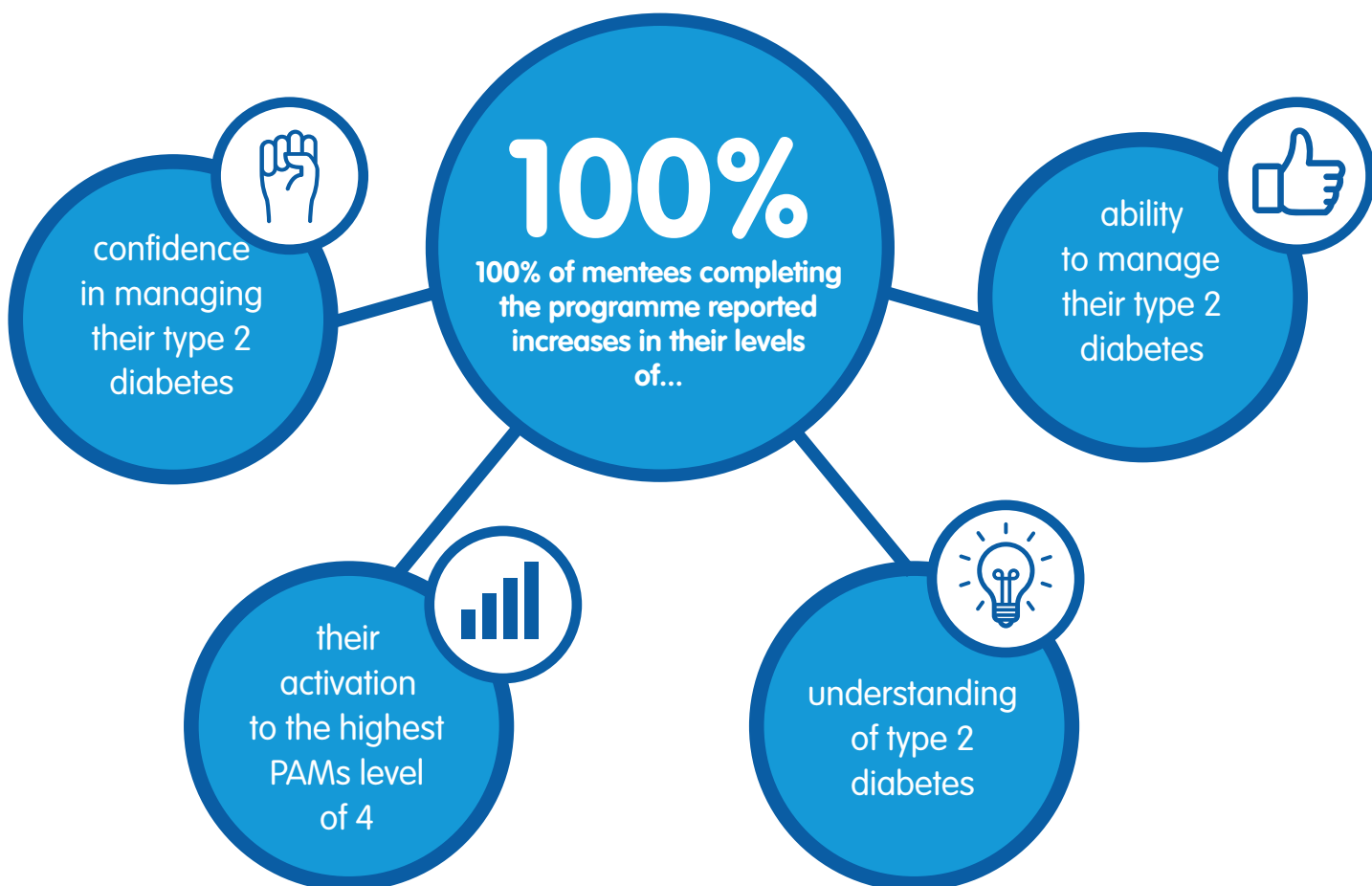
To increase mentee recruitment beyond the Bristol Diabetes and Nutrition Service's Diabetes Structured Education programme the service was expanded to include anyone living with type 2 diabetes who felt they would benefit from support.

“ Although originally offered to those newly diagnosed, I have been pleased to have been able to offer it to those who have struggled for longer who may only now be ready to acknowledge that some help may be required. ”

Jackie Freeman, Dietician,  
Diabetes & Nutrition  
Service, August 2019

“ It was so good to listen to somebody who has been through it and learning from their experiences. Having seen my dad die through diabetes complications it was really good to find out that diabetes doesn't have to be the end of the world. ”

Mentee, 2019



## What these results mean for patients:

Greater levels of activation result in reduction in hospital admissions, medical errors, better coordination between health care providers, less negative health consequences due to miscommunication and greater levels of confidence in health care provision (See AARP Public Policy Unit, 2009, Beyond 50.09 Chronic Care: A Call to Action for Health).

The benefits of greater activation mean more positive health and wellbeing outcomes for patients and better service outcomes for health care services with associated cost savings due to reduced admissions, negative health consequences and medical errors.

The results provide evidence that the mentor programme model is transferable between long-term health conditions and effective at instigating the change in patients that both they and the medical field wish to see. This has increased the confidence and satisfaction of individual patients in being able to independently manage their condition as well as reduce the likelihood of hospital admissions and health consequences as a result of poor communication.

“ This model has delivered some exceptional results for mentors and mentees that when expanded at scale are an intrinsic and essential part of the future of community healthcare. ”

Matthew Areskog,  
People and Communities  
Service Manager, BCH,  
August 2019

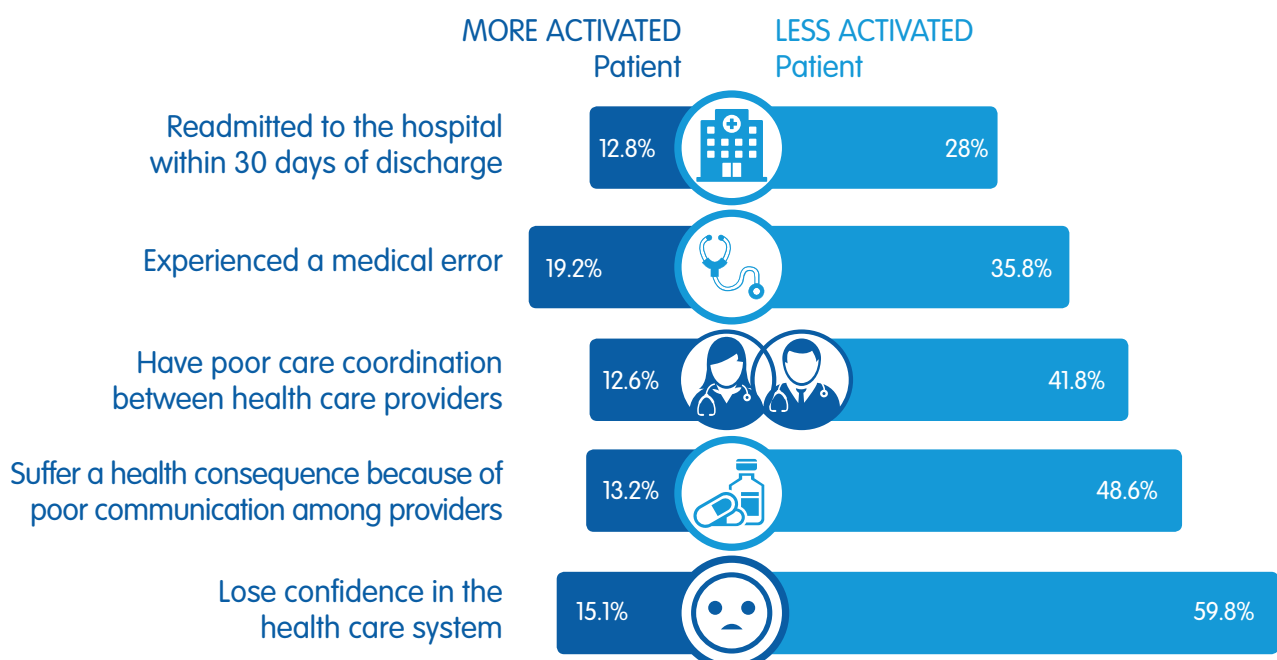
“ This project has changed lives and enabled people, who thought they wouldn't be able to, to develop the confidence and strategies to self-care and manage their type 2 Diabetes effectively and in doing so has saved the NHS huge amounts of money now and in the future. ”

Helene Gibson, Social & Wellbeing Service Lead, BCH, August 2019

“ I feel the peer mentor role greatly supports the work we do and is a key aspect of the support that can be offered to people with type 2 diabetes. ”

Dietician, 2019

## The MORE ACTIVATED you are in your own health care, the BETTER HEALTH CARE you get...



Source: Adapted from AARP & You, "Beyond 50.09" Patient Survey. Published in AARP Magazine. Study population age 50+ with at least one chronic condition. More Involved=Levels 3 & 4, Less Involved=Levels 1 & 2

# Case Study

Joe, 70 years old, was struggling to accept his diabetes diagnosis. He felt that the diagnosis had been a mistake, and his blood sugars were only high during testing due to him eating an unusually high amount of fruit in the week running up to his medical appointment. He attended a Living with Type 2 Diabetes course and was advised of the peer mentoring program by the project coordinator.

During the break the coordinator approached Joe directly to see if he was interested. Joe was unsure of what he would get from it but agreed to give it a try. Joe was assessed for service. He advised he was fine to manage his condition. He advised that he eats well, though drinks alcohol, but does little exercise, and has other health issues which have stopped him doing things he used to enjoy, such as cycling.

Joe was matched with Mark. Before going into the match meeting, Joe advised the coordinator that he didn't think he'd have enough to talk about with the mentor for an hour. Their match meeting lasted just under two hours, with them agreeing to meet again. Their meetings have been weekly, with Joe and Mark meeting at the cycle path in Bristol, cycling for 20-30 minutes to a café, having an hour-long session, and then cycling home. Joe's midway review advises he is feeling more confident in all areas of his health, has stopped drinking and is now cycling to most places.

His latest blood sugar tests show a significant reduction. Joe is very satisfied with the mentoring service and saw highly positive results from his PAMS assessment, which when completed saw a PAMs score of 100.

**“It has removed the shock of being told I have diabetes. I have always felt like I am the same as I was 20 years ago, but the diagnosis made me feel my age. I now feel like I did before.”**

Joe, 2019

## Mentors:

Mentors felt well prepared and confident to provide the service to mentees and felt supported throughout the process. Mentors also reported increasing levels of confidence in managing their own diabetes diagnosis and desire to share their diagnosis and their experience around it with others.

**“Over many years of education, business, and practice, I have experienced numerous meetings and training events. However, I was impressed by the concise, informed and practicality of the advice provided during the ‘mentor instruction’, by Brigstowe and Bristol Community Health. This was the best professional training I have experienced.”**

Mentor, Jan 2019

**“I have been truly impressed by the quality of the training for Mentors and the overall expertise in peer support development provided by Brigstowe.”**

Helene Gibson, Social & Wellbeing Service Lead, BCH, Aug 2019

In addition to their training provided by the service coordinator, mentors also attend a monthly mentor group supervision session to share experiences, develop further knowledge and to feedback on the service and its ongoing development to Brigstowe, thereby contributing to its ongoing development.

**94%**

**Mentor satisfaction with core training**



**“Going into it, it was so good to listen to somebody who has been through it and learning from the experiences. Having seen my dad die through diabetes complications it was really good to find out that diabetes isn’t the end of the world. ”**

Mentee, 2019

## Lessons Learnt:

- What has been seen during recruitment of mentees is a significant number of people recruited through diabetes structured education courses who did not progress to active peer mentoring. Through this recruitment route 40% of those who signed up did not go on to the assessment phase. Those that did complete the assessment and scored a PAMs level of 1 did not go on to the matching phase.
- There are indications that those at the lowest level of activation may not feel that they are ready to take part in intensive intervention, or do not feel that their individual actions are likely to have a significant impact on their ongoing health.
- Closer links to potential referrers need to be instigated.

## Recruitment/Retention:

- Recruitment through structured education courses has been the most successful route for referral into the service, however in the data we have, a significant proportion of these individuals are more likely to decline assessment and peer matching following this.
- Retention has been strong, with 8 mentees successfully completing the service and 6 currently receiving ongoing mentoring.
- Referral routes to other professionals and clinics have now been opened, and we are now gathering data to measure the quality of these referrals in comparison to structured education courses in relation to number of referrals and number who go on to active mentoring. This will allow us to compare the proportion of referrals who go on to active mentoring and engagement with service from different referral routes.

**“I have enjoyed everything about it. The arrangements before mentoring were great and I couldn’t be happier with my mentor. ”**

Mentee, 2019

## Future Development:

- Further opening up of the service to all individuals living with type 2 diabetes regardless of time since diagnosis.
- Strengthen the working relationships with primary care services, focusing on three locations covering the North, South and East of Bristol.
- The implementation of additional options for peer mentoring to provide appropriate support for all individuals, including:
  - Developing, promoting and linking with support groups for those who require less intensive and 1-2-1 support,
  - online forums for information sharing and those who need limited and on-demand support,
  - digital mentoring through Skype/WhatsApp and similar for those with geographical or mobility limitations to accessing other forms of support
- Build on the successful partnership between Brigstowe and Bristol Community Health with further relationships with primary and community health care providers, condition related organisations and voluntary sector stakeholders. The aim would be to help organisations to integrate peer support within their existing services.
- Explore extension to type 1 diabetes
- Improve provision to a greater extent on BAME representation and promotion
- Look into specific provision for individuals with Special Educational Needs, Learning Disabilities, and those in the deaf community, including making training and evaluation materials accessible and creating roles for SEN, LD, and deaf mentors
- Upskill mentors to act as health champions and co-trainers for peer mentoring and diabetes education.

**“There is no better peer support partner to take this forward than Brigstowe.”**

Matthew Areskog, People and Communities Service Manager, BCH, August 2019



**brigstowe<sup>+</sup>**

positive change together

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