

Embedding “Think Diabetes in the Workplace” – an evaluation

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Executive Summary

Overview

Phase I of the Think Diabetes initiative was the implementation of a project designed to support employers to promote diabetes structured education (SE) to their employees living with Type 1 and Type 2 diabetes. A report on Phase I of the project has been published, alongside an interactive toolkit. Together, these documents provide essential resources to help employers make a cultural shift to support their staff living with long term conditions to attend education. Both documents can be found here: healthinnovationnetwork.com/projects/think-diabetes-in-the-workplace/

Phase II of the Think Diabetes project saw the HIN work closely with two employers: London Ambulance Service (LAS) and Transport for London (TfL), to pilot access to diabetes SE through the workplace. The objectives of Phase II were to assess the acceptability of offering diabetes SE courses via workplace occupational health and wellbeing services, including understanding barriers to uptake and how best to increase access to SE courses via the workplace.

Key findings

Every evaluation respondent stated that the programme they undertook had met their diabetes education needs. There was high praise for both the face to face session and the remote learning platforms. A small proportion of respondents (16.6%) said they faced barriers or challenges to attending this diabetes management programme in the workplace. Some mentioned they must take annual leave to attend the in-house programme. The flexibility of the digital programmes meant they could take part.

Almost nine in 10 respondents said they think people with diabetes would be more likely to attend a programme if their employer organised it and gave time off for it if needed. Access could be increased by ensuring programmes are free to attend. Managers in Occupational Health could also directly send information about the programmes to staff with diabetes in the organisation to further increase access.

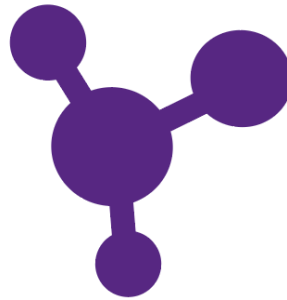
Conclusion

This evaluation has demonstrated that employees with Type 2 diabetes find it acceptable to be offered and to attend SE courses at work, or via the workplace. Employer support of staff to help them to manage their diabetes was seen by staff very favourably indeed.

Recommendations

- Accredited providers of diabetes structured education should promote themselves directly to organisations/businesses/companies and use this report, and its companion resources, to demonstrate a viable model to "Think Diabetes in the Workplace".
- Organisations are encouraged to approach digital and face-to-face accredited providers of diabetes structured education to arrange provision of programmes for their staff living with Type 2 diabetes. As people have preferences in their learning styles, it is recommended that both face to face and remote/digital programmes are offered to staff. Programmes should be made available at no cost to staff.
- Reasonable adjustments should be made for all employees to be able to attend diabetes SE in the workplace. In particular, staff working shift patterns and those in customer service-facing roles should have allowances to attend in-house and refresher sessions during work time. Advice to managers should be provided to support them to make this adjustment.

- In order to reach as many staff as possible, a variety of strategies to promote the programmes should be implemented:
 - Occupational Health department directly contacting known staff with Type 2 diabetes
 - Information targeted at managers
 - Information targeted at wellbeing champions, mental health first-aiders and others with a health and wellbeing brief
 - Newsletter articles, posters and other staff internal communication channels
- Ensure roles and responsibilities between diabetes SE providers and the host organisation are clear. This will avoid confusion over whose role it is to communicate with employees about details of how and where to access the programme.
- In house and face-to-face structured education sessions should be held in a neutral building, away from the usual place of work of employees. Promotion of these sessions should be done several months ahead of the session dates.



Background

The working population in Britain spends roughly a third of their life at work. Yet all too often, the role of employers in creating and maintaining healthy workplaces, or supporting their staff to be healthy, is overlooked. Diabetes costs the NHS more than £10 billion per year and this constitutes roughly 10 percent of the entire budget (Ruston, 2013). It has significant implications for the economy and the workplace due to increased levels of sickness absence and its association with a range of disabling complications which may influence an individual's ability to do their job effectively. We know that structured education (SE) is part of the solution. People with diabetes benefit from being able to self-manage their condition and make changes to diet and lifestyle. Structured education helps them to do this and is clinically proven. It is recommended as a basic and crucial part of care for an individual with diabetes by the National Institute for Health and Care Excellence (NICE), the NHS's guidance on clinical standards.

Despite this, uptake rates of diabetes SE are low (NHS Digital, 2019) and one of the reasons commonly cited is that it is difficult to take time off work (All Party Parliamentary Group for Diabetes, 2015). Diabetes is covered by the Equality Act 2010 as a long-term condition that has significant impact on individuals' lives. Employers are therefore obliged to make reasonable adjustments, although these adjustments are not defined. The case for employers adjusting their policies and supporting individuals to attend SE is overwhelming.

The aim of SE is for people with diabetes to improve their knowledge, skills and confidence, enabling them to take increasing control of their condition and integrate effective self-management into their daily lives. These programmes help people to take control of their diabetes through learning more about their condition and they also provide valuable peer support. They are provided locally and for small groups of people. The length of face-to-face courses varies from one day (or two half days) to six full days. Online programmes provide support with a 1-to-1 personal dietitian for up to a three-month period. It is also good practice to ensure that people with Type 1 and Type 2 diabetes attend "refresher" courses at a later stage.

Phase I of the Think Diabetes project was the implementation of a project designed to support employers to promote diabetes SE to their employees living with Type 1 and 2 diabetes. A report on Phase I of the project has been published, alongside an interactive toolkit. Together, these documents provide essential resources to help employers make a cultural shift to support their staff living with long term conditions to attend education. Both documents can be found here: healthinnovationnetwork.com/projects/think-diabetes-in-the-workplace/

Phase II of the Think Diabetes project and its evaluation are detailed below.

The Intervention: Diabetes Structured Education via the Workplace

The HIN has been working with a number of employers to explore opportunities to provide access to diabetes SE via the workplace. Two organisations agreed to pilot this approach – London Ambulance Service and Transport for London, by offering access to both online (remote) and in-house face-to-face SE courses for employees with Type 2 diabetes.

The diabetes education programmes were provided by accredited course providers, approved by the NHS, delivering evidence-based diabetes structured education. The programmes offered were:

Online/Remote

There was a choice to attend a course delivered remotely either by **Second Nature** www.secondnature.io/ or **Oviva** <https://oviva.com/uk/en/>. Both providers have a strong and well-established relationship with the NHS. They offer programmes for people with Type 2 diabetes ranging between eight and 12 weeks. Course sessions were delivered remotely via a coach with access to online advice, support and information. Participants used their phone, laptop or

tablet to access the programmes remotely via the internet and via calls on a telephone.

In-House/Face-to-Face

Trained **DESMOND** www.desmond-project.org.uk/ facilitators from Kingston Hospital NHS Foundation Trust were available to deliver face-to-face group education of up to 14 people in a one-day session. A variety of resource materials were provided to participants at the session.

Staff of both LAS and TfL were sent information about the three providers and their programmes via their internal wellbeing communications channels in October 2019. For the online programmes, employees were invited to click on a weblink to either Second Nature or Oviva, and for in-house courses, employees were invited to send an email to their occupational health team, who passed on their details to the DESMOND trainers at Kingston Hospital. Examples of the promotional materials used can be found in the appendix.

Funding from NHS England's Diabetes Treatment and Care Transformation Programme was provided for 80 spaces across the two online providers: 40 each for TfL and LAS and for up to two in-house group sessions per organisation.

Evaluation purpose and design

The purpose of the evaluation was to assess the acceptability of offering diabetes SE courses via workplace occupational health and wellbeing services, and to explore any benefits and barriers to uptake identified by employees and employers.

The objectives of the evaluation were to:

- Explore to what extent employees with diabetes find it acceptable to be offered and attend SE courses at work, or via the workplace
- Identify any barriers or challenges for employees to accept or attend SE courses at work
- Understand what incentivises/ encourages uptake of SE by employees
- Identify ways to improve access to SE via the workplace
- Explore a viable model for spread/scale-up for employers

Data collection methods

The evaluation used a mixed methods approach with an online survey of employees and one-to-one telephone interviews with employees and employers. Originally, a focus group of employees was scheduled to take place. However, due to the Covid-19 outbreak, Government advice was to stay at home and shift all non-essential work to remote working, where appropriate. Therefore, individual telephone interviews took the place of a focus group.

Employee survey

A post-course online questionnaire link was emailed by the course provider to all employees from the two organisations who completed an online programme. Follow-up email reminders were also sent by providers several weeks after the initial email. Participants of the DESMOND group session were asked to complete the evaluation questionnaire at the end of the session. Completed questionnaires were collected by the trainer on the day and forwarded to the evaluation manager.

Employee telephone interviews

The evaluation questionnaire invited participants to take part in a focus group (later changed to a one-to-one telephone interview due to working at home instructions) by asking them to leave their name and email address for the evaluation manager to be in contact.

Employer telephone interviews

Interviews with the health and wellbeing managers of both TfL and LAS were planned; however, due to the Covid-19 crisis, the interview with LAS was cancelled. The interview with TfL went ahead and a summary can be found below.

A copy of both the quantitative and qualitative data collection tools can be found in the Appendix. All interviews were undertaken, and written up, by the evaluation manager.

Findings

Programme findings

Of the 80 online places available across the two providers, 77 (96.3%) places were filled, and 62 (77.5%) people completed a programme. A further 10 people participated in an initial assessment and one consultation with learning materials provided. Reasons given by providers for those people who registered but did not complete a programme were "Patient is unreachable" and "Personal reasons of patient". There were 48 (66.6%) male and 24 (33.3%) female patients making up the cohort of 72 patients receiving an intervention. The ethnicity breakdown of this cohort was: White 20 (27.8%), Black 9 (12.5%), Asian 7 (9.7%), Mixed 10 (13.9%), Other 2 (2.8%) and Unknown 24 (33.3%).

The following patient outcome data was submitted at the end of the project by the online providers¹.

For the cohort completing the Oviva programme (n=25):

- Average weight loss after eight weeks was 2.3kg
- Average improvement in patient confidence in managing their diabetes was an increase of 25% from baseline.
- "Keren [dietitian], thank you so much for all the hard work and time you have put in to get me to a happy stage. I can say for sure this is a good programme."

For the cohort completing the Second Nature programme (n=37):

- Average weight loss after three months was 5.7kg
- Number of people with greater than 5% weight loss at three months was 11 patients
- "I feel much more in control like I am making informed choices. I feel like it doesn't always have to be a sacrifice."

One DESMOND session was delivered by trainers from Kingston Hospital to eight TfL staff at TfL's office in central London. A DESMOND session for LAS staff had been advertised and was in the process of recruitment as Covid-19 was escalating. Subsequently, the session was cancelled.

"I'm really impressed that TfL is concerned about my health. They are promoting healthy eating and healthy living."

Evaluation findings

Online survey

From the cohort of 80 (72 online and eight face-to-face) people who started a programme, 24 (30.0%) evaluation questionnaires were completed. There was a good mix of survey respondents participating in the programmes: nine (37.5%) completed Oviva, six (25.0%) completed Second Nature, eight (33.3%) completed DESMOND and one (4.2%) started but did not complete a programme. Selected findings from this survey are presented below.

- 16 respondents (66.7%) agreed the workplace is an appropriate place to be offered information about programmes on managing diabetes (n=24).
- 15 respondents (62.5%) agreed the workplace is an appropriate place to attend programmes on managing diabetes (n=24).

¹ Due to the timeframe within which data was required for this report, not all patients had passed the 3-month point after completing treatment. Therefore, one set of outcomes is presented at the 8-week stage.

- 21 respondents (87.5%) said they think people with diabetes would be more likely to attend a programme if their employer organised it and gave time off for it if needed (n=24).
- 22 respondents (91.7%) said programmes for people with diabetes should be offered more often by employers (n=24).
- 22 respondents (91.7%) said they found the programme they attended to be informative (n=24).
- 18 respondents (78.2%) said they believed the programme helped them manage their diabetes better (n=23).
- 13 respondents (56.5%) said they believed the programme helped them to be more physically active (n=23).
- Four respondents (16.6%) said they faced barriers/challenges to attending this diabetes management programme in the workplace (n=24).

Reasons given for barriers/challenges faced by some respondents included personal circumstances, time constraints, and two people were told they must take annual leave to attend the DESMOND programme.

Respondents were asked what further actions their employer could take that would improve access to workplace-based programmes and encourage them to attend a diabetes management programme. Several people suggested programmes should be publicised more, and further, to reach larger numbers of staff. Nearly a third of those answering this question (n=7, 30.4%) called upon management to give time off to staff to attend workplace-based programmes. Another person wrote, "This programme should have been offered by Occupational Health when they first found out I had diabetes, rather than me finding out about it myself through a newsletter".

Telephone interviews with employees

Seventeen survey respondents left their contact details on the questionnaire stating they were happy to be contacted for a follow-up interview. All 17 were sent an email by the evaluation manager and 11 of them responded to it. As the Covid-19 crisis developed, four people subsequently were unable to take part in an interview. As such, seven telephone interviews were undertaken (six men, one woman). All interviews were with TfL employees.

Respondents worked in a variety of roles which could be categorised into: Office-based (four), and station-based such as customer services (three). Two of the seven respondents worked shift-work.

Two of the seven respondents were diagnosed with Type 2 diabetes in the last 12 months. Previous attendance at diabetes SE was mixed: two had attended a brief session put on by their local Clinical Commissioning Group, one person had attended six, one and a half hour sessions over six weeks put on by their local hospital, one had previously attended DESMOND and three had never attended any diabetes education sessions. One respondent who was diagnosed in 2002 and had not attended any diabetes SE before noted: "I've never been offered anything specifically. I had various booklets offered by my GP and discussions with a nurse clinician". [Respondent 7]

All seven respondents found out about the workplace initiative via an electronic newsletter on the TfL intranet.

All respondents were very positive about the initiative coming from their employer. One person noted: "I'm really impressed that TfL is concerned about my health. They are promoting healthy eating and healthy living". [R6] Another said it was odd that an offer to attend diabetes SE hadn't come from his GP as he would've expected; but he was grateful it was available via work as otherwise he wouldn't have had access to it. Respondents who attended DESMOND noted they had no reluctance about attending diabetes SE at their place of work. One comment was that it was advantageous, as there were "a lot of different people from different TfL departments there. It's good to hear what they are going through". [R3]

One of the respondents who does shift work stated that the face to face group wouldn't work for her as she couldn't make it during the day. The offer of an online programme was perfect for her as it could fit around her needs. Other advantages to choosing the online programmes included the simplicity of access, being able to complete it at your own pace and at times that suited the user's availability. This flexibility, along with the support of one to one coaching, were frequently mentioned by respondents. "Mentors were easy to get hold of and readily available." [R2] Another respondent talked about being attracted to the initiative because it involved using technology. "I was

quite keen to do it. As it was modern, app based, I was a bit sceptical about data storage of medical records and personal details, but after doing some reading around it and saw it was in partnership with the NHS, it allayed my fears." [R6] When asked about any disadvantages associated with the online programmes, several mentioned there were no disadvantages for them. Others stated they had some minor technical issues, for example: the website may be offline when wanting to input data, trying to sync the scales and tracker to the web and requiring a new tracker to be sent out. These issues were easily solved via the provider's help desk. One person mentioned there was less accountability doing the programme online compared with a face to face programme: "If I wasn't happy with my weight, I wouldn't send over the number. I'd wait until my weight had gone down and then I'd send it in. You can avoid admitting to those blips [in weight management] whereas in face to face, you can't do that." [R2]

Each respondent was asked whether the programme they completed met their needs in terms of diabetes education and whether a workplace refresher session in the future would be useful. Every respondent stated that the programme they undertook had met their diabetes education needs. There was high praise for both the face to face session and the remote learning platforms. On the DESMOND session, one comment included: "I learnt a few things. DESMOND helped me to read labels better and to understand carbohydrate counting." [R3] Comments on the digital programmes included: "It definitely met my needs. I was looking for quite specific things: reassurance that I was doing the right things and it provided that. I found it very helpful: these are the things you should be eating and being able to speak to a dietitian on demand is so, so useful. I thought it was great." [R6] and "Absolutely [the programme met my needs]. Especially as I'm newly diagnosed. It [the programme] started from the beginning and with basics which is what I needed. You can go back and re-read info if you want to. You've got your mentor and other people on the course to help also." [R2] Most respondents felt a workplace refresher could be useful. However, one person said that it would need to be different to what was covered on DESMOND as it would be a waste of time to just cover the same information. Rather, it would be better to discuss what they had learnt from the first course and how they had applied that learning. A couple of people who had done an online programme felt it would be a very good idea to have something face to face in the workplace in future. They mentioned the benefits of meeting up with colleagues with diabetes. Other respondents mentioned that diabetes research is changing constantly and a "refresher course allows you to ask questions and get the latest advice". [R2]

"It definitely met my needs. I was looking for quite specific things: reassurance that I was doing the right things and it provided that."

All respondents found the process of signing up to either the DESMOND programme or one of the digital programmes to be easy and straightforward. The process was to click on the link contained within the newsletter on the intranet and leave your contact details. A person from one of the programmes then got in touch. As mentioned, for those employees working shift work or in customer-facing roles, the flexibility of the digital programmes meant they could take part. Otherwise, they would have needed to rearrange shifts for a specific date many months in the future as it's often difficult to swap shifts once the rota is set. For the office-based workers, they did not have any restrictions about attending either the DESMOND or digital programmes (and indeed 1 respondent did both DESMOND and Oviva). "I can be away from the office for a day and easily play catch up with my work." [R4] Another mentioned that office-based staff can usually get time off in lieu to attend such events.

In response to a question about how the initiative could be improved, many suggestions were offered. With regards to running DESMOND in the workplace, it was suggested that several dates months in advance should be available, to try and catch as many people as possible. The session should be held in a building away from the usual place of work. "The building I went to [attend DESMOND] is not the building where I work so it felt like I was away from work and more open. Problem is if you have it in the same building where you work, people go away and look at emails. You need their full focus for the entire day to focus on the content." [R4]

Several respondents felt that the initiative could have been promoted better internally among TfL staff and management. Some felt they were lucky they happened to see it in the newsletter on the day they did. Some people informed their colleagues who they knew also had diabetes. One respondent was a health and wellbeing

champion for his unit and felt he and the other champions throughout TfL should have been informed of the initiative directly as it's part of their role to promote these sorts of things. Another person said managers needed to be aware of it and bring it to the attention of people who would benefit from the programme. Furthermore, "OH [Occupational Health] are aware of my diagnosis but I didn't hear about the initiative directly from OH. I would've liked to hear from OH about it. Operational staff have to have their diabetes on OH record so OH could've directly informed me." [R2]

The final question asked about incentives and whether an employer could do anything to incentivise participation in this kind of initiative. Many respondents said that wanting to improve management of their diabetes was enough of an incentive to take part. However, as the programmes were free, this was mentioned as a positive incentive too. Several people said if they were available again and were free, they would want to participate again. One of the station-based shift workers asked for a guarantee that her shift would be covered so she could attend DESMOND if it were available again in future. Another person mentioned he thought staff should be given time within work to attend these initiatives. "It's a powerful message to send to the employee: we're not just interested in your productivity, but also in your health and how to look after yourself." [R6]

Telephone interview with Health and Wellbeing Manager

One Wellbeing Manager from TfL, based within the Occupational Health team, was interviewed. A range of issues were explored including: promotion of the initiative; whether any allowances were given to staff to encourage their participation in the initiative; whether managers were given any additional information/instruction about the initiative; any problems/barriers that were encountered in the delivery of the initiative; the perceived benefits; whether running the initiative again would be considered and any recommendations to other organisations that may consider implementing this initiative. Each of these issues will be explored in order below.

"It's a powerful message to send to the employee: we're not just interested in your productivity, but also in your health and how to look after yourself."

A range of different channels was used to promote the initiative. The Wellbeing Manager liaised with TfL's internal communications team to place articles on the intranet and in all newsletters. Information was also sent directly to all operational managers, peer supporters and mental health first aiders who promoted it locally by putting up posters and sharing the information with their teams. Sending information directly to employees known to have diabetes was considered, however, the database system is not currently set up to identify staff in this way. A new system capable of running specific searches is currently being procured. No specific allowances were given to staff to attend the face to face session as this is not something that can be issued by the OH team. However, information about the benefits of attending such as better management of diabetes, less likely to become unwell and fewer days off sick, were highlighted in the promotional materials. Although team managers weren't provided with any further information about ways they may support staff to attend the initiative, it was acknowledged this could be of benefit in any future initiatives.

One anticipated problem discussed during the developmental stage of the initiative was a perception that staff may be reluctant to sign up due to concerns about their diabetic status becoming known. However, this perceived problem did not come true. Measures on confidentiality and data protection were put in place with all the programme providers when people were signing up for either the face to face or the online programmes. The consent form clearly outlined data protection information by which the providers were bound. For the face to face programme, there was confusion between the provider and the Wellbeing Manager relating to the registration process of staff. The Wellbeing Manager understood the provider would be informing people who'd registered about the details of the session (such as date, venue and who they can bring) but some staff ended up contacting the Wellbeing Manager for this information. Clarification of the registration procedure and who is confirming that

they have been registered, the instructions, what will happen on the day and who they should bring was requested. The procedure for staff registering with an online programme worked smoothly.

The perceived benefits included employees being better able to manage their condition and consequently less likely to become unwell and go on sick leave. From an engagement point of view, employees can also see that TfL cares about their health and wellbeing and is providing opportunities for staff to manage their chronic conditions. "When you provide those types of interventions to employees, they feel more cared for." [R8] In response to whether TfL would consider running the initiative again, there was a clear answer that it would, indeed, be run again. Funding has been set aside to commission another 40 places from one of the digital providers. Originally planned for a September launch, it was brought forward and launched in May 2020, to support staff with diabetes at home during the lockdown period. After Covid-19 has retreated and staff return to their regular workplace, staging another face to face programme will also be considered. The system to identify people with diabetes from their staff health record should be in place by then and they will be contacted directly to ask if they would want to attend DESMOND at work. If the demand is there, it will be provided.

"When you provide those types of interventions to employees, they feel more cared for."

The principle recommendation to other organisations considering implementing a similar initiative was to be clear with senior management on the benefits reaped by the organisation. By using data to demonstrate, for example, improvement in attendance or how much will be saved over time by fewer sick days taken. "Give them the data on all of this. Show them all of the benefits in engaging and running the [programmes]." [R8]

Limitations to the evaluation data

Participants taking part in a telephone interview were recruited from those who had voluntarily left their contact details stating they were happy to be contacted by the evaluation manager. As this is a self-selecting group, the results are limited to those able to be contacted by the evaluation manager. Nothing is known, for example, about participants who initiated one of the online programmes but did not complete it.

Due to the escalating threat of Covid-19, the country went into lockdown as the initiative was still in the implementation stage and it carried on throughout the entire evaluation stage. Staff engagement from LAS, understandably, dropped dramatically as their attention was given over to responding to Covid-19.

Conclusions

This evaluation sought to inform NHS England's Diabetes Treatment and Care Transformation Programme and wider stakeholders of the acceptability of offering diabetes SE courses via workplace occupational health and wellbeing services, and to explore any benefits and barriers to uptake identified by employees and employers. Each of the project's objectives will be considered in turn.

Explore to what extent employees with diabetes find it acceptable to be offered and attend diabetes structured education courses at work or via the workplace

Staff taking part in this evaluation overwhelmingly found it acceptable to be offered, and to attend, SE courses at their workplace. Roughly two-thirds of the sample said it was an appropriate action for their workplace to take. Strong opinions were expressed by respondents in favour of employers taking an interest in the health of their employees.

It was seen very positively indeed that their employer was looking out for their health and wellbeing. There was gratitude among staff, including some newly diagnosed with Type 2 diabetes and some living with the disease for many years, towards their employer for the opportunity to improve management of their diabetes, as well as enthusiasm for their colleagues with diabetes to take part too.

There was also very high approval of the three programmes from participants. Those completing either the in-house DESMOND programme or one of the remote programmes said their diabetes education needs had been met. Favourable average weight-loss outcomes were realised by those completing an online programme.

Identify any barriers or challenges for employees to accept or attend diabetes structured education courses at work

A small proportion of respondents said they faced barriers/challenges to attending this diabetes management programme in the workplace. Some staff were not able to take time off during working hours to attend the face-to-face programme. They found it difficult to get away from work to attend DESMOND unless they used their annual leave. These staff tended to be those who worked shift work and in customer service roles. Planning of future in-house and face-to-face programmes should consider a long lead-in time from promotion of the event to the date of the event. This will allow staff and managers in customer services and shift-workers, time to schedule the rota accordingly to give staff time off without the need to take annual leave. Other strategies that allow staff in "frontline" roles time away from their duties should be considered. These changes would be considered reasonable adjustments under the Equalities Act 2010.

There were no barriers or challenges identified by staff who accessed an online programme. For those taking the online options, there was reference to the programmes' flexibility and ease to be able to do it in your own time and sometimes during working hours also, where it allowed.

Clear data protection information at the sign-up stage to all of the programmes ensured there was no concern about confidentiality identified by any participant in this project. Inclusion of a consent form which explained the confidentiality responsibilities of providers reassured participants. This is an important element that may remove a barrier to taking part in a workplace-based initiative.

Understand what incentivises / encourages uptake of diabetes structured education by employees

An incentive to participate came from within the staff member themselves. Those taking part said they wanted to learn how to manage their diabetes better and the opportunity presented to them by their employer was significant enough. Permission to take time away from work and no cost involved in accessing a programme were other strong incentives to participation by employees.

Identify ways to improve access to diabetes structured education via the workplace

Access to SE could be improved by direct messages to employees with diabetes from the OH department. This was acknowledged both by the Wellbeing Manager and several staff as an important strategy to reach people most affected. Organisational wellbeing champions, mental health first aiders and peer supporters were also mentioned as useful channels for information to be disseminated. Person to person information exchange cannot be underestimated when dealing with sensitive issues relating to health and wellbeing. These strategies should support traditional styles of awareness raising such as promotional posters and articles in newsletters.

There is a need for consistency of response and support from departmental managers across organisations. Briefing notes for managers could accompany campaign promotional materials, encouraging managers to support staff requests to attend in-house structured education. At a minimum, managers should all be aware of the initiative and guided on how to respond supportively so that participation is encouraged. This could also remind them of their responsibility to make reasonable adjustments in the workplace for staff with diabetes to attend structured education.

A large majority of respondents said they think people with diabetes would be more likely to attend a programme if their employer organised it and gave time off for it if needed. This was understood by employees as their employer looking after the health needs of their workforce. Allowing staff time off to attend SE was a recurring theme, especially for those who wanted to attend a session in-house.

Workplace refresher sessions would also be welcomed by employees. They were regarded as a useful opportunity to keep abreast of information from the latest diabetes research and as a way to meet other colleagues with diabetes for peer support.

Explore a viable model for spread/scale-up for employers

Spread of this initiative is entirely possible and relatively straightforward based on the experience of this pilot project. A key element is to gain senior management support through presentation of the benefits to the organisation. Better management of long-term conditions, fewer sick days and increased productivity have all been demonstrated from research into workplace health initiatives. This evidence for diabetes initiatives is available in the Think Diabetes Toolkit (Health Innovation Network, 2019), a companion document to this report. It should be used in the early stages of planning as a persuasive resource of the positive outcomes to employers.

As mentioned earlier, OH departments play a key role in being pro-active to identify people with diabetes within their workforce and targeting them specifically with information promoting availability of programmes and how to access programmes.

The model presented in this initiative is straightforward and replicable. The programmes used are available nationally and are endorsed by the NHS. Strong support for it was expressed by participants and the wellbeing manager at TfL. Indeed, it was considered to be so successful that TfL has commissioned another 40 places from one of the online providers and this initiative launched in May 2020.

Recommendations

This evaluation has demonstrated that employees with diabetes find it acceptable to be offered and to attend SE courses at work, or via the workplace. Employer support of staff to help them to manage their diabetes was seen by staff very favourably indeed.

- Accredited providers of diabetes structured education should promote themselves directly to organisations, businesses and companies and use this report, and its companion resources, to demonstrate a viable model to “Think Diabetes in the Workplace”.
- Organisations are encouraged to approach digital and face-to-face accredited providers of diabetes structured education to arrange provision of programmes for their staff living with Type 2 diabetes. As people have preferences in their learning styles, it is recommended that both face to face and remote and digital programmes are offered to staff. Programmes should be made available at no cost to staff.
- Reasonable adjustments should be made for all employees to be able to attend diabetes SE in the workplace. In particular, staff working shift patterns and those in customer service-facing roles should have allowances to attend in-house and refresher sessions during work time. Advice to managers should be provided to support them to make this adjustment.
- In order to reach as many staff as possible, a variety of strategies to promote the programmes should be implemented:
 - Occupational Health department directly contacting known staff with Type 2 diabetes
 - Information targeted at managers
 - Information targeted at wellbeing champions, mental health first-aiders and others concerned with health and wellbeing of staff
 - Newsletter articles, posters and other internal communications channels
- Ensure roles and responsibilities between diabetes SE providers and the host organisation are clear. This will avoid confusion over whose role it is to communicate with employees about details of how and where to access the programme.
- In house and face-to-face structured education sessions should be held in a neutral building, away from the usual place of work of employees. Promotion of these sessions should be done several months ahead of the session dates.

References

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Health Innovation Network (2019) Think Diabetes: Supporting a cultural shift in the workplace. https://healthinnovationnetwork.com/wp-content/uploads/2019/06/Report_INTERACTIVE.pdf

Health Innovation Network (2019) Think Diabetes Toolkit: Support your people to live well with diabetes. https://healthinnovationnetwork.com/wp-content/uploads/2019/06/Toolkit_INTERACTIVE.pdf

NHS Digital (2019) National Diabetes Audit Programme 2017-18. <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit>

Ruston, A., et al (2013) Diabetes in the workplace – diabetic's perceptions and experiences of managing their disease at work: A qualitative study, BMC Public Health 13:386. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-386>

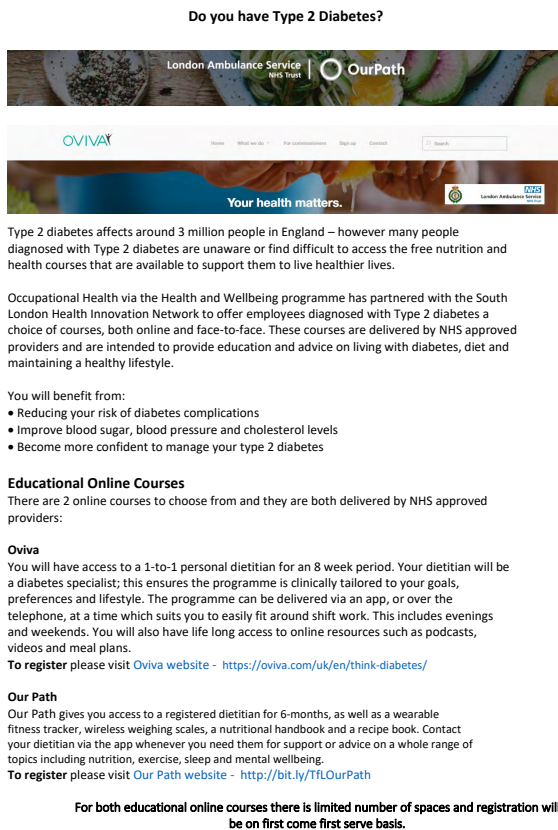
Appendices

Appendix I

Selection of promotional materials

London Ambulance Service

Do you have Type 2 Diabetes?



London Ambulance Service NHS Trust

OVIYA

Home What we do For commissioners Sign up Contact Search

Your health matters.

Type 2 diabetes affects around 3 million people in England – however many people diagnosed with Type 2 diabetes are unaware or find difficult to access the free nutrition and health courses that are available to support them to live healthier lives.

Occupational Health via the Health and Wellbeing programme has partnered with the South London Health Innovation Network to offer employees diagnosed with Type 2 diabetes a choice of courses, both online and face-to-face. These courses are delivered by NHS approved providers and are intended to provide education and advice on living with diabetes, diet and maintaining a healthy lifestyle.

You will benefit from:

- Reducing your risk of diabetes complications
- Improve blood sugar, blood pressure and cholesterol levels
- Become more confident to manage your type 2 diabetes

Educational Online Courses

There are 2 online courses to choose from and they are both delivered by NHS approved providers:

Oviva

You will have access to a 1-to-1 personal dietitian for an 8 week period. Your dietitian will be a diabetes specialist; this ensures the programme is clinically tailored to your goals, preferences and lifestyle. The programme can be delivered via an app, or over the telephone, at a time which suits you to easily fit around shift work. This includes evenings and weekends. You will also have life long access to online resources such as podcasts, videos and meal plans.

To register please visit [Oviva website - https://oviva.com/uk/en/think-diabetes/](https://oviva.com/uk/en/think-diabetes/)


Our Path

Our Path gives you access to a registered dietitian for 6-months, as well as a wearable fitness tracker, wireless weighing scales, a nutritional handbook and a recipe book. Contact your dietitian via the app whenever you need them for support or advice on a whole range of topics including nutrition, exercise, sleep and mental wellbeing.

To register please visit [Our Path website - http://bit.ly/TfLOurPath](http://bit.ly/TfLOurPath)

For both educational online courses there is limited number of spaces and registration will be on first come first serve basis.

TfL



Think Diabetes

Are you living with Type 2 Diabetes?

Type 2 diabetes affects around 3 million people in England – however many people diagnosed with Type 2 diabetes are unaware or find difficult to access the free nutrition and health courses that are available to support them to live healthier lives.

Occupational Health via the Health and Wellbeing programme has partnered with the South London Health Innovation Network to offer employees diagnosed with Type 2 diabetes a choice of courses, both online and face-to-face.

These courses are delivered by NHS approved providers and are intended to provide education and advice on living with diabetes, diet and maintaining a healthy lifestyle.

You will benefit from:

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- Improve blood sugar, blood pressure and cholesterol levels
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To register please visit [Our Path website http://bit.ly/TfLOurPath](http://bit.ly/TfLOurPath)

For both educational online courses there is limited number of spaces and registration will be on first come first serve basis.

Appendix II

Think Diabetes Quantitative Data Collection Questionnaire

This questionnaire is anonymous and your responses will not be linked back to you. Your responses will be combined with those from others involved in the pilot to help us to understand the views of people collectively. Only staff at the Health Innovation Network who are evaluating this pilot will be able to see your responses. If you wish to give your name and email address at the end we will use this only for the purpose of inviting you to give further information on your experience of participating in the programme and not for any other reason.

If you would like further information about the evaluation of this pilot project, please contact Rod Watson, Project Manager at the Health Innovation Network on rodwatson@nhs.net

Firstly, we would like to know about your workplace and which diabetes management programme you completed.

1. Do you work for:
 - a. Transport for London.
 - b. London Ambulance Service.

2. We are interested in understanding the reach across London of these workplace programmes. Please tell us in which Borough or County you live? _____

3. I chose the:
 - a. Oviva programme.
 - b. OurPath programme.
 - c. DESMOND programme.
 - d. I did not complete any of these programmes.

4. Prior to being offered this programme via your workplace, had you ever been offered or attended a diabetes management programme? (Please tick the statement that most matches your experience.)
 - a. I have not previously been offered a programme.
 - b. I have been referred to/offered a programme before, but I never attended it.
 - c. I have been on a programme before, but never completed it.
 - d. I have completed a programme.

On a scale of 1-5, please rate to what extent you agree with the following statements.

5. I think the workplace is an appropriate place to be offered information about programmes on managing diabetes.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

6. I think the workplace is an appropriate place to attend programmes on managing diabetes.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

7. My employer should have nothing to do with diabetes management programmes for staff.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

8. I think people with diabetes would be more likely to attend a programme if their employer organised it and allowed time off for it if needed.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

9. Programmes for people with diabetes should be offered more often by employers.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

10. Having remote/online programmes are a good option for people who can't get time off work to attend a programme elsewhere.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

11. Having a face-to-face programme in the workplace makes it easier to attend it.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

12. I faced barriers/challenges to attending a diabetes management programme in my workplace.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

If you did not complete a programme, please go to Q19.

On a scale of 1-5, please rate to what extent you agree with the following statements.

13. I found the programme informative.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

14. I believe the programme helped me to manage my diabetes better.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

15. I believe the programme helped me to manage my weight better.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

16. I believe the programme helped me to be more physically active.

1	2	3	4	5
Strongly disagree	Tend to disagree	Neither agree or disagree	Tend to agree	Strongly agree

About your programme and the workplace

17. **Oviva/OurPath course participants only.** Please tell us when you accessed the programme content / had contact with a dietitian (choose one response only).

- a. Mostly during working hours.
- b. Mostly outside of working hours.
- c. Roughly equal during both working and non-working hours.

18. **DESMOND Course participants only.** Please tell us when you attended the programme (choose one response only).

- a. I attended the programme during my usual working day.
- b. I attended the programme as part of my annual leave.
- c. I attended the programme in my own time (unpaid leave).
- d. Other (please state) _____

19. Please tell us about how you heard about the programmes. (Please select all that apply):

- a. Via the staff intranet.
- b. Via the staff newsletter.
- c. Word of mouth / a colleague.
- d. Recommended by Occupational Health.
- e. Other (please state) _____

20. Did you experience any challenges/barriers to participating in any of the programmes on offer as a part of this project? Please state: _____

21. What further actions could your employer take that would improve access to workplace-based programmes? Please state: _____
22. What further actions could your employer take that would encourage you to attend a diabetes management programme? Please state: _____
23. If you did not complete a programme, please tell us why (tick all that apply):
- a. I did not trust my details would remain confidential.
 - b. I did not want anyone at work to know I have diabetes.
 - c. I could not find enough time to attend.
 - d. I did not receive sufficient support from my manager or colleagues to attend e.g. being released from work duties or having a colleague cover my work.
 - e. I did not feel the programme was useful to me.
 - f. Other reason (please state): _____
 - g. Not applicable.

Thank You for completing this questionnaire.

In order to gain a better understanding of the experiences of people with type 2 diabetes accessing programmes via their work, we would like to make contact with some people to explore their views further. If you would be happy for a staff member from the Health Innovation Network to contact you to discuss your views in more depth either over the phone or as part of a focus group, please leave your contact details below. We will use these details only for the purpose of getting further information from you about your experience.

Name:

Organisation:

Email:

**Think Diabetes Discussion Guide
Diabetes Course Completers**

- Introduce myself and acknowledge change to interview from focus group.
 - Is it ok if I record this interview for my own benefit so that I don't miss anything when I'm writing it up? I will erase the interview from the device once I have written up the notes.
 - Thanks for signing and returning the participant information sheet.
 - You will be sent a £15 voucher in appreciation of your time and input to the evaluation of this project.
 - Provide a background to the initiative and purpose of the evaluation.
 - The "initiative" refers to the process of you being offered access to, and attending, diabetes education courses via your employer. We are not talking about the education course you attended; it is about the role of your employer providing the means to attend it.
 - Everything you say is completely confidential and will be made anonymous.
 - We are interested in exploring why you got involved in the initiative and your thoughts on the role your employer has played in supporting access to it.
 - Information from this interview will be de-identified, collated and written up into a report along with the analysis of the data from the evaluation sheets/SurveyMonkey you filled in after completing the course.
 - The report will be shared with TfL, LAS and other organisations interested in delivering a similar initiative.
 - Before we start:
 - No right or wrong answers
 - The more frank you can be in your answers the more it will contribute to the evaluation
 - Do you have any questions before we start?
1. **A broad question to start off with. What role do you have at TfL and which department/section do you work in? *Probe: Mostly office based? Any thoughts on why there aren't more "shop floor" staff involved?***
 2. **Have you attended structured diabetes education before? *Probe: Was this new or a refresher? If new, what stopped you before?***
 3. **Turning our attention to the initiative, how did you find out about it? *Probe: Were you aware of several different communication strategies used by TfL to promote the initiative? Which ones?***
 4. **What were your initial thoughts about a project offering access to online and in-house face-to-face diabetes education courses? *Probe: Specifically, how did you feel about diabetes education courses being promoted by your employer?***
- Distinguish between face to face and online courses. Ask whether you attended DESMOND/Oviva/SecondNature. Ask EITHER Q5 OR Q6.*
5. **How did you feel about attending the DESMOND session in the workplace? *Probe: any reluctance? What would you say were the advantages/disadvantages?***
 6. **And how did you feel about participating on the online course? *Probe: any reluctance? What would you say were the advantages/disadvantages?***
 7. **Did the course meet your needs in terms of diabetes education? Would a workplace refresher session be useful at some point in the future?**
- Earlier we discussed finding out about the course. Now we want to explore signing up.*
8. **What was the process for signing-up to DESMOND or one of the online courses? *Probe: Did you need your line manager's consent? Direct sign-up?***

9. What sort of things helped you to sign up and take part? *Probe: Manager support, time off, etc. How could the process be improved?*

Ask EITHER Q10 or Q11

10. Tell us about any barriers or problems encountered by you taking part in the face-to-face DESMOND course. *Probe: Date/location? Release from work? Concerns about disclosure to colleagues?*

11. Did you encounter any barriers or problems taking part in the online course? *Probe: Access issues?*

12. If this initiative was expanded to other companies and organisations, what recommendations would you have to improve on it/do it differently? *Probe: how could access and attendance be supported by your employer?*

13. And finally, was there anything that encouraged you or incentivised you to take up the offer of the diabetes education course? *Probe: What incentivisation would be appropriate? Should this come from your employer?*

That's all the questions I have. Is there anything else you would like to add?

Thank you very much for your time.

Think Diabetes Discussion Guide Occupational Health Managers

Introduction

- The “initiative” refers to the process of staff being offered access to, and attending, diabetes education courses via their employer.
 - Everything you say will be made anonymous.
1. Please explain your role in developing and delivering this initiative at TfL/LAS.
 2. How was the initiative promoted to staff?
 3. What allowances (if any) were given to staff to take part in the initiative?
 4. Were managers given any additional information/instruction about the initiative? Eg. How to respond to queries/how to support staff to attend a course?
 5. What were your perceptions of any initial barriers/problems that may arise?
 6. And were there any actually encountered?
 7. What were your perceptions of the benefits that may come about from this initiative?
 8. What actually helped to achieve those perceived benefits?
 9. Looking to the future, would this be something you would do again?
 10. If you were to offer this initiative again to employees with diabetes, how would it be funded?
 11. What suggestions do you have for upscaling/spreading this initiative to other organisations and companies?
 12. Is there anything else you would like to add?

Thank you very much for your time.