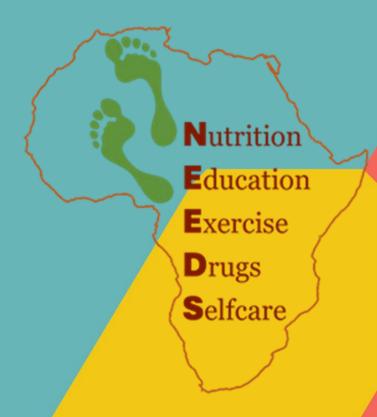






Creating a model for leadership in the multidisciplinary prevention and management of diabetic foot complications in Uganda

Dr Melanie Stephens
Professor Louise Ackers
Simona Ackers Johnson
Dan Parker
Rincy Sajiith
Clinical staff Knowledge for Change, Fort Portal, Uganda Service users





Who we are and what did we do?



- Recognised that a lack of services and research informed initiatives to reduce the significant diabetes health related complications are impacting Ugandan healthcare resources, patients and communities.
- Wanted to do something about it.
- Created a research team made up of two nurse researchers, a social scientist, and a biomechanic scientist.
- Applied for funding to the Burdett Trust for Nursing.
- Wanted to address this issue by introducing 'frugal innovations' to demonstrably improve morbidity, reduce mortality, in-patient stays and associated health systems costs.

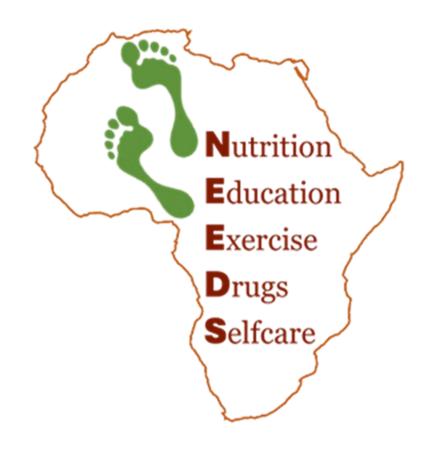




What did we do?







Our aim was to evaluate the development, delivery and impact of a frugal diabetes self-management educational programme and multidisciplinary diabetic foot clinic on patients and health care staff in Uganda.

A multi-method approach combined analysis of:

- 1). Facility-based data to characterise patient populations,
- 2). A scoping review of the literature (Sajiith et al., 2024),
- 3). A 'kick off event' with stakeholders from the Ministry of Health, service users, clinicians and healthcare managers.



What did we do?



Coproduce a nurse led, culturally congruent, frugal, and sustainable education intervention and diabetic foot screening service.

- Used a complex interventions approach (MRC, 2021).
- Task shifting of roles (Tweheyo, 2018).
- Ethical approval was sought from the University of Salford
- and Mbarara University of Science and Technology.
- NEEDS was coproduced.
- 3 cycles period of reflexivity (Driscoll, 2007).
- Changes to delivery of the programme
- Local language (Roturo)
- Interactive sessions (Fitness Instructor, Pharmacist, Nutritionist).
- Posters and leaflets





What did we do?





Methods:

- A mixed method evaluation ran alongside the DSME programme.
- Patient data included pre and post HbA1c, foot screening, physical activity, medications, weight, BMI, waist circumference, BP, and knowledge, skills and attitudes to diabetes self-management.
- Focus groups were conducted to examine patients and staff experiences of involvement in the new service model.
- Quantitative data was analysed using SPSS and qualitative data analysed using thematic analysis (Braun and Clarke, 2022).



The impact and outcomes



- A DSME programme was coproduced by 12 staff and 5 service users.
- Delivered over 3 cohorts between January and June 2024.
- 34 adults completed the DSME and attended the DFU prevention clinic.







The impact and outcomes



The findings:

• Statistically and clinically significant improvements in HbA1c.



- A reduction for 72% of participants (Mean -1.04±2.05, t(32)=2.901, p=0.003).
- 48% of participants HbA1c was reduced to below 7% representing change equivalent to efficacy seen in drug trials.
- Participants showed an increase in self-management activities, became advocates and champions of a healthy lifestyle to family, friends and work colleagues.
- Previously held view of diabetes being a death sentence lifted.



The impact and outcomes



- Two publications (a scoping review and chapter on the impact of long-term conditions on amputation in a monograph on Rehabilitation Services in Uganda).
- A Palgrave Pivot monograph proposal dedicated to the diabetes work.
- A Burdett Trust Scholarship to a Ugandan Nurse who led the project locally to a UK conference.
 Finalist in these prestigious Diabetes Nursing awards.
- Working with GM Public Health Team in regards to Reverse Innovation.
- Rincy's PhD by Published work



Contact:

Dr Melanie Stephens <u>m.stephens@salford.ac.uk</u> and

Professor Louise Ackers h.l.ackers@salford.ac.uk



salford.ac.uk







