Supporting Staff and Patient Education in Diabetes and CKD

By Wendy Webb Practice Nurse

Practice Nurse Low Moor Road Surgery

INTRODUCTION

I am the Diabetes Lead at Low Moor Road Surgery, responsible for overseeing diabetes care for a registered population of 4,954 patients, including 387 patients with diabetes.

I work closely with the Diabetes Specialist Nurse (DSN) and lead two diabetes clinics per month.
Our aim is to support patients in achieving optimal diabetes control through timely, evidence-based care and targeted education, empowering them with the knowledge and confidence to better manage their condition.

.

Background into Diabetes / CKD: Why This Matters

Diabetes is a leading cause of chronic kidney disease (CKD). When blood glucose levels remain high over time, this places extra strain on the kidneys, which can gradually damage their ability to filter blood effectively. Many people with Type 2 diabetes also have high blood pressure, which further increases pressure on the kidneys and can speed up kidney damage.

CKD is often called a “silent condition” because symptoms may not appear until the disease is more advanced. This makes early education, awareness, and regular monitoring essential.

Factors such as family history, ethnicity, lifestyle (including diet and smoking), and heart disease can also increase risk. Because of this, the relationship between diabetes and kidney health is complex — and clear, consistent communication is key to helping people understand and manage their health effectively.

.

The two main causes of CKD are diabetes and high blood pressure, which are responsible for up to two-thirds of all cases.

.

Aims of This Presentation

Our goal was to improve understanding of the link between diabetes and kidney health — for both patients and healthcare staff.

By increasing awareness and improving communication, we aimed to:

- Help patients feel more confident and supported in managing their condition
- Equip staff with the knowledge and tools to explain risks clearly
- Encourage patients to take an active role in protecting their kidney health
- Promote safer, more effective, and more personalised care

.

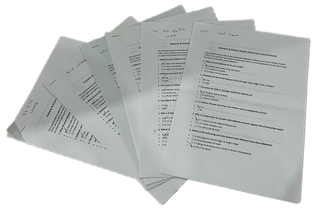
How We Set Up the Service

We built on our existing diabetes service, which already includes regular nurse-led clinics and input from Diabetes Specialist Nurses.

To strengthen this, we introduced a structured educational approach, including a patient questionnaire. This helps us:

- Understand what patients already know about diabetes and kidney health
- Identify any gaps in understanding
- Highlight areas where patients may need more support or reassurance
- The questionnaire acts as a starting point for personalised conversations, ensuring that education is relevant to everyone rather than generic.

This approach allows us to focus on **prevention and early support**, rather than only reacting when problems arise.



Working Together: Staff and Patients

Good care depends on teamwork — between healthcare professionals and patients.

We worked closely with GPs, Diabetes Specialist Nurses, and clinic staff to ensure consistent messaging and continuity of care.

Patients are encouraged to share their experiences, concerns, and challenges so we can better understand what day-to-day diabetes management is really like for them.

Our shared vision is simple:
Best care. Best practice. Best delivery.

When staff feel confident and patients feel listened to, care becomes more effective, realistic, and supportive.

Listening to Patients: The Consultation Process

The questionnaire was designed to encourage open and meaningful conversations.

Through patient responses, we aim to understand:

- How they feel about managing their diabetes
- What they already know about kidney health
- What worries or questions they may have

This approach promotes shared decision-making, helping patients feel more involved and empowered in protecting their kidney health.

What We Do With Patient Feedback

Once questionnaires are completed, we review responses to identify common themes.

This helps us:

•Improve future appointments

•Shape group education sessions

•Identify where additional support or resources may be needed

Patient feedback also helps staff reflect on how they communicate and where they can improve, creating an ongoing cycle of learning and improvement rather than a one-off intervention.

Why This Approach Works (Strengths)

This structured process strengthens care by:

•Supporting earlier detection and prevention

•Helping patients feel more informed, valued, and engaged

•Giving staff greater confidence in discussing kidney health

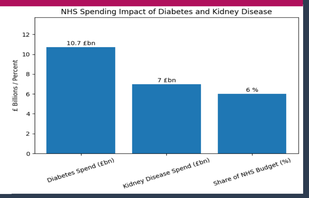
•Ensuring education is personalised, not generic

•Promoting consistent messaging across the healthcare team

Overall, it leads to better communication, stronger relationships, and improved health outcomes.

NHS Statistics and Costs

The NHS spends an estimated £10.7 billion annually on diabetes, which accounts for about 6% of its overall budget. This spending primarily covers the costs of diabetes-related complications, which are significant and preventable. Additionally, the NHS spends over £7 billion on kidney disease, highlighting the importance of addressing these health issues effectively



What We Learned From Patients (Qualitative Insight)

Diabetes and chronic kidney disease (CKD) are strongly connected. When blood glucose levels remain high over a long period of time — especially alongside high blood pressure — the risk of kidney damage increases.

However, when we listened to patients, many told us they did not fully realise how diabetes could affect their kidneys, particularly in the early stages when CKD causes few or no symptoms.

This finding reinforced how important it is to:
•Provide education at the right time
•Use clear, simple language
•Create a supportive, non-judgmental environment

By improving understanding and communication, we can help patients feel more confident in managing their diabetes, more engaged with their care, and better equipped to protect their kidney health.

Ultimately, this approach supports earlier intervention, helps slow the progression of kidney disease, and leads to better long-term health outcomes.

.

What the Data Shows (Quantitative Insight)

The numbers clearly show a strong link between diabetes and chronic kidney disease (CKD). A significant number of people with diabetes already have early signs of kidney stress or damage — especially those with higher blood glucose levels and high blood pressure.

This is why regular testing is so important. By routinely monitoring:
•**HbA1c** (long-term blood sugar control)
•**Blood pressure**
•**eGFR** (kidney function)
•**Urine ACR** (protein in the urine)

we can detect changes in kidney health at an early stage, often before symptoms appear.

Early detection allows us to act sooner — adjusting treatment, offering education, and supporting lifestyle changes — to slow down kidney damage and reduce the risk of complications.

These measurable tests support the need for structured, consistent monitoring and personalised management for people living with diabetes.

Conclusion

Diabetes and chronic kidney disease are closely connected. Early education and ongoing support are essential to protect kidney health and improve long-term wellbeing.

By introducing a patient questionnaire and strengthening staff knowledge, we have created a more supportive, informed, and collaborative approach to care.

Through clear communication, teamwork, and personalised education, we can help patients feel confident in managing their health — and help staff feel confident in guiding them.

Together, we are working toward better health for all.