NHS Structured Diabetes Education Programme Available on the new 'My Learning' Button on the DigiBete App

Healthcare Professional Implementation Guide

Supporting Children and Young People living with Diabetes in Partnership with the NHS Diabetes Programme

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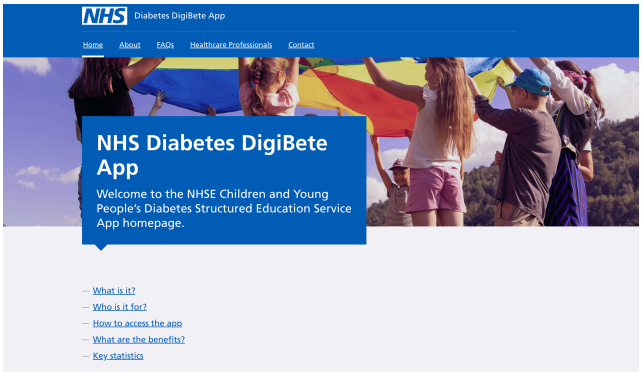
> *"Structured education should be embedded in routine diabetes care, in line with NICE guidance and supported by monitoring through the National Diabetes Audit. Every interaction is an opportunity to reinforce learning, encourage engagement and support better long-term outcomes for children and young people living with diabetes. The 'My Learning' area helps you and your team standardise and digitally deliver structured education, freeing up valuable time to focus on each child and family's individual needs.".*

Dr Fiona Campbell OBE
Chair, National Children and Young People's Paediatric Diabetes Network

THIS GUIDE HELPS SERVICES TO implement structured education, support engagement and monitor completion.

Purpose

NHS England has strengthened expectations regarding structured education provision for children and young people with diabetes. This guide supports paediatric diabetes teams to implement NICE recommendations for enhanced structured education delivery and monitoring through the DigiBete Structured Education Curriculum.

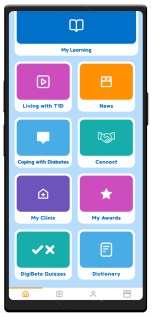


Above is an image of the new NHS CYP Diabetes Structured Education App landing page. www.digitaldiabetesservice.nhs.uk.

The DigiBete Structured Education Curriculum is QISMET-accredited, accessible (WCAG 2.2 AA compliant) and developed in line with NICE guidance. Designed and directed by NHS England, it provides children and young people with diabetes, together with their parents and carers, access to a comprehensive educational pathway covering all aspects of diabetes management, from diagnosis through to increasing independence and self-management.

The curriculum builds on DigiBete's award-winning, ongoing comprehensive wrap-around self-management support, helping families develop the knowledge, confidence and skills needed to effectively manage diabetes throughout their journey.

The new '**My Learning'** area on the DigiBete App can be introduced at diagnosis to provide equitable access to standardised, evidence-based education that families can complete at their own pace, complementing rather than replacing the hospital's face-to-face education service. By delivering core learning through a flipped-learning model, it can reduce the time clinicians and healthcare teams need to spend delivering routine education, freeing capacity for personalised support, assessment and problem-solving.



The objective of this implementation guide is to support services in ensuring that all children and young people with diabetes, together with their parents and carers, have access to structured education, and that participation, engagement and completion are routinely monitored, reviewed and supported as part of standard clinical care.

The new '**My Learning'** area supports NICE guidance by ensuring

- All families should have access to a structured education curriculum.
- Participation and completion can monitored via the Clinic teams own DigiBete Clinic Portal.
- Diabetes teams are are able to review completion per patient / family and support engagement.
- Education can form part of routine clinical care and annual review processes.

The platform is a key opportunity to improve equitable access to diabetes education, empower families, reduce variation in care, and support a more sustainable, standardisd, and digitally enabled approach to diabetes management across the UK"

"The My Learning section in particular, I think this will be fantastic as a refresher, for those newly diagnosed, to share with other family members who are not the primary carer and for other adults who will be caring for your child. For the child it is easy to navigate and it's lovely for them to have a sense of reward for each section. It is so nice that the videos are all tailored to the specific age range they access. I think this will be accessible for all."

Parent reviewer, September 2026

Working to Reduce Inequality and Support the NHS 10 Year Plan

Reducing health inequalities across the UK
The new DigiBete Structured Education programme known as ***'My Learning'*** area will provide all children and young people with Type 1 and Type 2 diabetes, along with their families, access to consistent, highquality education, helping to reduce variation in care and outcomes regardless of where they live.

Evidence-based and regularly updated
Content will be continuously reviewed and updated in line with NICE guidance ensuring families and healthcare professionals have access to the latest evidence-based information.

Empowering children and families
The platform promotes greater ownership of diabetes management by supporting children, young people and parents to engage with structured education and prepare for their annual review, encouraging self-management and informed decision-making.

Reducing pressure on healthcare services
By providing accessible digital education resources, the platform can reduce healthcare professional time spent delivering and updating local education materials, allowing clinical teams to focus on personalised care and support.

Supporting NHS digital transformation and standardisation
In line with the NHS 10-year plan greater use of digital resources, the platform reduces the need for updatingresources, printing and reproducing paper materials, supports national standardisation of diabet es education across the UK, and aligns with national guidance and ***NPDA data*** requirements

Core implementation principles

Start early
Introduce the curriculum at diagnosis and explain why it is important for both the child or young person and their parent/carer.
Onboard on diagnosis on the ward or in clinic

Make it routine
Structured education should be positioned as a normal part of diabetes care rather than an optional extra.
Check in at appointments and annual reviews

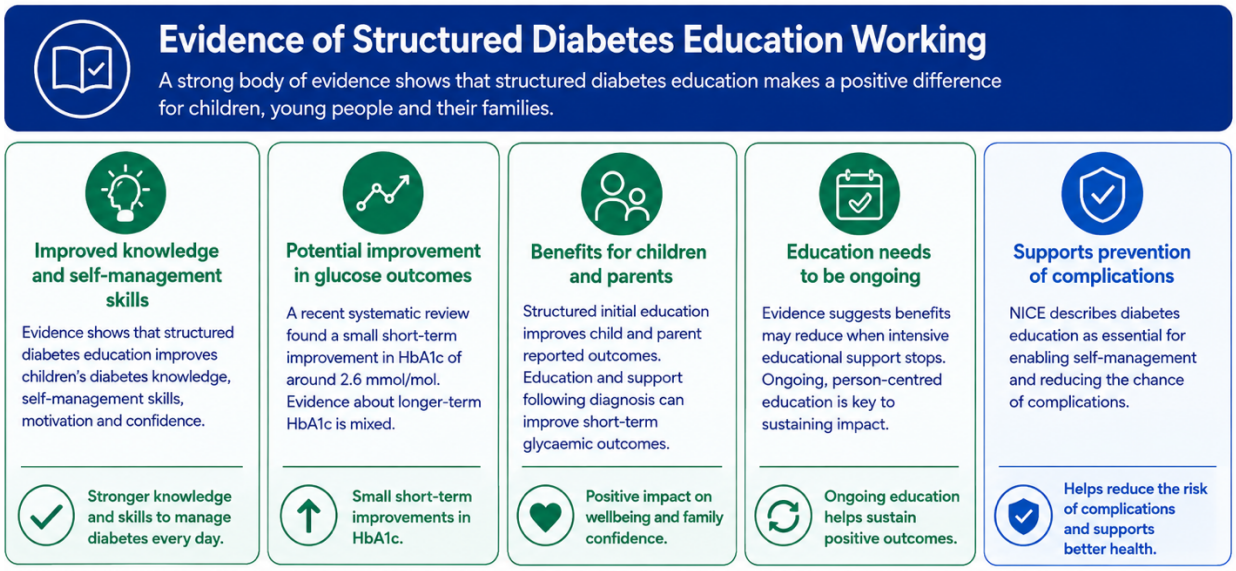
Review, do not just signpost
Check learning progress during clinic appointments and discuss completion during annual reviews.
Team downloads learning data from clinic portal weekly to inform appointments

Use clinical moments
Signpost relevant modules after key clinical discussions so learning is connected to the family's current needs.
Need Psychology, annual review, exercise or food info? Signpost to DigiBete App.

Encourage shared learning
Where appropriate, encourage children, young people and parents/carers to learn together.
Team downloads learning data from clinic portal weekly to inform appointments

Use data to target support
Use the Clinic Portal to identify families who may benefit from additional encouragement or support.
Not using DigiBete? Ask why and feedback to app@digibete.org any barriers or enablers

Why structured education matters



Structured diabetes education provides children, young people and their families with the knowledge, skills and confidence needed to manage diabetes in everyday life. Evidence supports its role in improving knowledge, self-management skills, motivation and psychological outcomes, with some evidence of improvement in short-term glycaemic outcomes. Education should not be viewed as a one-off intervention.

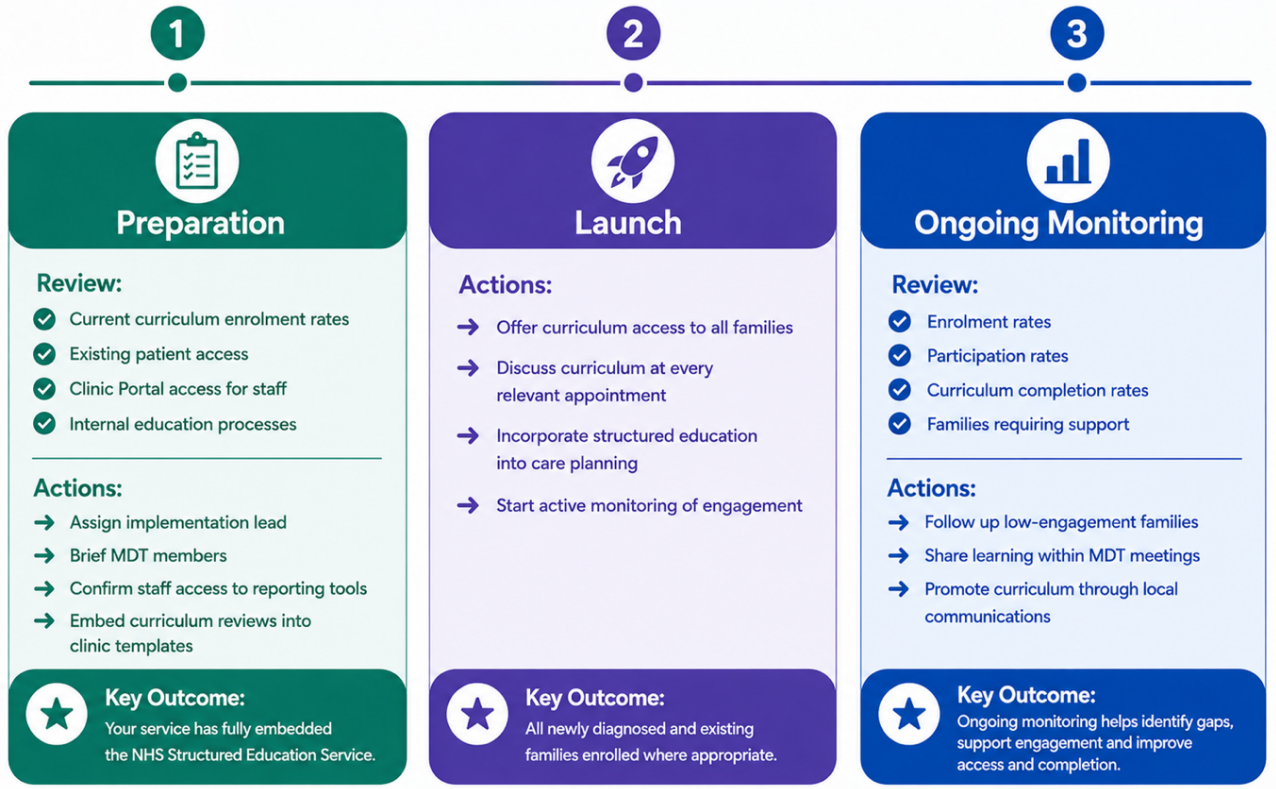
Implementation objectives

A consistent approach to implementation will help ensure structured education becomes a routine part of diabetes care rather than a one-off activity.
Each paediatric diabetes service should have clear processes in place to introduce the curriculum, support families to access and complete learning, review progress during clinical interactions, and use Clinic Portal data to identify where additional support may be needed.
This approach will help embed structured education across the whole care pathway and provide families with ongoing opportunities to build their knowledge, skills and confidence

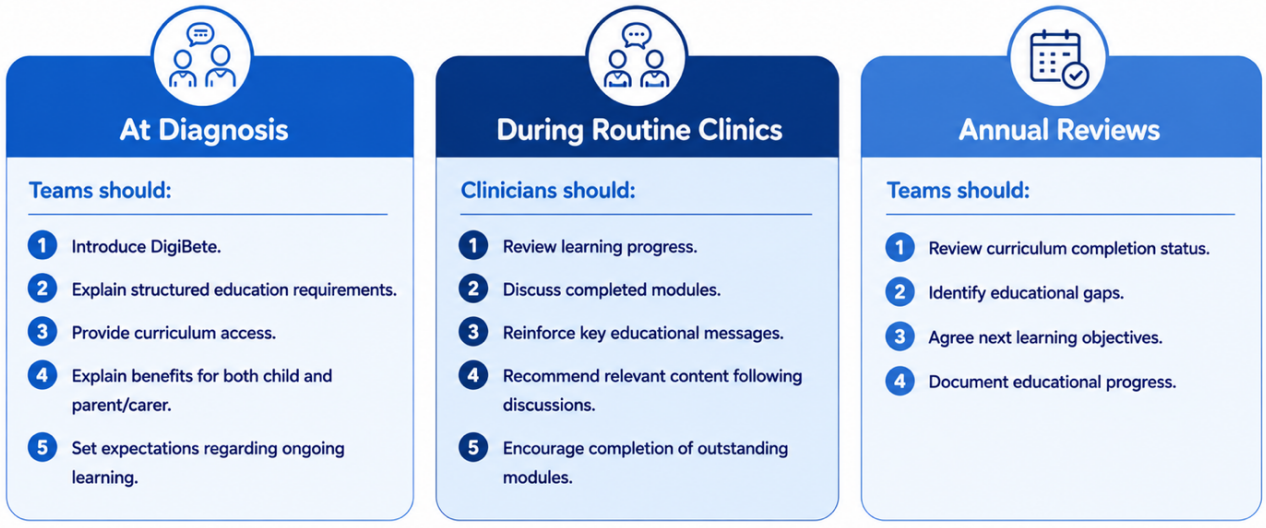


KEY POINT The DigiBete Structured Education Curriculum provides a comprehensive educational pathway covering diabetes management from diagnosis through to increasing independence and self-management.

Clinic implementation timeline



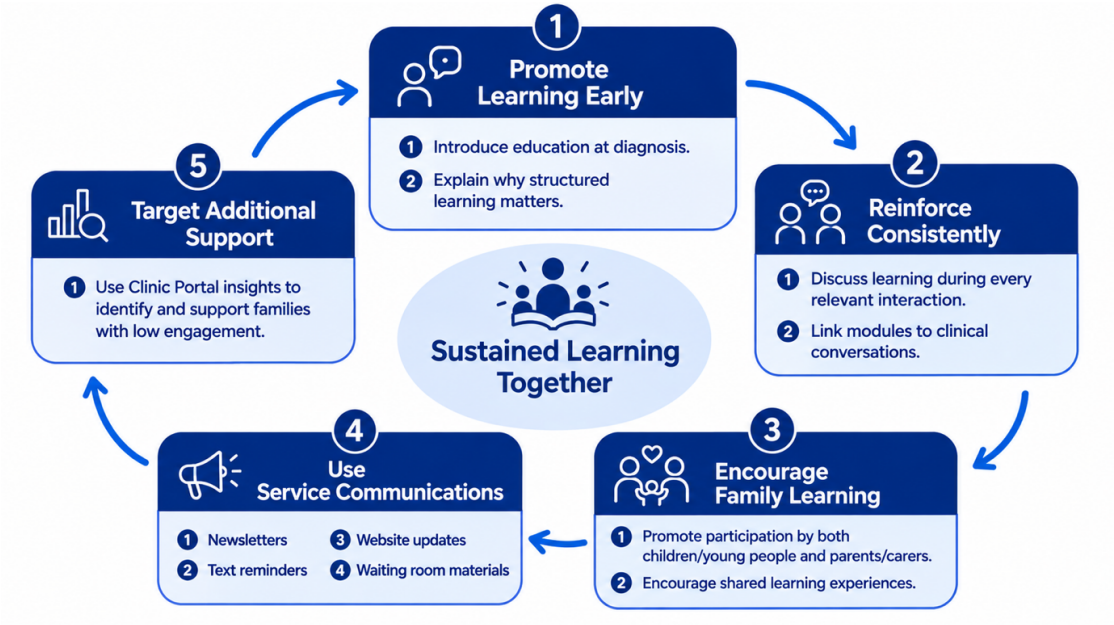
Suggested clinical workflow integration



KEY OUTCOME: Your service has fully embedded NHS structured education in routine care.

Engagement strategies

Below is an example of how a team can develop and implement an engagement strategy to improve young people and family participation, reinforce learning between appointments, encourage families who may benefit from additional support.

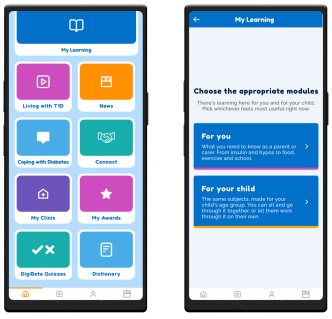


Expectations for completion

Parents/carers and young adults will work through the education once from start to finish, then return to both the structured learning and self-management education as required. Young people can repeat the structured learning when they enter a new age band.

Profiles and age bands for structured learning are based on the user's date of birth, as follows:

Type 1	Type 2
Parents and carers (under 6)	Parents and carers
Parents and carers	Young people
Children 6–9	
Children 10–13	
Young people 14–17	
Young people 18–25	

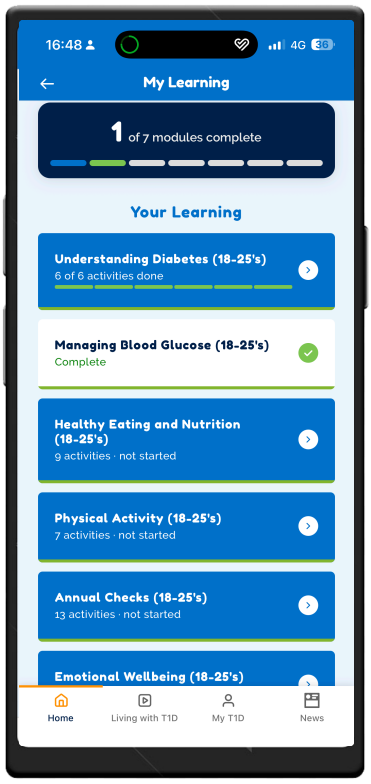


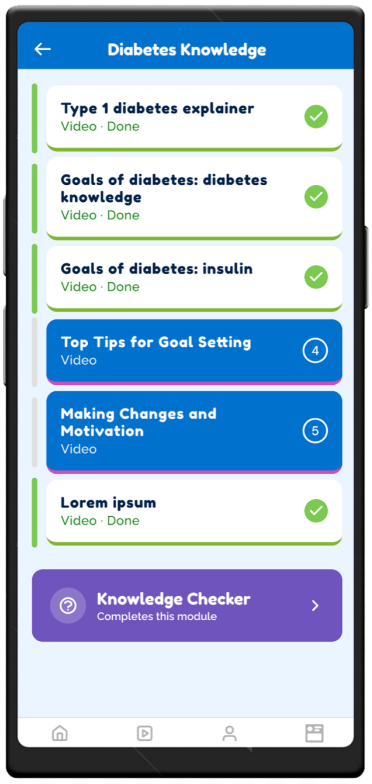
PRACTICAL APPLICATION
Use the age-banded pathway to agree appropriate next learning with each family, rather than treating completion as a single end point.

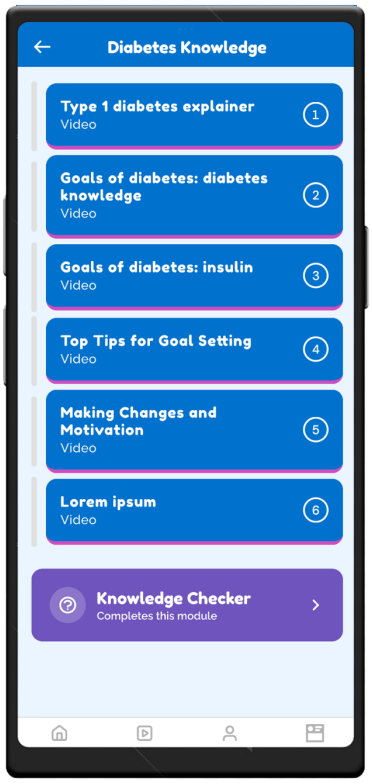
Structured education module overview

Indicative module themes and completion times are shown below. Local teams can use this overview when recommending relevant learning during clinical conversations.

Type 1	Type 2
Understanding diabetes & how insulin works Approx. 12 mins	**Understanding diabetes** Approx. 15 mins
Monitoring and managing blood glucose Approx. 45 mins	**Monitoring and managing blood glucose** Approx. 25 mins
Healthy eating and nutrition Approx. 30 mins	**Healthy eating and nutrition** Approx. 30 mins
Physical activity Approx. 20 mins	**Physical activity** Approx. 20 mins
Annual checks Approx. 30 mins	**Annual checks** Approx. 30 mins
Working with your healthcare team Approx. 20 mins	**Working with your healthcare team** Approx. 15 mins
Psychological and emotional wellbeing Approx. 20 mins, plus signposting to Coping with Diabetes	**Psychological and emotional wellbeing** Approx. 30 mins
Medication management Covered in Understanding Diabetes	**Medication management** Approx. 30 mins







Roles and responsibilities

Successful implementation works best when responsibilities are shared across the whole diabetes team. Staffing levels, capacity, local processes and competing clinical pressures will vary, and individual team members may not be able to carry out every suggested responsibility.

The first member of staff involved at diagnosis might signpost the DigiBete app, with follow-up from nurses, dietitians and the multidisciplinary team. The roles below are a flexible guide to help services share responsibilities locally while ensuring families receive consistent opportunities to access, engage with and progress through structured education.



Success measures and monitoring

The example below demonstrates how your service could combine simple engagement activities with measurable indicators to encourage participation and monitor progress. Teams can adapt the approach to reflect their local pathways, staffing capacity and the needs of the families they support. Teams could also consider encouraging engagement if undertaking home, school or community visits

Example Participation & Engagement Plan

The example below demonstrates how services could combine simple engagement activities with measurable indicators to encourage participation and monitor progress. Teams can adapt the approach to reflect their local pathways, staffing capacity and the needs of the families they support.

Area	How the team could encourage participation	How it could be measured	Suggested review
Family enrolment	Introduce DigiBete and structured education at diagnosis and offer access to existing eligible families.	% of eligible families enrolled	Ongoing
Curriculum access	Check families can log in and know where to find their learning.	% of enrolled families with curriculum access	Ongoing
Active participation	Discuss learning during appointments and recommend relevant modules.	% of families starting or engaging with modules	Monthly / regular intervals
Module completion	Recognise progress and encourage completion of outstanding learning.	Module and curriculum completion rates	Clinic appointments / annual review
Low engagement	Use Clinic Portal data to identify families who may need additional support or reminders.	Number / % of families with low or no engagement	Regular intervals
Routine conversations	Link relevant curriculum content to clinical discussions and individual needs.	Evidence of structured education discussion within local processes	Routine clinics
Annual review	Review progress, recognise learning completed and agree future learning priorities.	Curriculum status reviewed as part of annual review	Annually

Embedding structured education into routine diabetes care is a shared and ongoing process, and services should adapt implementation to reflect their local pathways, staffing capacity and the needs of the children, young people and families they support. Small, consistent actions, introducing education early, reinforcing learning during appointments, monitoring engagement and offering additional support where needed, can help make structured education a meaningful part of everyday care.

This approach supports the principles of NG18 guidance, which recommends that children and young people with diabetes, and their families or carers, are offered an ongoing programme of education from diagnosis, tailored to their individual needs. By working together and regularly reviewing progress, teams can help families build the knowledge, skills and confidence to manage diabetes throughout childhood and adolescence.

> **IMPLEMENTATION PRINCIPLE:** Small, consistent actions - introduced early, reinforced during appointments and reviewed through routine data - make structured education part of everyday care.