Disclaimer

The DAFNE Course Workbook was developed with the sole purpose of providing supporting material to accompany information given to individuals completing a 5 x 1-day DAFNE structured education course. These 5 x 1-day courses are delivered by appropriately trained and certified DAFNE Educators.

The DAFNE Course Workbook is not a stand-alone information source and should not be used by any individual who has not completed a 5 x 1-day DAFNE course or for any other purpose than that for which it was developed.

The DAFNE Course Workbook is not intended to provide or replace any personal medical advice provided by a healthcare professional.

The DAFNE Programme assumes no responsibility or liability for any injury, loss, damage or expense that may be caused by any action, or lack of action, that may be taken as a result of reading the DAFNE Course Workbook.
Introduction

Most people with Type 1 diabetes in the United Kingdom inject their insulin between two and four times a day. They try to adjust their doses of insulin according to their blood glucose level and to suit their lifestyle.

The DAFNE training programme is designed to make it possible for you to have a much greater choice with food. DAFNE will enable you to eat largely as you want, while still keeping your blood glucose levels under control. DAFNE provides you with the skills necessary to estimate the amount of carbohydrate in each meal and to inject the right dose of insulin.

This Workbook provides information to support the training you will receive during the 5 x 1-day DAFNE course.

Our aim is to help you to lead as normal a life as possible, while controlling your blood glucose levels, hence reducing the risk of long-term complications related to diabetes.
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**DAFNE 5 Week Course Plan**
HbA\textsubscript{1c} (Glycated Haemoglobin)

Glucose sticks to the red blood cells and tissues of the body. The higher the blood glucose level, the greater the amount of glucose attaches to the blood cells and tissues. The more glucose that is attached, the greater the risk of diabetes related complications.

HbA\textsubscript{1c} measures the amount of glucose that has ‘stuck’ to the haemoglobin (part of the red cells in your blood stream) over the past 8-12 weeks. It is therefore a guide to the amount of glucose that has stuck to other parts of the body such as your eyes, kidneys, nerves and blood vessels. These are the areas where diabetes complications can occur.

Therefore your HbA\textsubscript{1c} result gives you an idea of your risk of developing complications from your diabetes; the higher the number, the greater your risks.

Over the years HbA\textsubscript{1c} has been reported as a percentage (%), in other words what % of the haemoglobin has glucose stuck to it. A new and more specific method of measuring HbA\textsubscript{1c} has been developed that has a number of benefits in that it is more accurate in certain cultural groups and can be standardised across laboratories internationally. In future your HbA\textsubscript{1c} will be reported in mmol/mol.

The normal range for HbA\textsubscript{1c} in someone without diabetes is less than 42 mmol/mol (6.0%) We believe that the best HbA\textsubscript{1c} level for people with diabetes is between 45 mmol/mol – 55 mmol/mol (approximately 6.0% - 7.0%). At this level long-term complications may be prevented, while at the same time avoiding severe hypoglycaemia. Below this level, there may be a higher risk of having a bad hypo, as the body’s defences to hypoglycaemia may be impaired. Above this level there is an increased risk of developing complications of the small blood vessels. Before conception and during pregnancy however, the HbA\textsubscript{1c} result may need to be even closer to the non-diabetic range, to give maximum benefit to the unborn child.

**How Old HbA\textsubscript{1c}s and New HbA\textsubscript{1c}s relate**

A guide to the new values expressed as mmol/mol is:

<table>
<thead>
<tr>
<th>HbA\textsubscript{1c} as a %</th>
<th>HbA\textsubscript{1c} mmol/mol “New”</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>42</td>
</tr>
<tr>
<td>7.0</td>
<td>53</td>
</tr>
<tr>
<td>8.0</td>
<td>64</td>
</tr>
<tr>
<td>9.0</td>
<td>75</td>
</tr>
<tr>
<td>10.0</td>
<td>86</td>
</tr>
<tr>
<td>11.0</td>
<td>97</td>
</tr>
<tr>
<td>12.0</td>
<td>108</td>
</tr>
</tbody>
</table>

The fact that the number is higher now does not mean there is more glucose in your blood. It is just a different way of expressing the old numbers.
Changeover in reporting of results

The new units for HbA1c are obviously very different. Until 31 May 2011 HbA1c results will be given as both % and mmol/mol to give everyone time to become familiar with the new units, and how they relate to the current figures and after that the figures will only be given in mmol/mol.

<table>
<thead>
<tr>
<th>Blood Glucose Range</th>
<th>HbA1c Result %</th>
<th>mmol/mol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 7 mmol/l (non-diabetic)</td>
<td>Less than 6.0</td>
<td>Less than 42</td>
</tr>
<tr>
<td>Mostly under 10 mmol/l</td>
<td>6.0</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>7.0</td>
<td>53</td>
</tr>
<tr>
<td>Frequently over 10 mmol/l</td>
<td>8.0</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>9.0</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>10.0</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>11.0</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>12.0</td>
<td>108</td>
</tr>
<tr>
<td>Mostly over 17 mmol/l</td>
<td>Over 13</td>
<td>Over 119</td>
</tr>
</tbody>
</table>

Table 2: Correlation between blood glucose range and HbA1c result

Diabetes Control and Complications Trial (DCCT)

A large American research study called the “The Diabetes Control and Complications Trial” (DCCT), published in 1993, showed that maintaining good blood glucose levels delayed the onset of damage to the small blood vessels in the eyes, kidneys and nerves (micro-vascular complications) in people with Type 1 diabetes. There are no additional benefits of having an HbA1c level, which is too low (below 45 mmol/mol or 6.0%) as this has been found to increase the risk of severe hypos. We therefore recommend a target range of 45 mmol/mol - 55 mmol/mol (6.0% to 7.0%). In order to check your own progress, it is worth getting your HbA1c measured every 3 months or so.
Annual Review

Regular follow-up at your diabetes clinic (at least once a year) is essential. Not only do these clinics detect any problems related to your diabetes and allow treatment to begin but, more importantly, they may prevent them occurring.

This section outlines the main things that should be checked at your clinic at least annually, explaining why they need to be checked and what may be done if any problems are detected.

Eyes

It is important that you have your eyes examined by a doctor or optician at least once a year. This is done by having eye drops put into your eyes which dilates your pupils so that the back of your eye can be seen using a torch-like instrument called an ‘ophthalmoscope’. More often now this is done using a special camera that can take a photograph of the inside of the eye.

Poorly controlled diabetes increases the risk of damage to the blood vessels in the eye. This is called diabetic retinopathy. Permanent damage can occur if there is untreated bleeding from these vessels. In the early stages you may not be aware of these problems. Retinopathy can be treated by specialist eye doctors (ophthalmologists) using laser therapy. Attending for your annual eye check could therefore save your sight.

Kidneys

Once a year, you will be asked to bring a urine sample to your clinic visit to check for protein. Ideally, this sample will be the first urine you pass in the morning. You will also have a blood sample taken to be tested for ‘salts’ and ‘waste products’ such as ‘creatinine’, which your kidneys should normally filter out of your blood into your urine. A blood test known as the estimated glomerular filtration rate (eGFR) may also be carried out.

Having poorly controlled diabetes may increase the risk of damage to the small blood vessels in the kidneys. This is called diabetic nephropathy. The first sign of diabetic nephropathy is the presence of a small amount of protein in the urine. This is called microalbuminuria. If you have signs of microalbuminuria, your doctor may prescribe a tablet known as an ‘ACE Inhibitor’ (eg Ramipril, Perindopril, Captopril, Enalapril) as these have been found to prevent nephropathy getting worse. If untreated, nephropathy can eventually lead to kidney failure.
Nerves/Feet

At your diabetes clinic your feet will be examined by the doctor, nurse or chiropodist. As well as having the general condition of the skin and nails on your feet checked, your nerves will also be tested using a tuning fork, nylon 'monofilament' or vibration meter.

Diabetic neuropathy is the name given to nerve damage resulting from diabetic microvascular disease. The risk of neuropathy is increased by poor diabetes control. Neuropathy particularly affects the feet. The symptoms of this include altered sensation, numbness or pain in your feet. If you think you may have neuropathy (or some of the symptoms), contact your doctor or chiropodist so that your feet can be checked and regular chiropody treatment started if required.

Neuropathy also may affect male sexual function causing impotence. If you experience any problems with erections or sexual function, mention it to your doctor or nurse as there are medications and advice that can help.

Blood Pressure

It is important that your blood pressure remains close to normal levels, ie 130/80 or lower. High blood pressure (hypertension) can also affect your kidneys and eyes leading to further damage. If your blood pressure is high, your blood vessels are under increased pressure. If left untreated over a long period of time, it can also lead to damage to the heart and large blood vessels, increasing your chances of heart attack or stroke.

My Blood Pressure Reading: mmHg

If your blood pressure is too high, you may be prescribed tablets and given dietary advice to help lower it. There are many different types of blood pressure lowering tablets that may be used, but one type, called 'ACE inhibitors' (eg Ramipril, Perindopril, Captopril, Enalapril), seem to be particularly useful in protecting the kidneys and heart.

By lowering your salt intake in your diet you may help to reduce your blood pressure. You can lower your salt intake by:
✔ Not eating too many salty snacks eg crisps and nuts
✔ Not adding salt to your cooking eg use herbs and spices to flavour food
✔ Avoid adding salt to your food at the table

You can also help to reduce your blood pressure if you:
✔ Increase your levels of physical activity
✔ Lose some weight (if you are overweight)
✔ Stop smoking (if you smoke)
✔ Cut down on alcohol intake
Blood Fats (Lipids)

Blood is taken to test the level of fats (lipids). Occasionally your doctor may ask you to attend clinic ‘fasting’ for this particular test.

Arteriosclerosis (hardening of the arteries) can also occur in people with Type 1 diabetes. The level of fats in a ‘fasting’ sample of your blood gives an indication of your risk for developing arteriosclerosis and heart disease.

<table>
<thead>
<tr>
<th>Normal ranges for lipids:</th>
<th>My results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cholesterol</td>
<td>below 5 mmol/l</td>
</tr>
<tr>
<td>High Density Lipoprotein (HDL)</td>
<td>over 1.1 mmol/l</td>
</tr>
<tr>
<td>Low Density Lipoprotein (LDL)</td>
<td>below 3 mmol/l</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>below 2.3 mmol/l</td>
</tr>
<tr>
<td>Total cholesterol / HDL ratio</td>
<td>below 4</td>
</tr>
</tbody>
</table>

HDL has a protective effect, while LDL and Triglycerides have a damaging effect and may increase your risk of developing heart disease. Your lipid levels can sometimes be raised due to genetic (inherited) reasons. However, making different food choices can help. Physical activity can also increase HDL levels as well as promote a healthy body weight, which also has a beneficial effect of the heart.

Food choices should include:
✔ One portion of oily fish per week (salmon, mackerel, herring, kippers and sardines)
✔ At least 5 portions of fruit and vegetables per day
✔ Monounsaturated fat (eg olive oil, rapeseed oil) instead of saturated fat (eg butter, biscuits, cakes, pastry, cheese and fatty meat)

Medication, such as ‘statins’ (eg Simvastatin, Atorvastatin) or ‘fibrates’, may be prescribed by your doctor, you can discuss this with your diabetes team.

Smoking

Your doctor or nurse should, as part of your annual review, ask you if you smoke.

Smoking can have a damaging affect on the blood vessels. It is even more important for someone with diabetes to give up smoking than for someone without diabetes, because smoking further increases the risk of poor circulation. There are many ways to do this including nicotine replacement, tablets and self-help groups that can make it easier to quit. If you would like further information about quitting smoking, you can speak to your pharmacist, GP, practice nurse or a member of your diabetes team.

Weight

Your weight (and height) will be checked at your diabetes clinic appointment.

Maintaining a healthy weight for your height is important in reducing your risks of developing heart disease and some types of cancers. Your dietitian will be able to offer further advice if required.
Footcare

You may have heard of people with diabetes having problems with their feet. Understanding basic foot care will help to reduce the risk of long-term problems.

The blood supply and sensation in your feet need to be checked every year as part of your annual review. The main problems are numbness or loss of sensation and/or poor circulation of the blood to your feet. If these are not recognised this could lead to you injuring your foot without realising it and poor wound healing with an increased risk of infection.

The following are recommended as good foot care practise:
✔ Check your feet daily, making sure the skin is not sore or broken
✔ Use a moisturiser on dry skin and keep your feet clean by washing and drying daily
✔ Wear well-fitting shoes
✔ Cut your nails to the shape of the toe (not straight across), and file any rough edges
✔ If you smoke you should try to stop as smoking increases the risk of poor circulation, particularly to your feet

If you have been told that you have neuropathy (loss of sensation), this means you could injure your feet without feeling any discomfort. It is important not to go barefoot or walk on any very hot or very cold surface, eg a hot beach, radiators, hot water bottles, hot bath water or hot bath taps, without protection.

If you have any problems, it is important that you contact your GP or make an appointment with a chiropodist/podiatrist.

My Personal Questions for the Doctor
Travel

When planning to travel you will need to consider the extra supplies that you may need and the timing of your trip. This is especially important if you are passing through different time zones. The following will be useful:

✔ Make sure you have medical travel insurance and that your diabetes is covered on this policy
✔ If possible, be aware of local medical facilities
✔ Check if special vaccinations are necessary – these are available through your GP
✔ Check before you go that U100 insulin is available in that country

Always carry with you:
✔ Adequate supplies of insulin and syringes or pen needles
✔ A spare pen-injection device (if you use these)
✔ Blood testing equipment
✔ Glucagon kit
✔ Ketone testing strips
✔ Safe clip (for safe disposal of needles)
✔ Rapid acting carbohydrate in case of hypos (glucose tablets or jelly sweets are ideal if there are restrictions on carrying fluids)
✔ Medicine for minor illness, and for travel sickness if required
✔ Identification, ie card or jewellery
✔ Extra food in case of delays

During travel, keep your insulin around room temperature or just below, but above freezing point. It is recommended that you carry insulin in your hand luggage, as it can freeze in the hold of an aircraft.

Tip: Give a small supply of insulin and a syringe / pen-injector to someone you are travelling with, in case your luggage is lost.

Different Time Zones

When travelling east to west your day will be lengthened. If there is a difference of several hours, you will probably eat at least one extra meal and this will require extra quick-acting insulin. Take your long-acting insulin at your destination as normal.

When travelling west to east your day will be shortened. Consider the time between doses of background insulin to avoid any excessive overlap.
Pregnancy

Women with diabetes can have children. However, medical evidence shows an increased risk of complications for mother and baby when the mother has diabetes. Evidence also shows that this risk is minimised by normalising blood glucose levels before conception and throughout the pregnancy. You can continue to use your DAFNE skills throughout pregnancy; in fact most women have found pregnancy and the insulin adjustments much easier to manage following DAFNE.

Planning a pregnancy will help reduce the risk of problems. Continue to use a reliable form of contraception (see below) until you have got your HbA1c as good as possible, i.e. 45 - 55 mmol/mol (6%-7%). Folic Acid is recommended for all women planning pregnancy – see your GP for a prescription and start this as soon as possible (you should continue taking this until 12 weeks into pregnancy).

The normal level of HbA1c is lower during pregnancy so women are encouraged to try to get their HbA1c below 55 mmol/mol (7%) if possible. During pregnancy is one of the few times you would be advised to test your blood glucose level in between meals. The target levels during pregnancy are:

✔ 3.5 - 5.9 mmol/l before meals.
✔ Less than 7.8 mmol/l 1 (or 2) hours after meals / before bed.

Blood glucose levels and insulin requirements change significantly during the stages of pregnancy. Most commonly, during the first few weeks you may experience more frequent hypoglycaemia, sometimes with a reduction in symptoms, or even severe hypos therefore it is useful for your partner to know how to help you to treat your hypos (see Day 3 Workbook). You may also need to be more cautious about driving and test/record your blood glucose level before getting in the car to drive. You may be advised to avoid driving temporarily if you have lost your hypo warnings.

In the later stages of pregnancy (from around 26 weeks), insulin requirements usually increase. Follow the DAFNE guidelines for increasing your insulin doses and do not be surprised if you find your Background Insulin and/or Quick Acting: CP ratios are more than doubled by the end of your pregnancy.

Immediately after delivery of the baby, insulin doses return to pre-pregnancy levels (so it is useful to keep a record of what these were prior to pregnancy) and may need to be reduced further if you choose to breast-feed your baby; the guidelines for exercise can be a useful starting point for this.

Your doctor or diabetes nurse will be happy to discuss the local diabetes antenatal service and recommendations with you.

Contraception

It is important for women with diabetes to avoid unplanned pregnancies, for the reasons given above. Therefore, reliable contraception needs to be used.

All types of available contraception are as suitable for women with diabetes for those women without diabetes. If you would like further information, you can speak to your doctor or diabetes nurse at your diabetes clinic.

Related topics: Metabolic control
Goal Setting

Date:

Long-term goal: Where do I want to be with my health and diabetes in the future?

If I have more than one long-term goal, which one do I want to focus on first?

How important is this to me?

Not important  Very important

1 2 3 4 5 6 7 8 9 10

What are my options to achieve this? What do I need to do to achieve this?

What would be the first step(s)?

Action Plan

What exactly am I going to do? How, what, when, where, how often?

What will get in the way?

How will I overcome this?

What support do I need?

How confident do I feel?

Not confident  Very confident

1 2 3 4 5 6 7 8 9 10
DAFNE User Group

What is the DAFNE User Group?

The DAFNE User Group is a group of DAFNE Graduates that have registered to have their contact details placed on the User Database. All DAFNE Graduates will be invited to join the User Group.

By registering to be part of the User Group, Graduates are agreeing to have their details, as supplied on the application form, held on a central database and are willing to have occasional contact from the National DAFNE team in terms of receiving:
- ✔ ballot information in order to elect representatives to join the DAFNE User Action Group (DUAG)
- ✔ requests for information regarding their experiences of using DAFNE in particular situations
- ✔ requests for feedback on DAFNE material or new training resources developed for the DAFNE course
- ✔ invitations to become involved in the DUAG, Research Group and ad hoc groups (eg focus groups).

At the time of writing there are more than 15,755 DAFNE Graduates in the UK and Southern Ireland. The User Group is a convenient way for the national DAFNE programme to obtain information about DAFNE from the people using the approach to manage their diabetes.

Who can join the DAFNE User Group?

Everyone that has completed a DAFNE course will be invited to join the DAFNE User Group. We would like the DAFNE User Group to represent all DAFNE Users.

Why have a User Group?

DAFNE is a national programme currently delivered in 77 diabetes services across the UK and Southern Ireland. The number of centres increases every year. The national programme is co-ordinated by the National DAFNE team hosted by Northumbria Healthcare NHS Foundation Trust in North Tyneside. The National DAFNE team do not hold any details about the people that have completed a DAFNE course; only the individual's diabetes team keep this information.

Occasionally, we need to make contact with DAFNE Users to gain insight into their experiences or to get feedback on materials which DAFNE has developed. Historically making contact with DAFNE Users has been a difficult process with the National DAFNE team having to rely on DAFNE Educators from one or two centres finding the time to contact DAFNE Users, discuss the issues and then pass back comments to the National DAFNE team. The response rate we have had in such instances has been very poor. It is a slow and time consuming process. Furthermore, by having to restrict the process to only one or two centres, the responses/feedback from Users may not represent the view of all DAFNE Users.

The DAFNE User Group will enable the National DAFNE team to keep in touch with a large number of Users to obtain their views on matters relating to the provision and use of DAFNE. Also, by obtaining the views of – we hope – hundreds of DAFNE Users rather than just a handful from selected centres, the information we receive should be more representative.
Why should I join the User Group?

The DAFNE User Group is a voluntary group; you do not have to join. However by becoming a member of the User Group you can help shape DAFNE for the future and improve DAFNE for yourself and for others.

The people using DAFNE on a daily basis know what works well, what doesn’t work and what needs to be changed. DAFNE Users are also uniquely aware of the barriers they face. In order for DAFNE to develop and meet the needs of Users, we need to encourage User involvement. We value the unique and valuable contribution DAFNE Users have to make.

The DAFNE User Group will provide a means for the national DAFNE team to engage with DAFNE Users and for DAFNE Users to engage with them in turn.

How do I join the User Group?

All you have to do is to complete the registration form. This form asks where you completed your DAFNE course and your name and contact details. We also ask for your year of birth, gender and ethnicity. Giving this information is optional but it is useful, as it helps us establish just how representative the DAFNE User Group is. It also enables us to target groups of Users with specific queries which may be particularly relevant to them.

By completing and returning this form, you will be agreeing for your details to be held on a secure database and for the Central DAFNE team to make occasional contact with you.

You can obtain a copy of the registration form from the following:

✓ At the end of this section
✓ Your local DAFNE team at your diabetes service
✓ The DAFNE website www.dafne.uk.com
✓ The Central DAFNE team:
  DAFNE Programme
  Central DAFNE
  North Tyneside General Hospital
  Rake Lane
  North Shields
  NE29 8NH
  Tel: 0191 293 4115
  Email: dafne@nhct.nhs.uk

You can complete this form electronically or by hand. The completed registration form should then be returned using the contact details above.

Who will have access to my contact details?

The DAFNE User Group database will be held by the National DAFNE team on the Northumbria Healthcare NHS Foundation Trust server.

The DAFNE User Group database will only be accessed by authorised members of the Central DAFNE team who are obliged to abide by the Data Protection Act 1998 and who respect patient confidentiality as part of their terms of employment. The database will not be shared with any other organisation.
On occasion, we are contacted by healthcare professionals or organisations such as the Department of Health or Diabetes UK, asking us for information/input from DAFNE graduates about a range of matters. For example in the past we have been asked to:

✔ Provide DAFNE Users experiences of hypoglycaemia to the Department of Health National Diabetes Support Team.
✔ Invite a number of DAFNE Users to participate in a Blog organised by NHS Choices.
✔ Obtain DAFNE User feedback on research questionnaires developed by researchers at Universities

In such cases the National DAFNE team would contact members of the DAFNE User Group to explain the request and to give details of whom they should contact if they are interested in getting involved. Members of the DAFNE User Group are not obligated to respond to any such requests; any involvement would be completely voluntary.

How often will I be contacted?

We will only contact you when we have a question to ask or when we needed your views on certain matters. We would not make contact unnecessarily; we would not want to be a nuisance. You will be able to contact us whenever you want and raise questions for us to answer.

The DAFNE User Group is a new venture for DAFNE, and we will be informed by the DAFNE User Group as to what they would like in terms of contact.

Will I have to attend meetings?

No. All contact with the DAFNE User Group will be either by email, phone or letter. Only members of the DAFNE User Action Group will attend meetings.

Occasionally we may wish to obtain your view by using a focus group event. If this is the case we will contact members of the DAFNE User Group to ask if anyone is interested in the subject to be discussed and whether they would be available to attend. However, attending such events is purely voluntary.

Members of the DAFNE User Group will be asked to volunteer to join the DAFNE User Action Group. The DAFNE User Action Group will consist of up to 25 DAFNE User Group members who will take on the additional role of representing the DAFNE User Group at 3 meetings each year. Members of the DAFNE User Action Group will also provide 2 representatives to attend the three National DAFNE Executive group meetings each year in addition to representing Users at research meetings.

Further information about the DAFNE User Action Group and National DAFNE Executive Group is available from the DAFNE website www.dafne.uk.com or from the Central DAFNE office.
What happens if I decide to stop being part of the DAFNE User Group?

You can decide to leave the DAFNE User Group at any time. All you need to do is contact the Central DAFNE team in writing, using the contact details below, informing them of your decision.

DAFNE Programme
Central DAFNE
North Tyneside General Hospital
Rake Lane
North Shields
NE29 8NH

Email: dafne@nhct.nhs.uk

Your details will then be removed from the database and we will not contact you again. Deciding to leave the DAFNE User Group will not affect your diabetes treatment in any way.
DAFNE Online (www.dafneonline.co.uk)

What is dafneonline?

Dafneonline is a website developed by DAFNE Graduates providing information to people with Type 1 diabetes and their families. It features:

✔ User forums - a range of discussion areas for graduates to ask questions, compare experience and support each other
✔ Online blood glucose monitoring diary - a means to record daily blood glucose readings online, plot them on a range of graphs and share them with HCP's
✔ Carbohydrate portion lists - an online copy of the DAFNE Carb Counting booklet that is searchable and can be expanded with User entries.
✔ News - all the latest DAFNE news
✔ A mobile version of website – all of the above features formatted for and available on mobile devices such as mobile phones and PDA's, giving you access wherever in the world you are

In addition, DAFNE Graduates who register with the site have access to the DAFNE course workbook given to graduates during the DAFNE course.

How do I get access to dafneonline?

To gain access to the website go to www.dafneonline.co.uk and register with the website. This will gain you access to the general areas of the website.

If you are a DAFNE Graduate you can gain full access to all the features of the website, simply by registering on the website with a code that you can obtain from your DAFNE centre. Please contact your DAFNE Educators to obtain the valid code for the service where you completed your DAFNE course.
### Contact Details

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<thead>
<tr>
<th><strong>Full Name</strong></th>
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<tbody>
<tr>
<td><strong>Address</strong></td>
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<td><strong>Daytime telephone number</strong></td>
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<td><strong>Mobile number</strong></td>
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<td><strong>Email</strong></td>
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### About you

**Where did you attend your DAFNE course?**

**Date of your DAFNE course:**

**Gender:**

- Male
- Female

**Year of Birth:**

**How would you describe your ethnic origin (please tick appropriate box)**

<table>
<thead>
<tr>
<th><strong>White</strong></th>
<th><strong>Black or Black British</strong></th>
<th><strong>Chinese or other</strong></th>
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<th><strong>Any other Ethnic group please specify</strong></th>
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<td>White and Black African</td>
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<tr>
<td>Bangladeshi</td>
<td>White and Black Caribbean</td>
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<tr>
<td>Other</td>
<td>Other</td>
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</tr>
</tbody>
</table>

**Signature**

**Date**

*This information is essential*

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Please return the completed form to:

Central DAFNE
North Tyneside General Hospital
Rake Lane
North Shields
NE29 8NH
Day 5 notes