

- Strategy \& Research Group, Diabetes UK

- Co-Founder, Patient Information Forum
- Patient Leader, HIMSS
- Board Member, Digital Therapeutics Alliance
- Mentor, EIT Health
- Non Executive Director, Quiddity Health
- Mentor, NHS England Clinical Entrepreneur Scheme


## "We see things as we are, not as they are"



PROFESSIONAL/SYSTEM

'HARD/ MEDICAL'
'SOFT/ SOCIAL'

## "I'm (much) more than a broken pancreas..."

## Why the DAWN2 ${ }^{\text {TM }}$ study?

Despite the progress made since the original DAWN ${ }^{T M}$ study in 2001, the impact of the psychosocial burden of diabetes is still not fully recognised. Many people with diabetes still face significant challenges in areas including self-management, adherence, access to support and involvement in care. Healthcare systems are struggling to accommodate person-centred models of care and to encourage people with diabetes to self-manage their condition. All this is happening while the internet and social media - is opening up unprecedented opportunities for social support and empowerment.

Therefore, collaborative action across countries to improve self-management and psychosocial support is required. Also required is a deeper understanding of the psychosocial issues and unmet needs experienced by people with diabetes, as well as the barriers and facilitators to person-centred chronic care from the point of view of the different stakeholders.

PEOPLE WITH DIABETES REPORT MANY ASPECTS OF DAILY LIFE ARE NEGATIVELY IMPACTED BY THEIR CONDITION:


REDUCING THE BURDEN OF DIABETES CAN GREATLY IMPROVE DAY-TO-DAY QUALITY OF LIFE FOR PEOPLE WITH DIABETES. WE CAN ALL ACT TO INCREASE SUPPORT BEYOND MEDICATION ALONE

## Pharmako (ча́риако)

'Contranym' dust room vs. dust field


Poison


Information \& Support

Medicine

## 'MY' Vital Signs...truly Personalised Medicine



## Health coaching - moving beyond caring...



## Take Home Reflections...

1. Where relevant, can you clearly articulate the benefits your work delivers to patients?
2. Would they agree with you, and understand what you do?
3. How does patient insight inform your work?
4. If patients are central to your work, do you have a 'Chief Patient Officer' or equivalent?

## Developments in Practice

