For White European (WE) and South Asian (SA) people with a new diagnosis of type 2 diabetes mellitus (T2DM) in 3 areas with ethnically diverse populations: London, Luton & Leicester

Are there differences or inequalities in access to quality diabetes care observed or reported for SA patients compared to WE patients?

Access to Quality Diabetes Care = Relevant and effective diabetes care

Self management
- Medicines management
- Monitoring

Interviews with WE and SA patients with new diagnosis of type 2 diabetes

Information
- Information gaps
- Sources of information
- Family
- Patient education
- Staged information

Support
- Care as treatment vs support
- Provider approach and flexibility
- Individual emotional responses
- Broad support needs

Communication
- Audits of NHS patient data
- Interviews with care providers
- Family members
- ‘Mainly’ understanding and ‘getting by’

Comparison of themes across WE and SA groups showed variation by individual rather than by ethnicity

Access to quality diabetes care at diagnosis requires an individualised approach which is sensitive to different emotional responses and information needs. Services need to be adaptable to overcome communication barriers and set the foundations for concordant relationships which support self management. Cultural competence depends on flexibility and openness of care providers.

Figure 1 - Schematic framework for the research, areas explored and emerging themes in the Diabetic Care Pathway Study