Time to take control: diabetes in England 2016

Diabetes UK sets out the current state of diabetes services in England in its new report, State of the Nation 2016. It reveals wide variations in care and poor delivery of life-changing educational support, leading to devastating complications for many of the more than three million people in England with diabetes (more than four million across the UK) and unsustainable costs to the NHS.

Joy Ogden examines suggestions for improving the situation.

Introduction
When Diabetes UK arranged to launch its report1 at a parliamentary reception in the House of Commons no-one knew it would be the day Theresa May was to become the UK’s new Prime Minister. Theresa May, who was diagnosed with type 1 diabetes at the age of three, was hosting the launch. She said: ‘Theresa will, I hope, give inspiration and comfort to many, many young people across the country who live with the condition to show them that they can achieve anything they want – as long as they test their blood and make sure they are safe.’

Obstacles and statistics
Following her introduction, however, Diabetes UK Chief Executive Chris Askew pointed to the many obstacles still blocking the path to a long, healthy, fulfilling life for people living with diabetes.

He said: ‘What the data and this report remind us is that many people are not receiving that level of right care and support to help them manage their diabetes, meaning their risk of serious complications – heart attacks, stroke, kidney failure, lower limb amputations – goes up and, although progress has been made, the facts and statistics in this report speak for themselves. One in six people occupying a hospital bed now has diabetes: just two out of five people with type 2 diabetes are supported appropriately to meet all three treatment targets for blood glucose level, cholesterol and blood pressure; that number drops further for people with type 1 diabetes, to just one in five.’

He highlighted the damning statistics for access to structured education, recommended by National Institute for Health and Care Excellence guidance for all people with diabetes as crucial in providing them with the confidence and knowledge to manage their condition successfully. He said: ‘The latest data show that just 5.3% of people with diabetes will record having attended that course, even though the evidence shows that these types of courses can save huge emotional, physical harm and also save the NHS money in the long run.’ He went on to call on MPs to back the charity’s commitment to getting at least half of people with diabetes on structured education courses within the next five years.

Asked, following his speech, why they are not getting this potentially life-changing education, Chris Askew told Practical Diabetes: ‘It’s a number of different reasons – we don’t think the offer is being consistently made – not all areas are commissioning education. Where it is commissioned it is not always being advocated, or people are not being encouraged to activate it. Also, quite simply, some of those education courses no longer fit the way people like to pick up learning and understanding, so we really need to look at the product as well. But our big worry at the moment is that the courses we know are accredited are being de-commissioned so there’s an economic pressure. We really have to challenge that.’

Health Secretary Jeremy Hunt, also speaking at the launch, voiced his support for the improvement of education and diabetes care, a strengthening of the doctor/patient relationship and a drive for prevention rather than cure. He agreed that changes are necessary, and said: ‘There are lots of things we need to do – we need to improve structured education, we’ve got to reduce foot amputations and we’ve got to improve inpatient care. So what are we doing to try and improve these things? We are, I think, possibly the first country in the world where we will have Ofsted-style ranking for the quality of diabetes care throughout all CCGs.’ He said he believed it was a really important step, alongside the major type 2 Diabetes Prevention Programme put together by NHS England, under Professor Jonathan Valabhji, and added: ‘I see that as going hand in hand with the Childhood Obesity Strategy as a three-track approach to help combat type 2 diabetes.’

The minister went on to pay tribute to Diabetes UK for its constant campaigning, saying it had made a real difference to MPs, to parliament and to policy.

15 health care essentials
The report lists ‘15 Healthcare Essentials for everyone with diabetes’. These advise the monitoring of: blood glucose levels; blood pressure; blood fats; eyes for signs of retinopathy; feet and legs; and kidney function. They also advise provision of access to: individual, ongoing dietary advice; emotional and psychological support; a group education course locally; specialist diabetes health care professionals’ help in diabetes management; free flu vaccination; high-quality care on hospital admission; support for discussion about sexual problems; support and advice on quitting smoking; information and specialist care in planned pregnancy.

The report enlarges on the advice with information on why these checks are necessary and provides relevant statistics, mainly from the National Diabetes Audit 2014–2015.
Foot care
The section on ‘Foot checks and diabetes foot care’ spells out the consequences and resultant statistics of poorly-managed diabetes. Inadequate foot care can lead to nerve damage, poor circulation and reduced feeling in the feet and legs, which can cause serious foot problems such as ulcers that can result in amputations.

Every year there are over 7000 diabetes-related leg, foot or toe amputations, but experts estimate that 80% of these could be prevented. Annual foot checks are crucial but so, too, is the need to raise patient awareness of the risks of foot problems and how to care for their feet to avoid these. Risks can be reduced by having in place an integrated footcare pathway, together with rapid access to multidisciplinary specialist footcare teams when an ulcer or other acute foot problem develops, says the report.

Speaking to Practical Diabetes following the speeches, Lawrence Ambrose, Lead Policy Officer at The College of Podiatry, responded to Jeremy Hunt’s call to reduce foot amputations, saying: ‘Absolutely – amputation rates need to come down but they won’t come down by wishing for it. They will come down by ensuring that all areas of the pathway from primary care, community care, acute care are joined up in each CCG in a standardised way so that everyone knows where they should be all the time. And the workforce is crucial because if you don’t have the correct workforce in place – correctly staffed – then this won’t happen. If you don’t train the correct numbers coming through this won’t happen and, with the loss of health bursaries from 17 September, all this will just go over to market forces so there’s no guarantee you’ll get the correct numbers and you might have an over-burdening of physiotherapists, for instance, and a lack of podiatrists or orthotists.’

Christian Pankhurst, orthotist at King’s College Hospital Diabetic Foot Clinic, says: ‘We have to inform primary care of the need to talk to people when they go for their annual check-ups to ensure that foot screening is an integral part of that, and to get the message across to people with diabetes that their foot needs to be looked at along with the rest of the body. It is difficult to try and prevent amputation and there are difficult conversations, whether it’s a minor amputation of a toe or a lower or upper leg. Those people say, “I wish I had known before”.’

Suggestions for changes
Nikki Joule, Diabetes UK Policy Manager, says there are a lot of reasons why access to the best form of treatment does not always happen and she has some suggestions for changes that would make the most difference. She says: ‘Firstly, I think there should be wider provision of education – there aren’t enough education courses being provided and access to them is reflected in our figures, so there will be particular times and places where people can’t necessarily get to them.

Secondly, there’s a need for emotional and psychological support for people, to get them to a place where they’re ready to take up education and where they can benefit from it. We know that poor emotional/psychological health undermines your ability to manage diabetes and diabetes can make you feel depressed.

Thirdly, we need foot protection in the community to stop people getting foot ulcers in the first place and they don’t have the multidisciplinary foot teams that we know can reduce amputations. Amputations are incredibly expensive – they could divert the money from that.

And, finally, I think we need care planning that enables people to participate better in their care. It’s very much about up-skilling primary care contact professionals to actually take the time to involve people in their care so they can better understand and manage their condition.’

Also speaking at the launch, Ramona Mulligan, a Diabetes Voice advocate, relayed her experiences after being diagnosed with type 2 diabetes in 2009, aged 41, with a young family. Ramona, who then weighed 17 stones, saw her GP for the first time in three years because she felt unwell. She had recently lost a close friend to diabetes and almost lost her mother a few months before, so she was devastated by the diagnosis and broke down in tears. She said: ‘I had a wonderful nurse, called Jeanette, who grabbed hold of me and said, “You can get through this – you can live a long, healthy and happy life and all you need to do is change your eating habits and become more active.” That was a pivotal moment.’ With her GP’s help she enrolled on a fitness programme and changed her eating habits. Now aged 48, she weighs nine-and-a-half stones, regularly runs and visits the gym and has transformed her life. She says: ‘It’s important that more people are aware of what’s available to help both manage and prevent the onset of type 2 diabetes.’

Chris Askew, when asked about the disparities in care, says: ‘We’ve got a huge variation across the country in the degree to which people with diabetes are meeting their treatment targets or receiving the recommended care processes that everyone with diabetes should receive. We have to understand why that variation happens. We now have the CCG Improvement and Assessment Framework and that will help us to see the variation across the country and the degree to which people are or are not being supported to meet their health care targets. That’s a really positive opportunity for us to focus improvement on areas that are not doing so well.’

There is hope, though, with diabetes at the top of the health agenda more than ever. He concludes: ‘Diabetes is a crisis for the health of the nation but if we do work together we can realise our vision of a world where diabetes can do no harm.’

Maybe the day that Diabetes UK chose to launch its report will prove significant, not only for the Prime Minister with diabetes, but for the State of the Nation’s diabetes care.

Joy Ogden, Medical Correspondent

Reference