

**DIABETES**

**CAN'T**

**WAIT**

The importance of diabetes care  
and prevention in building back  
a better health system

# CONTENTS

## 4 Introduction

### Section one: diabetes is serious

#### 7 Rapid growth of diabetes

#### 9 Diabetes is serious and costly

#### 10 Diabetes care during the pandemic

#### 16 Inequality and diabetes

### Section two: looking to the future

#### 20 **The benefits of diabetes tech:** facilitating better diabetes management and more efficient care delivery

#### 24 **It's Missing:** the impact of diabetes on mental health and wellbeing

#### 28 **Diabetes workforce planning:** supporting healthcare professionals to deliver excellent care and drive improvement

#### 32 **Prevention and weight management:** the case for continued implementation of the Government's Obesity Strategy and further tools to reduce harm from diabetes

#### 36 Conclusion

#### 37 Summary of recommendations

#### 39 Endnotes

Diabetes UK is the leading UK charity for people living with, affected by, and at risk of diabetes.

We help people manage their diabetes effectively by providing information, advice and support and we campaign with people with diabetes to promote better care and prevention for all types of diabetes. We also fund life-changing research into diabetes care and prevention.



## An Introduction from Chris Askew, Chief Executive of Diabetes UK



**Coronavirus has brought exceptional challenges to people with diabetes on a multitude of levels. From reduced access to healthcare teams, to the impact that worsening mental health has on managing their condition, and the huge stresses and challenges that the pandemic has put on people to manage their condition well.**

Diabetes is a serious condition and the pandemic further highlighted just how serious it can be. As well as the risk of diabetes complications, a diabetes diagnosis carries with it the risk of serious outcomes from coronavirus. People with diabetes devastatingly accounted for one in three deaths in

England during the first wave of the pandemic. The factors that make people with diabetes vulnerable to devastating and life changing complications also left people with diabetes vulnerable to worse harm from contracting coronavirus. Because of this risk, people with diabetes have been one of the groups most affected by coronavirus.

We know that the health system and healthcare professionals are working hard to clear the backlog of missed and cancelled routine health checks, consultations and referrals and we are extremely grateful to all the healthcare professionals who have looked after the many people with diabetes and others who needed their help during the pandemic.

The findings from our survey of almost 4000 people with diabetes show that one in three people had consultations cancelled that have still not taken place, and one in three have not had contact with their diabetes team since the start of the pandemic. These routine appointments are so important for reducing harm from diabetes. They reduce the risk of serious complications from diabetes such as stroke, heart attack and amputation and must be a

priority as we build back from the pandemic.

Concerningly, evidence has shown an estimated 60,000 missed or delayed diagnoses of type 2 diabetes in the period between March and December 2020. Early diagnosis is crucial in preventing devastating complications for people with diabetes.

As we look to the future, to reset and rebuild, there must be recognition across all those working in the health and social care systems that diabetes is serious, and that missed appointments and missed diagnoses will inevitably have serious consequences. We have the opportunity now to look at what has worked well, and what can be improved, and build on the many strides forward the NHS has made in diabetes care and prevention in recent years.

The pandemic also gave rise to many rapid innovations that have improved elements of healthcare for people with diabetes, and this report brings together our expertise and learnings from people with diabetes, healthcare professionals and others to make recommendations for a recovery that builds back better, builds on past successes, learns from experiences of healthcare professionals and puts people with diabetes first.

The NHS Long Term Plan set out many excellent ambitions for diabetes care and prevention, including investment into the

world-leading NHS Diabetes Prevention Programme. Now is a good time to build on the successes achieved so far and to reflect on the gaps where even more can be achieved to improve the lives of those living with and at risk of diabetes.

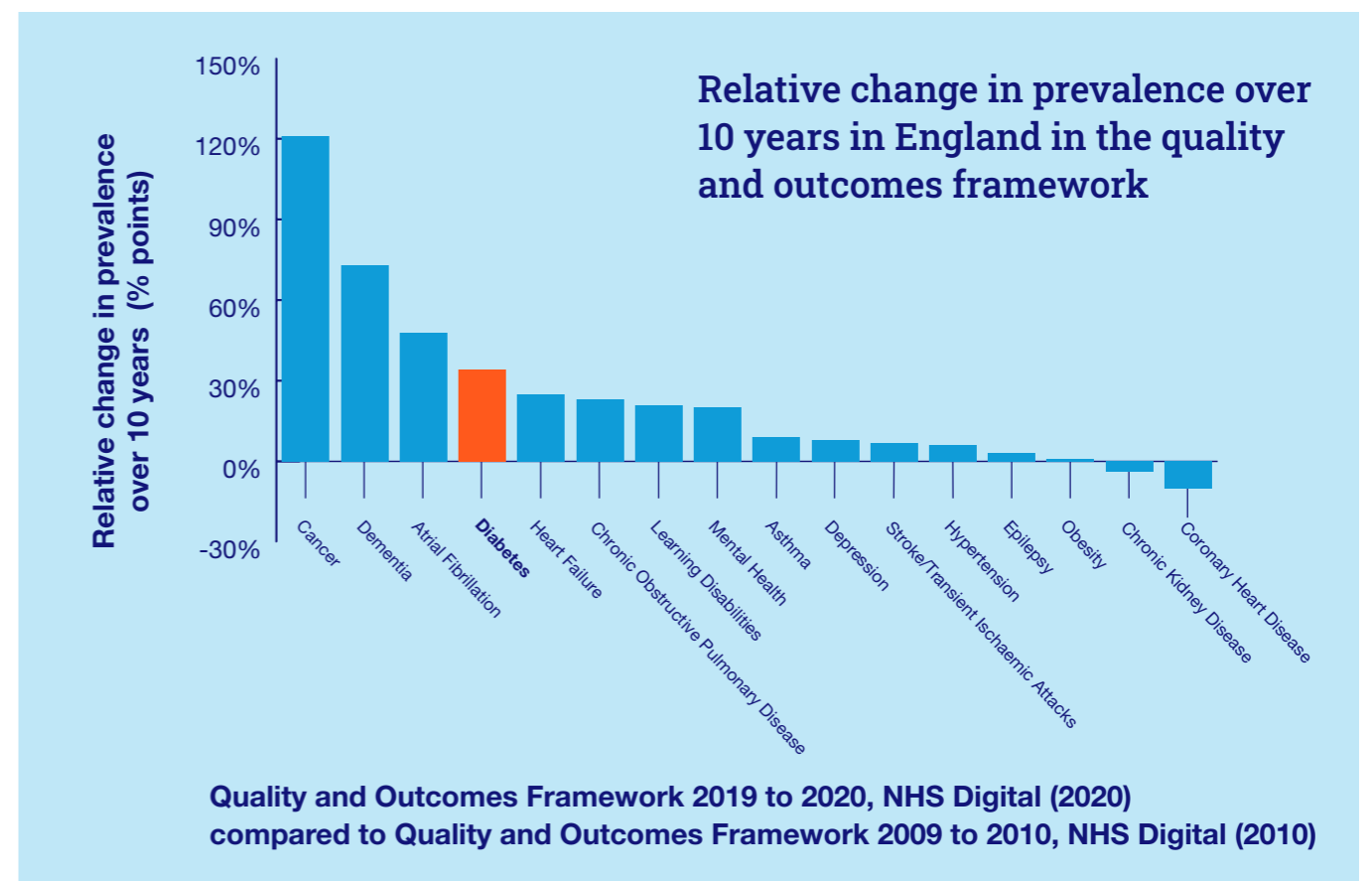
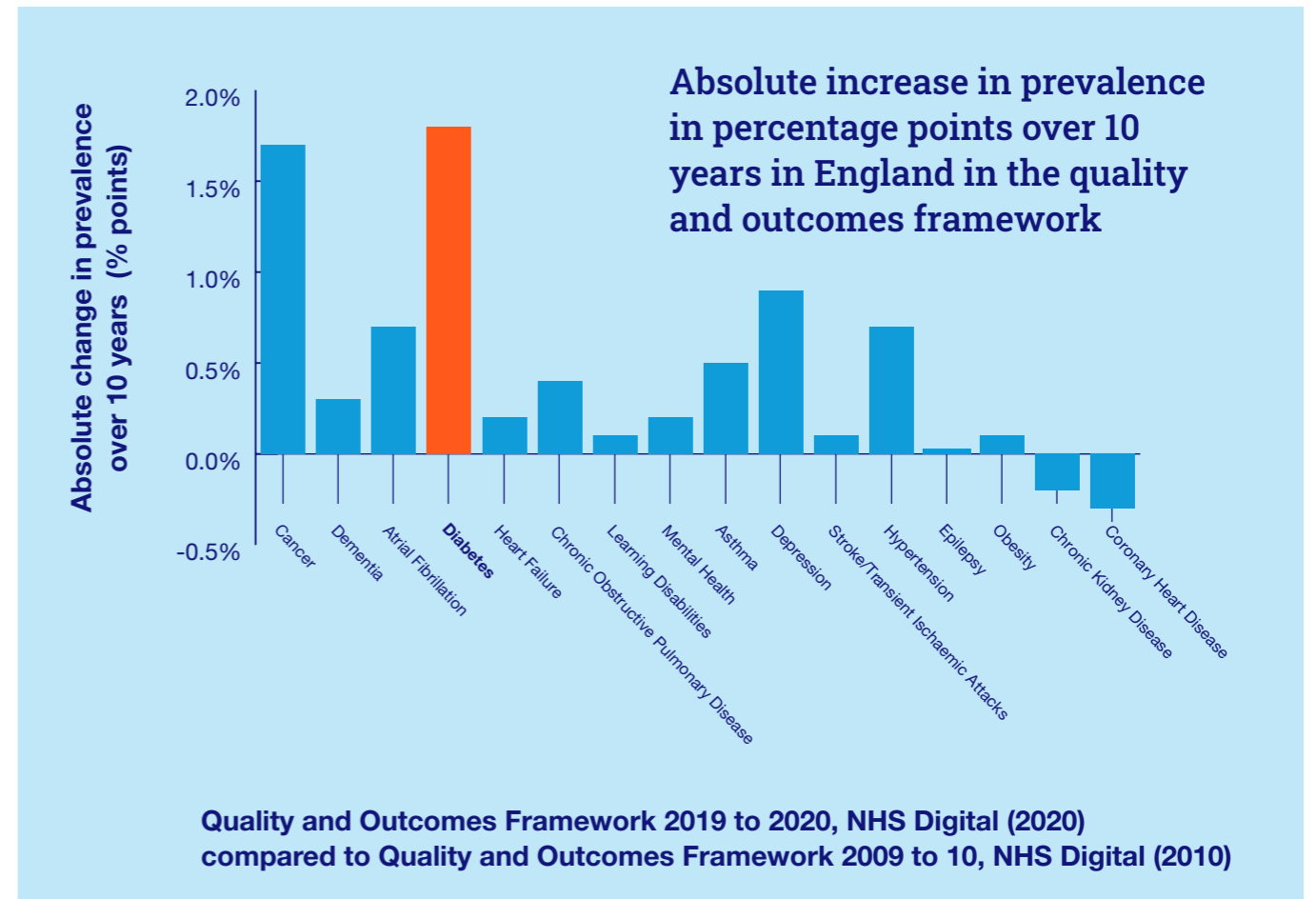
The Government's recently published White Paper 'Integration and Innovation: working together to improve health and social care' highlighted the growth in long term conditions as having transformed the landscape for health. Diabetes is one of the most common long term health conditions with one in 14 people in the UK living with the condition, and diagnoses have doubled in the last 15 years largely due to the growth in type 2 diabetes. Concerningly, people are increasingly being diagnosed with type 2 diabetes at a younger age too, with potentially devastating consequences.

Type 2 diabetes is more prevalent amongst people from more deprived areas and those from South Asian, Black African, and Black Caribbean backgrounds. Diabetes care and prevention is therefore important not only for the health agenda, but for levelling up and reducing inequalities. This report is aimed at politicians and policy makers and we hope its recommendations are helpful for the Government, all political parties, healthcare professionals and others we wish to work together with as we look to build a future where diabetes can do no harm.

# Section one

# DIABETES IS SERIOUS

## Rapid growth of diabetes



# 4.9 MILLION PEOPLE are living with diabetes in the UK

that's 1 in 14 of us



Diabetes is one of the fastest growing health crises of our time. Over 4.9 million people are living with diabetes in the UK, which is equivalent to one in 14 people<sup>1</sup>. This is rapidly increasing, as diabetes diagnoses have almost doubled in the last 15 years<sup>2</sup>. A large part of this rise is due to the growing rate of type 2 diagnoses, and Diabetes UK estimates there are more than 13.6 million people at increased risk of type 2 diabetes in the UK right now<sup>3</sup>.

The Government has pointed to the growth in long term health conditions as a major reason behind the need to overhaul the health system in its White Paper 'Integration and Innovation: working together to improve health and social care'. Diabetes is one of the most prevalent long term health

conditions and although there has been significant work and investment to slow this, the Government should redouble its commitments to prioritise action to prevent people developing type 2 diabetes and take action to enable better access to care and management for all people living with diabetes and their families.

## Diabetes is serious and costly

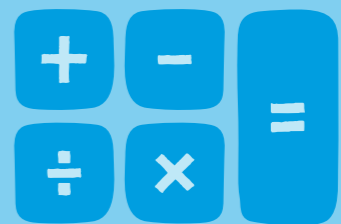
With the right support and good management, people with diabetes can live healthy lives. However too often we are seeing the condition lead to avoidable, serious complications such as amputation, stroke and heart attack. Every week diabetes leads to more than 185 amputations<sup>4</sup>, 770 strokes, 590 heart attacks and more than 2300 cases of heart failure<sup>5</sup>. Before the pandemic, one in six hospital beds were occupied by a person with diabetes<sup>6</sup>, and diabetes cost 10% of the NHS budget<sup>7</sup>, which is around £19,000 a minute. This highlights the urgent need for investment and prioritisation of diabetes care and prevention, as effective management with the right support for people with diabetes and their healthcare professionals can prevent or delay complications from developing, meaning a better quality of life for people with diabetes and a reduced cost to the NHS.

There have been many strides forward in diabetes care and prevention, particularly since the NHS Long Term Plan and the roll out of the world-leading NHS Diabetes Prevention Programme, however as the Government looks to make significant changes to the health system as outlined in its White Paper, diabetes must be firmly high on the agenda.

### Diabetes care costs the NHS

**£19,000**

a minute



**10%**

of its  
annual  
budget

### Every week diabetes leads to



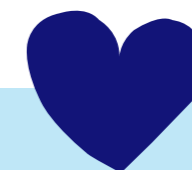
**185**

amputations



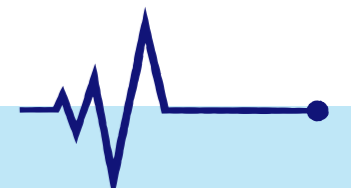
**770**

strokes



**590**

heart attacks



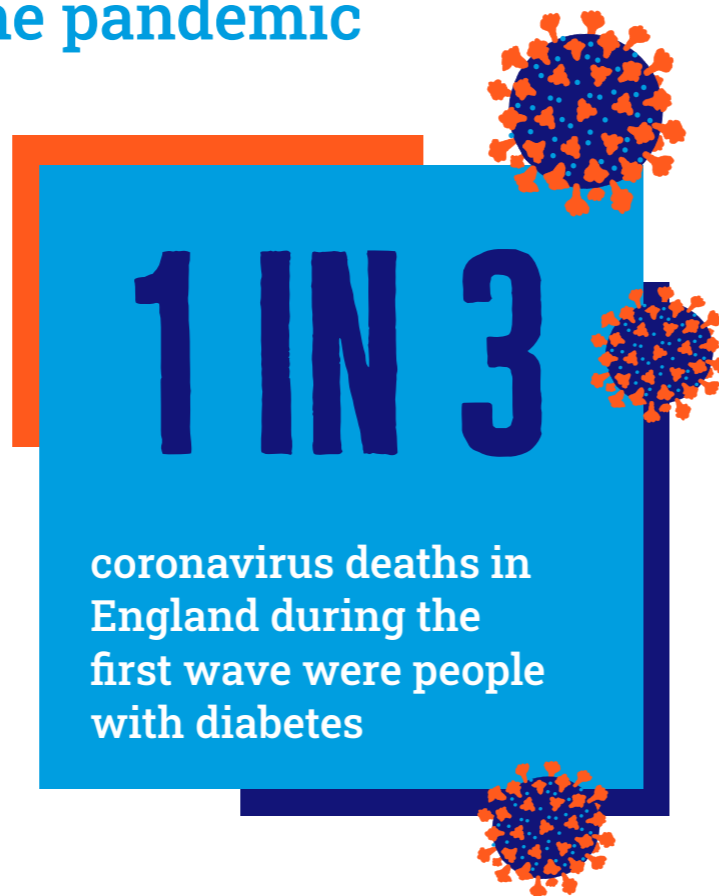
**2300**

cases of  
heart failure

## Diabetes care during the pandemic

Diabetes is relentless. People with diabetes must constantly self-manage the condition, and they do this with the support of healthcare professionals through their routine check-ups, advice and tests to inform management, alongside support from peers and families. We know that many of those providing diabetes care were redeployed to other areas of work during 2020. But, the pandemic has shown more than ever how serious the condition is, with people with diabetes devastatingly accounting for one in three deaths from coronavirus in England during the first wave<sup>8</sup>. Adults with diabetes have been one of the most affected groups by coronavirus.

The increased risk people with diabetes have faced has had an impact on many people's mental health and wellbeing, and adds to the difficulties of managing a condition whilst routine appointments and visits to healthcare professionals have been postponed or cancelled. The pandemic has shown how important it is to properly address underlying health conditions like diabetes. When people with diabetes do not have access to the information, treatment and care planning support they need to manage their condition well, then their health outcomes are worse – with increased risk of diabetes related complications as well as hospital admission or unfortunately death due to coronavirus.



**My consultant cancelled my appointment early on in the pandemic, kept writing to me saying they're going to have a phone call with me, but they kept cancelling it again and again. Eventually I got to talk to her for 10 minutes, where they went through a standard list of questions that weren't that helpful. My diabetes care has fallen off a cliff – that's the only way I can describe it at the moment.**



Focus Group Participant

Our recent survey of nearly 4000 people with diabetes showed that one in three people had consultations cancelled that have still not taken place, and one in three have not had contact with their diabetes team since the start of the pandemic. 45% of respondents reported having difficulties managing their diabetes during the pandemic, the majority of whom referred to a lack of access to care and support by their diabetes healthcare team as the reason.

This disruption to diabetes care will inevitably have consequences and lead to more complications and deaths from diabetes. Routine appointments are essential for identifying the early signs of complications, which may not be visible, and for keeping self-management on track.



Yet our data portrays a mixed picture of both delayed appointments combined with a reluctance amongst many to seek help for an emerging problem, as some people were fearful of contact outside their home.

NICE recommends in its Quality and Outcomes Framework (QOF) that people with diabetes should receive 8 care processes, a series of annual checks to monitor and improve the health of people with diabetes, for example their HbA1c, foot checks, and blood pressure monitoring.

There is clear evidence about the importance of these checks, with the National Diabetes Audit's Complications and Mortality Audit\* showing that, over a seven year period, people with type 1 and type 2 diabetes who had received all their annual care processes – or health checks – had better outcomes, including lower mortality, reduced progression to heart failure and reduced progression to renal replacement therapy.

\* NHS Digital (2017) National Diabetes Audit, 2015-16 Report 2b: Complications and Mortality

# 60,000

**missed or delayed diagnoses of type 2 diabetes across the UK between March and December 2020**

Data from the National Diabetes Audit shows that across England there was a significant reduction in people with type 1 diabetes (-37.5%) and type 2 diabetes (-40.8%) who received all eight care processes during January to December 2020 compared to the same period in the previous year. There was significant regional variation for type 1, ranging from a decrease of 29.0% in London to a decrease of 46.7% in the North West. There was also significant regional variation for type 2 diabetes, ranging from a decrease of 32.7% in London to a decrease of 49.5% in the North West. In addition, there was significant CCG level variation in the percentage change<sup>9</sup>. This regional and local variation demonstrates the uneven impact that the pandemic has had, and highlights once again the importance of levelling up care.

Furthermore, data is not currently available publicly showing the proportion of people who have not had their eyes screened for sight threatening retinopathy, but it is likely that many thousands will not have had their eye screening check in the last eighteen months. These checks are crucial in identifying risks and to take action to reduce progression into complications such as blindness, heart disease, kidney disease, amputations and poor pregnancy outcomes.



**I was diagnosed during the pandemic in August 2020. I had no face to face care, and was told to use Youtube to learn how to inject. I had no education on carb counting or dosing. I don't even know who to contact if I need help. It's terrible care for such a life-changing diagnosis.**

Survey Respondent



We understand the challenges facing all clinicians working in diabetes care to clear the backlog and have worked with the Primary Care Diabetes Society (PCDS) and Association of British Clinical Diabetologists (ABCD) to develop

guidance on how to prioritise primary care diabetes services during and post-pandemic. Recalls should be based on clinical need, and although biometric parameters such as a person's last recorded HbA1c offer easier methods of prioritisation, other factors should be included such as pregnancy planning, mental health concerns, new-onset or worsening foot or eye disease.

Data from the Institute for Public Policy Research (IPPR) recently showed that referrals to cardiovascular disease and diabetes specialists fell dramatically in the first wave of coronavirus to 16% and 22% of expected levels respectively – and though these referrals are recovering, they remain a quarter below its expected volume.

It is also estimated that there were approximately 60,000 missed or delayed diagnoses of type 2 diabetes across the UK between March and December 2020<sup>10</sup>. These missed appointments and delayed diagnoses are deeply concerning to Diabetes UK, as they will inevitably lead to more serious complications from the condition.

Recent evidence shows that there have been excess deaths of people with a diagnosis of diabetes because of factors unrelated to coronavirus. In the first 19 weeks of 2020, the number of deaths of people with diabetes increased by 50.9% in people with type 1 diabetes and 64.3% in people with type 2 diabetes

**Excess deaths not involving coronavirus in people with diabetes were**

# 1.5 X HIGHER

**from March to May 2020 than the five year average for the same time period**



**My eye appointment was cancelled. While I've been waiting for another one, I've lost sight in my left eye.**

Survey Respondent

**I was diagnosed with diabetes in August 2020 and I haven't had any support from my GP. Google has become my doctor.**

Survey Respondent



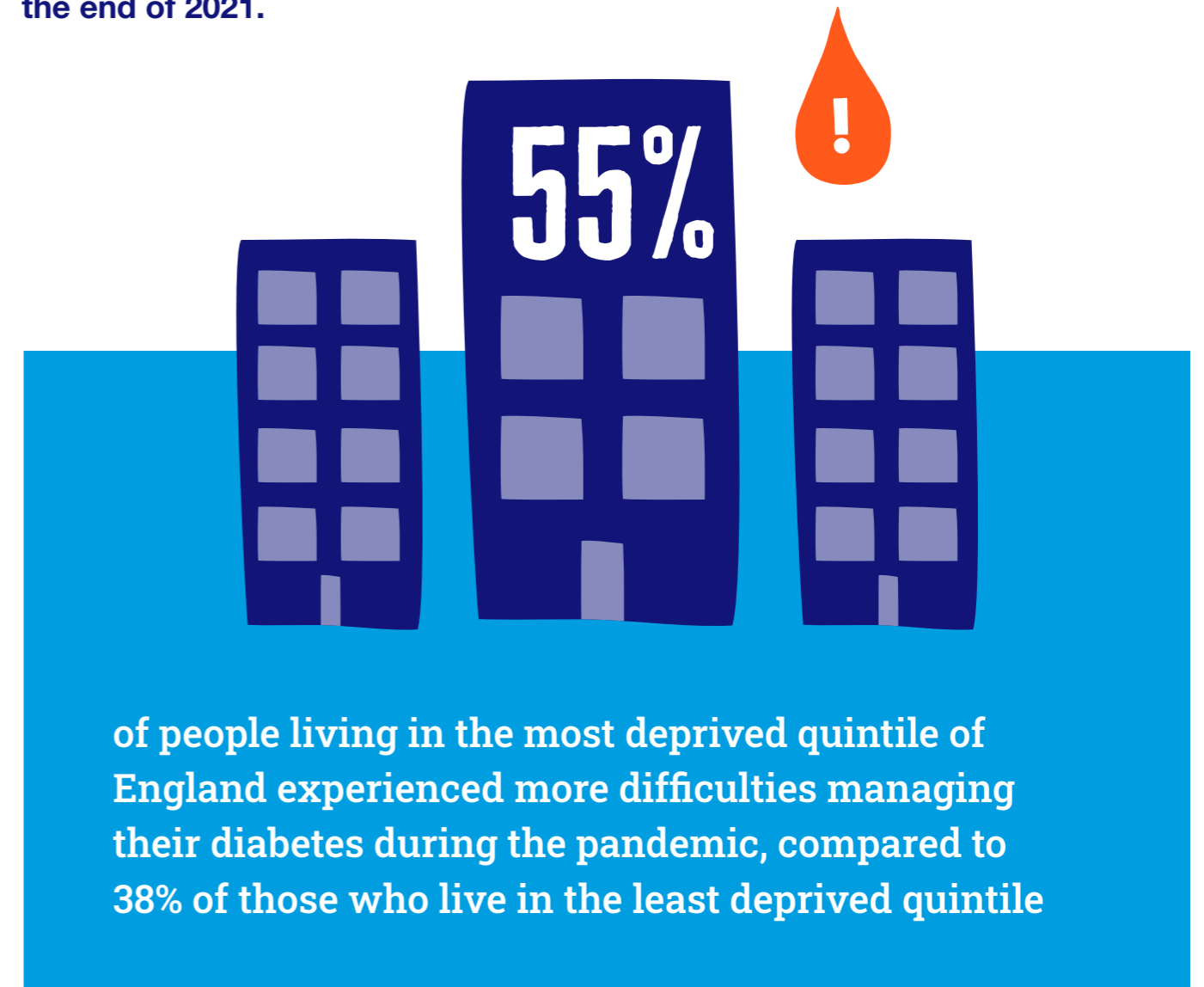
when compared to the three years preceding coronavirus<sup>11</sup>. This increase cannot simply be due to deaths from coronavirus, as ONS data shows that between the end of March and the beginning of May 2020, excess deaths not involving coronavirus in people with diabetes were 50% higher than the five-year average for the same period<sup>12</sup>. More work is needed to understand exactly why there is an increase in excess deaths not involving coronavirus. However we know that people with diabetes were often shielding during this time due to fear of contracting coronavirus and may not have sought help for life-threatening symptoms.

Increased funding and prioritisation of diabetes care and recovery will not only reduce harm from diabetes, but play a significant role in reducing the burden on the NHS, enabling healthcare professionals to focus on supporting people to self-manage their condition rather than responding to the devastating consequences of lapsed care.

The NHS Long Term Plan in England embedded the work of the NHS England Diabetes Programme which has invested in expanded provision of diabetes education, improved inpatient care and specialist foot care for people with diabetes. The programme has also funded and facilitated the roll out of diabetes technology to people with type 1 enabling more people to benefit and be better supported in their self-management. Some of these developments, and some important innovations such as pilots in low-calorie diets for people with type 2 diabetes, have been slowed during the pandemic. It is more vital than ever that these important programmes are reinvigorated and fully funded.

**Recommendation: NHS England should support and direct Integrated Care Systems (ICS) to use available data and tools to prioritise delivery of routine diabetes care services and catch up on the backlog of appointments caused by coronavirus to avoid the potential serious consequences of missed appointments, checks and treatment and missed diagnoses of type 2 diabetes. ICS leaders should ensure support is targeted to those in greatest need and should be required to report on progress by the end of 2021.**

**Recommendation: Government should invest in diabetes care and prevention as a key facet of their plans to transform the landscape for health post coronavirus.**



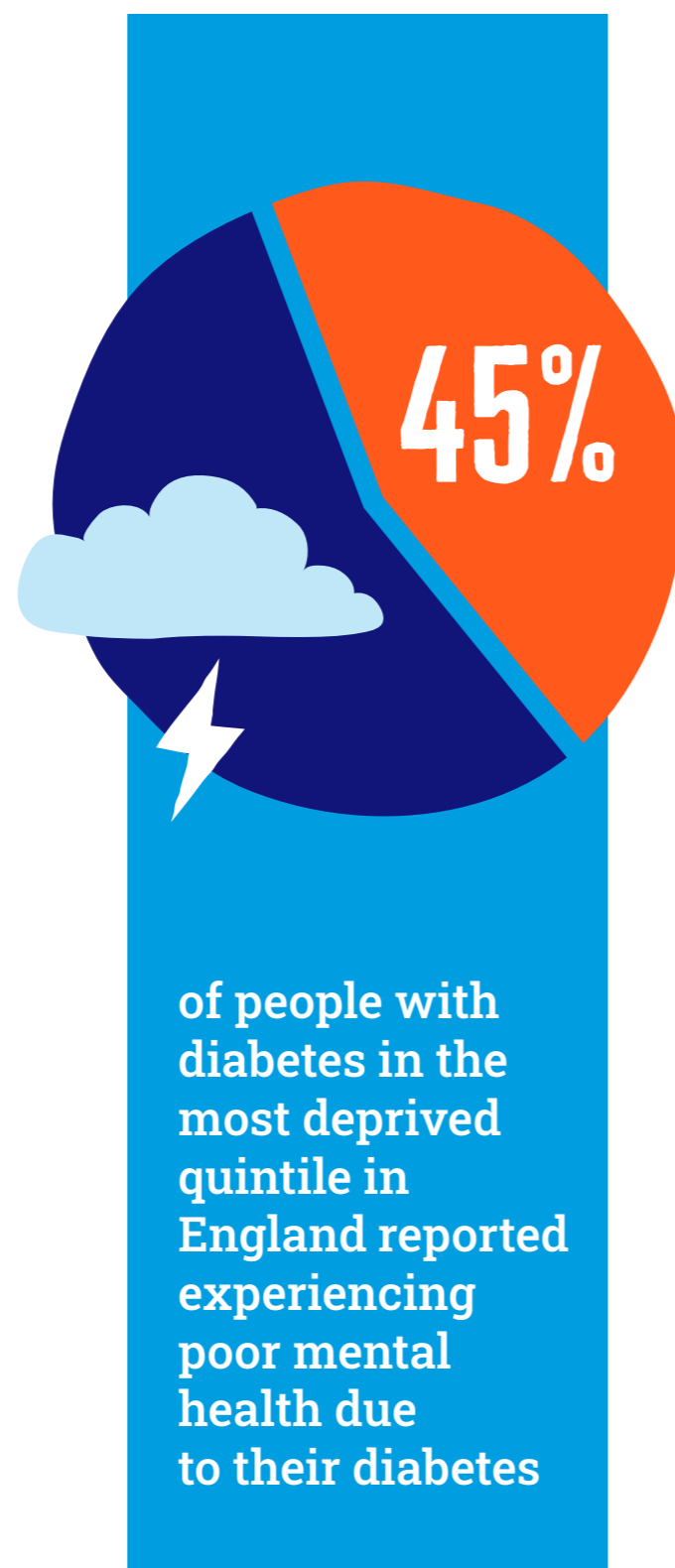


## Inequality and diabetes

Coronavirus has also highlighted the urgent need to address health inequalities in the UK. Effective diabetes care and prevention plays an important role in reducing health inequalities, as the prevalence of type 2 diabetes is higher in areas of greater deprivation<sup>13</sup>; and people from South Asian, Black African, and Black Caribbean backgrounds are two to four times more likely to develop the condition, frequently at a younger age and lower BMI than White Europeans<sup>14</sup>.

National Diabetes Audit (NDA) data from January to December 2020 shows inequalities in the access people have had to care processes in England and Wales. The percentage difference in the proportion of people who received the eight care processes from ethnic minorities compared to those of White ethnicity for type 1, type 2 or other types of diabetes was 17.7%. There was also a stark difference according to deprivation: for the most deprived quintile (IMD1) compared to the least deprived quintile (IMD5) there was a difference of 8.8%.

It is concerning that these inequalities have been reflected in our survey, gathering insights from people with diabetes about their experience during the pandemic. Findings showed that those from more deprived areas and people from minority ethnic communities



responded more negatively about their experiences in accessing care. For example, 55% of people living in the most deprived quintile of England experienced difficulties managing their diabetes during the pandemic, compared to 38% of those who live in the least deprived quintile. The proportion of people who defined themselves as being from a minority ethnic background who reported experiencing poor mental health because of their diabetes was 41%, compared to 35% of White people, and 45% of people with diabetes in the most deprived quintile in England reported experiencing poor mental health due to their diabetes. The proportion of people who have not had contact with a healthcare team increases in line with levels of deprivation. It varies from 38% of people in the most deprived quintile, to 29% in the least deprived.

As the Government moves forward with its plans to tackle inequalities, reducing disparities in healthcare provision must be a priority. Health inequalities have a huge impact on people's overall wellbeing and lifestyle, and diabetes is one of the most significant long term health conditions that, if given the right investment and prioritisation, could transform the landscape of health inequalities.

**Recommendation: As the Government works to level up, it should prioritise tackling the inequalities in diabetes outcomes experienced by those from deprived communities and those from ethnic minority groups, both for those already living with diabetes and those who are at increased risk of developing type 2. To underpin this work, quality data needs to be available for local systems to use to remove the barriers that cause structural discrimination, variation and inequalities in diabetes outcomes.**

## Section two

# LOOKING TO THE FUTURE

How do we recover and reset in a way that builds back better?

As we plan for the future, we have the opportunity to build on the prevention, treatment and care commitments within the NHS Long Term Plan, as well as the learnings from how care has changed during the pandemic.

We have seen rapid growth in remote care for those with diabetes and those at risk, online education and learning and more people accessing technology to monitor their blood glucose levels more effectively. We have seen many people use Diabetes UK's online Learning Zone and NHS England centrally commissioned structured education programmes. We have also seen many people referred to the National Diabetes Prevention Programme through Diabetes UK's online Know Your Risk tool. We must remember that not everything works for everyone, so options are needed to facilitate personalised care that considers people's individual needs and circumstances.



## The benefits of diabetes tech: facilitating better diabetes management and more efficient care delivery

Diabetes technology makes the day-to-day management of diabetes easier for many. It provides more frequent, better quality glucose readings through continuous glucose monitoring (CGM) and flash glucose monitoring (Flash)<sup>15</sup>, helping children, young people and adults with diabetes to manage their blood glucose levels better. This is a critical part of preventing serious complications from diabetes. Insulin pumps provide the regular insulin a person needs throughout the day and night, helping to keep their blood sugar levels more often in their target range. We have been pleased to see significant progress in widening access to these technologies for people who need it through investments in the NHS Long Term Plan. Most recently we have

seen investment for expanding access to hybrid closed-loop technology, sometimes called the artificial pancreas, which will generate evidence for an ongoing NICE appraisal of these devices. The majority of people who benefit from the use of diabetes technology have type 1 diabetes.

We know, however, that many people living with diabetes are still not getting access to the life-changing technologies they can most benefit from, even when they meet the NICE or NHS England criteria. We estimate that the percentage of people with type 1 diabetes being prescribed Flash as of January 2021 for example, varied from 16% in some areas to 65% in others<sup>16</sup>. This is important at all stages of someone's life, not least as a child or young person.



**84%** of people who use diabetes technology agree it helped them to manage their condition during the pandemic

The most recent National Paediatric Diabetes Audit for example showed that while there has been an overall upward trend in the use of diabetes technologies, use is lowest in children and young people from socially deprived areas and from ethnic minority communities. Concerningly, the gap for children using an insulin pump between those from most and least deprived areas has widened from 7.9% in 2014/15, to 12.6%, in 2019/20<sup>17</sup>. There is also significantly lower use of technology like Flash and insulin pumps in Black children compared to White children, who have the highest use of diabetes technology.

Last year a report in partnership with NHS England, 'Getting It Right First Time' (GIRFT) highlighted the problem of wide variations in access across the country and rightly recommended that diabetes technology should be made available to everyone who needs it as close as possible to where they live<sup>18</sup>.

Throughout the pandemic people's access to care and support from their diabetes healthcare teams has been understandably limited, meaning their ability to effectively self-manage their condition has been more important than ever. Use of diabetes technology has proved invaluable for people with diabetes who have access to it and local health care teams during the pandemic, with 84% of people who use technology agreeing that it helped self-management of their condition during the pandemic.



**My diabetes clinic has had to stop all new pump applications since the pandemic began as staff were redeployed to intensive care units. I've been waiting for over a year now and feel that my physical and mental wellbeing would be much improved if I could use an insulin pump.**

Focus Group Participant

**I sent my Dexcom data to my diabetes team and they spotted my sugars were consistently low in the evenings. We spoke about it over the phone and they found I'd been over-injecting for milk in my tea. That wouldn't have happened if I didn't have the tech I need.**

Survey Respondent



Three quarters (76%) also agreed technology improved their wellbeing and 56% agreed technology made remote consultations easier. Access to this technology though is mainly limited to those with type 1 diabetes but many people living with other types of diabetes could benefit from these technologies too.

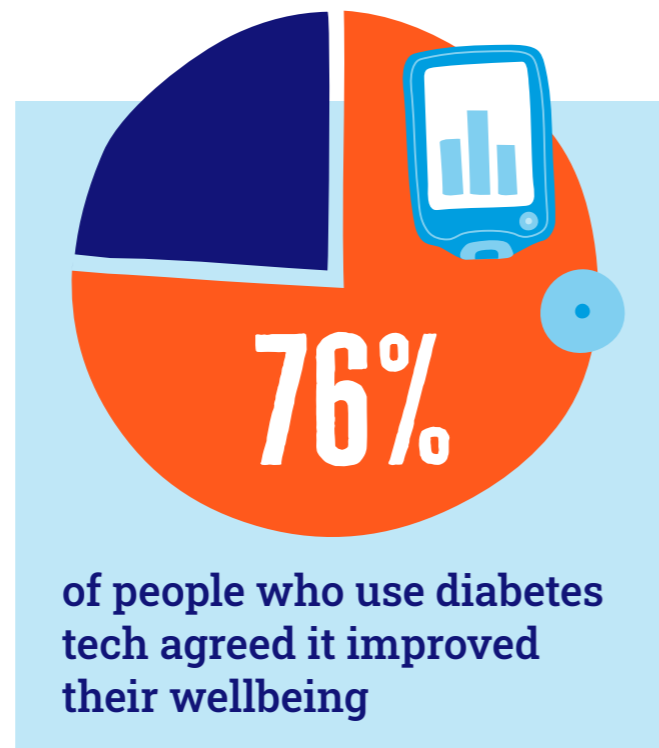


**Knowing what I know about technology, I'd love to have a closed loop system. The only way I'll be able to do that is by paying for it. I think older people sometimes get overlooked as we're seen as not tech-savvy, but we live in fear about having a hypo on my own when I'm older.**

Focus Group Participant



Healthcare professionals working in type 1 diabetes care where people with diabetes have been using technologies like Flash and CGM, have been able to deliver a higher quality of remote care<sup>19</sup> by monitoring issues such as HbA1c and time in range. This in turn allows them to provide more tailored support to people with diabetes.



The Government has made a clear commitment to build on the innovations seen during the pandemic. With diabetes, this means ensuring more people living with all types of the condition are given access to technologies that support better self-management and effective delivery of care by their healthcare teams. Diabetes technology can make delivery of care in all areas easier, including in social care settings where people may need assistance to communicate and manage their diabetes.

**Recommendation: The Government should provide ring-fenced budgets to local health commissioners, to continue to improve the uptake of existing technologies and enable access to new diabetes technologies for all children, young people and adults with diabetes to help management of blood glucose.**



**I saw a 75-year-old lady living with type 2 diabetes, who also had rheumatoid arthritis. She couldn't finger prick because of this, and we weren't able to give her the insulin support she needed. Using some donated supplies, we were able to give her access to Flash glucose monitoring to help her keep her blood sugars in check and make sure she was on the right medication...Being able to provide technology to more people who need it can really help.**

Hermione Price, Consultant Diabetologist,  
Southern Health NHS Foundation Trust

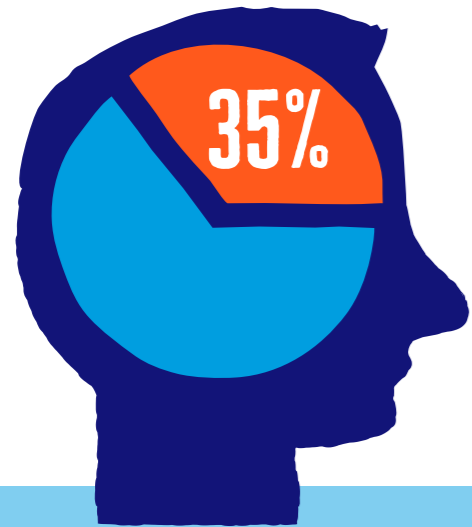


**56%** of people who use diabetes tech

**agreed it made remote consultations easier**

## It's Missing: the impact of diabetes on mental health and wellbeing

Even prior to the pandemic, we know that children, young people and adults living with a long term health condition such as diabetes were struggling with their mental health and wellbeing. Our 'It's Missing' campaign showed that seven in ten people have felt overwhelmed by the demands of living with diabetes, and that three quarters of adults with diabetes cannot get the support they need<sup>20</sup>. Too often, people with diabetes were not being asked about their mental wellbeing, which is vital for referral to additional support. Or if they were, the support was often not available to refer them onwards. This has not changed during the pandemic and now the situation is even worse.



**of survey respondents experienced poor mental health during the pandemic because of their diabetes**



Our recent survey showed that over a third of respondents (35%) reported experiencing poor mental health because of their diabetes during the pandemic. We also know that this is ongoing, with only 29% of people with diabetes, when asked what would help them feel more confident returning to normal life, said they already feel confident. This builds on the fact that even in normal times, people with diabetes are twice as likely to suffer from depression, and more likely to be depressed for longer and more frequently<sup>21</sup>.



**When I was feeling sad, the last thing I'd think about was diabetes. It was hard to take the extra effort to look after myself when I didn't even want to get dressed. I found that really difficult. I felt even if I'd spoken to my diabetes team – my previous experience of mental health support is that it's not tailored. When I have had mental health support I've been told my diabetes was the problem, when actually my not looking after my diabetes is because I can't bring myself to take the level of care I need to. I just need support that's more understanding of me and what I need.**

Focus Group Respondent



The link between long term health conditions and mental health problems is well-established. The pandemic has only added to this, as underlying health conditions like diabetes make people more vulnerable to harm from coronavirus. For people with diabetes this was particularly acute and the anxiety and stress of being at high risk of severe complications or death from coronavirus, along with confusion about who should be shielding and could get that protection, will inevitably have impacted on people's mental health. The fact that one in three deaths from the pandemic in the first wave were people with diabetes, fuelled fear and anxiety across all people with diabetes.

Children and young people with diabetes have also experienced significant upheaval and uncertainty during the pandemic. While at very low risk of becoming seriously unwell from coronavirus, children and young people's daily routines have been severely disrupted, as has their access to education, sport and other recreational activities – leading many to experience difficulties managing their diabetes. Diabetes UK has heard from hundreds of parents concerned about their children's safety and emotional wellbeing during the pandemic. This will only add the already significant existing emotional support needs children and young people require. In 2019/20, 43.9% of children and young people with type 1 diabetes were assessed as requiring additional psychological support<sup>22</sup>.

The Government's Mental Health Recovery Plan provides a welcome focus on recovering people's mental health due to the pandemic, however it currently does not include specific reference to the increased challenges faced by people living with long term health conditions, which have in turn been exacerbated by the pandemic.

We also know that a lack of clear guidance or local pathways to enable clinical teams to refer people with diabetes onto further support is proving to be a significant barrier to providing the mental healthcare people with long term conditions need. The NHS Long Term Plan set out the ambition that every area must commission an Improving Access to Psychological Therapies (IAPT) for adults with Long Term Conditions (LTC) service, to meet the mental health needs of people with long term conditions.

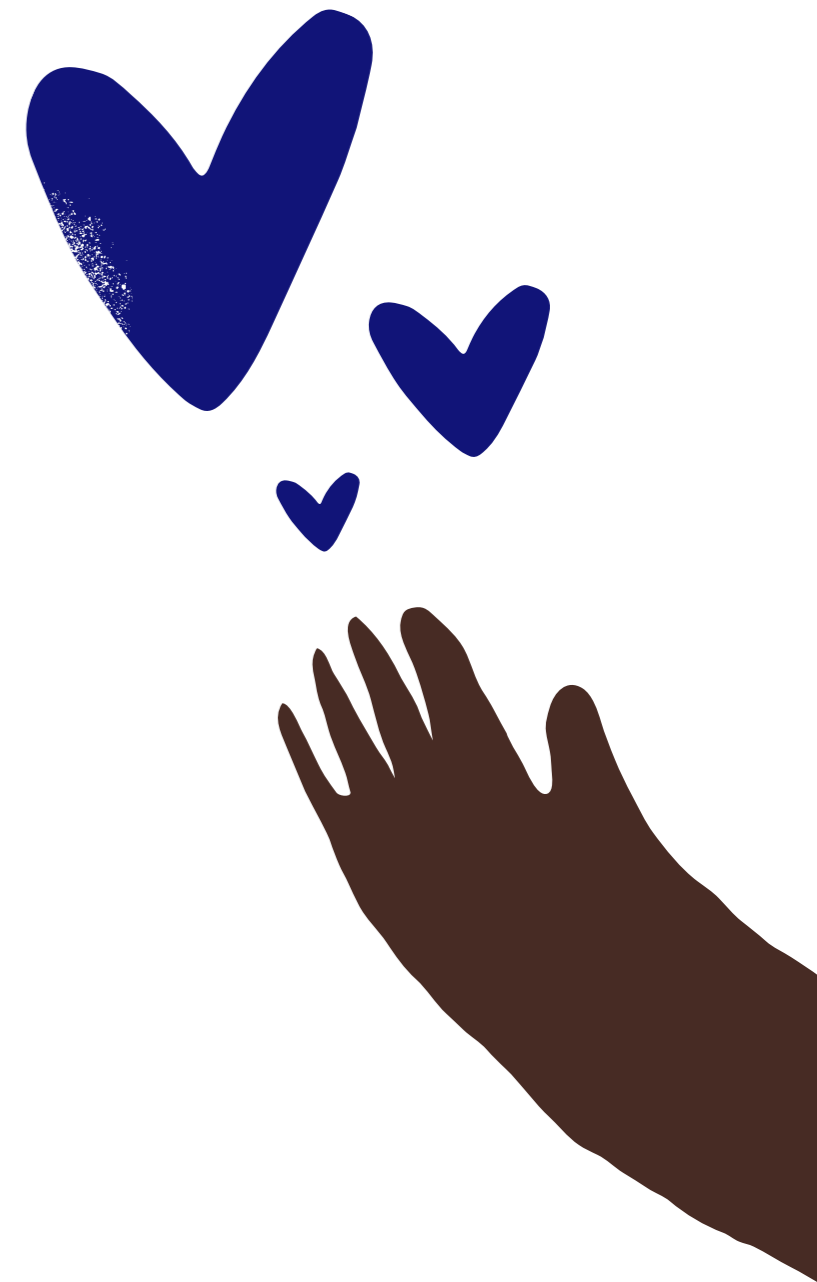
The IAPT-LTC pathway has been piloted in England but is not yet available in all areas of the country, despite a pledge for this to be rolled out universally by end of March 2019. A Freedom of Information request by Diabetes UK from July 2019 found nearly a quarter (23%) of CCGs did not have an IAPT-LTC service. A similar number (22%) of NHS Trusts did not employ a mental health professional within diabetes teams, or work with an IAPT-LTC service.

NHS England data from February 2021 also shows that nearly 6,500 with long term health conditions finished an IAPT programme that month through the long term conditions pathway, compared to nearly 43,000 people with long term health conditions people who finished treatment through a non-specialist pathway<sup>23</sup>. This means that many people with long term conditions are missing out on much needed mental health specialist care.

There is a lack of specialist mental health workforce in diabetes which is a real barrier to change. We hear frequently from people with diabetes that healthcare professionals do not understand the impact the condition has on their mental health and mental health professionals trained in understanding of long term conditions would go a long way to transforming care.

**Recommendation: Government should ensure the implementation of the Mental Health Recovery Plan addresses the mental health needs of children, young people and adults living with long term health conditions. It should also invest in the diabetes mental health workforce, and training for other healthcare professionals working with people with diabetes to understand the connection between their mental and physical health.**

**Recommendation: NHS England should review the IAPT Programme for long term conditions to determine whether its current approach, structure and capacity is able to meet people's needs adequately, how easily accessible it is for adults with long term conditions, including diabetes, and what modifications may be needed to achieve these aims during the implementation phase of the NHS Long Term Plan.**



# Diabetes workforce planning: supporting healthcare professionals to deliver excellent care and drive improvement

We commend and are immensely grateful to healthcare workers throughout the NHS who have worked tirelessly over the last year to deliver care under unprecedented circumstances. Supporting the workforce to deliver better care is essential in building back a better system that works for people with diabetes. We know that many healthcare professionals have been deeply impacted by coronavirus from their experiences on the frontline during the worst health crisis the NHS has ever seen. The NHS Staff Survey 2020 painted a picture of burnt out, stressed staff, with nearly half (44%) of staff reporting feeling unwell as a result of work-related stress in the past 12 months and almost one in five (18%) saying that they are considering leaving the health service<sup>24</sup>. A report on NHS and social care workforce published in June 2021 highlighted though that while coronavirus had a huge impact on workforce pressures, staff shortages were an issue before the pandemic<sup>25</sup>.

Each person with diabetes is constantly managing their condition themselves and they rely on health professionals to support them with this. As recommended in the LSE–Lancet Commission on the future of the NHS:

re-laying the foundations for an equitable and efficient health and care service after coronavirus, there is a need to ‘develop a sustainable, skilled, and fit for purpose health and care workforce to meet changing health and care needs<sup>26</sup>.

At this time of recovery there is an opportunity to lead and organise diabetes care differently, to be more integrated and connected between primary care, specialist services in the community and in hospitals. However, the core challenge which must be addressed in order to realise this opportunity and to catch up on the backlog of unmet diabetes need from the pandemic, is the need to increase workforce capacity and skills. Resetting the NHS cannot come at the cost of already exhausted staff. Two areas require particular attention to increase capacity and integration of care between different parts of the healthcare system.

## Specialist diabetes and inpatient care

The growing general medicine and emergency workload of specialist diabetologists working in hospitals is impacting negatively on integrated models of care. This has been starkly

shown during the pandemic when care was focused on emergency medical cases, resulting in significantly reduced contact with people with diabetes. Furthermore, key to patient and professional education, the development of diabetes services in primary and community care, and safe standards in hospitals, is the role of the diabetes specialist nurse (DSN). Yet the numbers of DSNs have been falling in numbers and research in 2016 revealed that of the DSN workforce in employment at the time of the study, over 50% were within 10 years of retirement<sup>27</sup>. It is concerning that alongside the pressure of the pandemic on health professionals, many more will leave the NHS and people with diabetes will suffer as a consequence.

Diabetes inpatient care teams are crucial for providing quality care for people with diabetes in hospital. They are key to offering expert knowledge to support quick turnaround of patients in A&E and effective care which prevents deaths and they help to make hospital stays shorter and safer for people with diabetes. In normal times, almost one third of inpatients with diabetes have a medication error during their hospital stay<sup>28</sup>.

We know that even before the pandemic, inpatient diabetes teams were being disbanded<sup>29</sup>, and anecdotally, through conversations with healthcare professionals, we understand that in some areas this worsened

during coronavirus<sup>30</sup>. This is of particular concern as such a large proportion of hospitalisations were people with diabetes in need of specialist care. We have also seen that coronavirus affects glucose control making it more difficult to manage diabetes in hospital<sup>31</sup>, requiring additional support and expertise from diabetes specialists. There are also signs that coronavirus leads to new diagnoses with international research indicating occurrence of new-onset diabetes in 14% of hospitalisations<sup>32</sup>. This has made diabetes specialists even more important than ever. Poor management of diabetes when in hospital has a devastating impact on an individual’s healthcare. Alarming, qualitative interviews with people with diabetes who were hospitalised due to coronavirus portrayed a picture of continued examples of poor care and errors in relation to their diabetes, and too often staff who did not fully understand their condition.

The NHS Long Term Plan committed to invest in the development of specialist inpatient teams, yet during the pandemic we saw inpatient teams in some places disbanded and depleted<sup>33</sup>. Given the impact that coronavirus can have on glucose levels for those in hospital, it is more important than ever that this commitment is continued and prioritised.



## Primary care

During the pandemic GPs and others working in primary care have had to adopt very different working practices to protect themselves and their patients, so that they could continue to respond to urgent and critical needs. Since last autumn, primary care has had to bear extra strain on services, stemming from the second wave of the pandemic and the subsequent vaccination programme. This has impacted negatively on the routine care provided to people with diabetes in primary care settings.

Some have been able to access care and support as needed, and local teams

have developed ways to identify risk and target services for those in need. In many areas though, access to tests and investigations, treatment and advice has been severely reduced. Indeed, a recent survey by Primary Care Diabetes Society (PCDS) showed that 87.7% of primary care professional respondents reported they felt primary care diabetes services had been moderately, significantly or very significantly impacted<sup>34</sup>.

Good diabetes care relies on close collaboration between primary care practitioners and specialist diabetes teams from community and outpatient

services which has been limited. This has led to difficulties in responding to more complex cases and situations. Having the capacity to respond to demand and give the time required to focus on the needs of the individual person with diabetes has been difficult for many years in primary care, but has become even more evident during the pandemic, as demand has increased exponentially and diabetes is becoming more complex.

As the Government looks to better integrate care through its Health and Care White Paper<sup>35</sup>, there is a clear need for more joined-up working across all support services with the person with diabetes at the centre of care. This should enable better communication and flow through the different parts of local healthcare systems during a person's health journey.

**Recommendation: Recovery of the NHS must build on the commitment made in the NHS Long Term Plan to continue to invest in and support the development of specialist inpatient teams so that all hospitals have adequately resourced diabetes specialist support.**

**Recommendation: Additional investment in primary care and the diabetes workforce must be considered a priority by Government and all bodies involved in workforce planning, including Health Education**

**England. This should include investment within evolving Primary Care Networks to enable timely access to appropriate integrated care.**

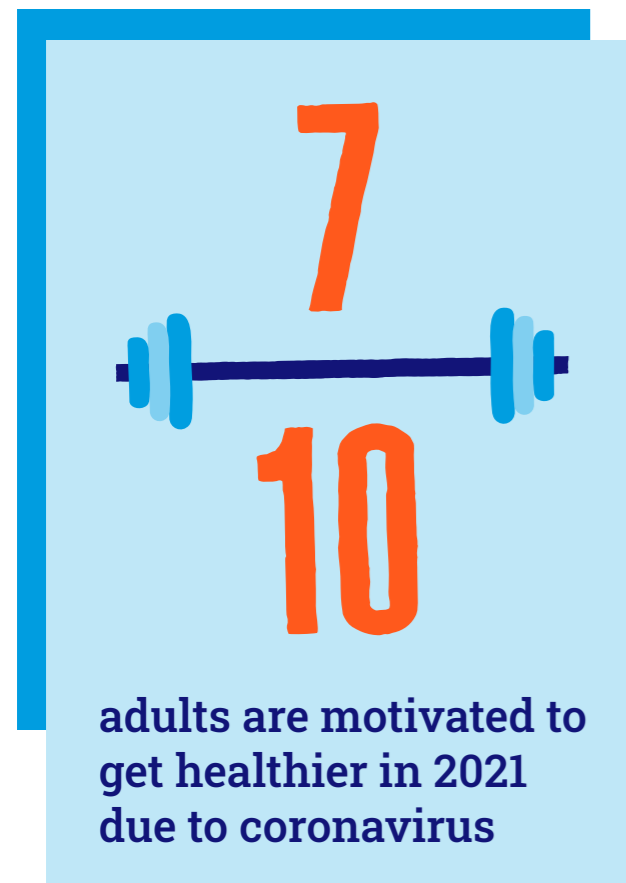
**Recommendation: Health Education England should lead on a funded comprehensive workforce strategy, so that all health and care professionals have the training and knowledge of diabetes and related co-morbidities to deliver good care.**

Most people with type 2 diabetes receive their routine care in a primary care setting, whereas people with type 1 usually receive care from a specialist diabetes team often based in hospital outpatients. All these routine appointments are crucial in preventing serious complications from diabetes.



# Prevention and weight management: the case for continued implementation of the Government's Obesity Strategy and further tools to reduce harm from diabetes

13.6 million people are currently at increased risk of developing type 2 diabetes, and diabetes diagnoses have almost doubled in the last 15 years – largely due to the rising number of cases of type 2 diabetes. There are a number of risk factors for type 2 diabetes, including age, family history and ethnicity, but the most significant modifiable risk factor is obesity. This accounts for as much as 85% of the overall risk of developing type 2 diabetes<sup>36</sup>.



Evidence shows that prevention and management of obesity requires attention to be placed on both public health and individual interventions to have an impact<sup>37</sup>. Attention must also be given to social factors, due to the higher prevalence of type 2 diabetes in more deprived areas. Together action across all of these areas can create a healthier environment where people are encouraged and supported to lead more healthy lives. Now is an opportune moment for this shift. The pandemic has increased awareness of the importance of improving the nation's health. Indeed, Public Health England's recent survey showed that seven in ten adults were motivated to become healthier in 2021, due to the pandemic<sup>38</sup>.

Progress is already being made to create a healthier food environment. The Soft Drinks Industry Levy (SDIL) was a big step forward, prompting a significant reduction in the sugar content of sweetened drinks, and measures outlined in the Government's obesity strategy for mandatory calorie labelling in restaurants and takeaways and new strict rules limiting how junk food can be marketed by retailers on TV and online, will start to make a real

difference. However, we believe that the Government must go even further and faster to address increasing obesity levels and consider additional fiscal measures to incentivise food and drink manufacturers to make their products healthier as voluntary programmes have had limited success..

The NHS DPP identifies those at high risk of developing type 2 diabetes and refers them onto a behaviour change programme. Early results show that for those who attended at least one intervention session it resulted in a mean weight loss of 2.3 kg and improved blood glucose levels with an HbA1c reduction of 1.26 mmol/mol. Of those who completed the programme, average weight lost was 3.3 kg with an HbA1c reduction of 2.04 mmol/mol.\*

\* Valabhji and Associates, Diabetes Journal Early Outcomes From the English National Health Service Diabetes Prevention Programme (diabetesjournals.org)

Amongst people who are at high risk of developing type 2 diabetes, around half could have the onset of the condition delayed or prevented with the right kind of support<sup>39</sup>. Investment in the NHS Diabetes Prevention Programme (NHS

DPP) in recent years has supported thousands of people to take action to reduce their risk. We must continue to build on the successes of the programme and not lose momentum, with a focus on increasing access to communities not being reached currently.

We also welcome the recent announcements to invest in and expand the range of weight management services to more people who would benefit from support and treatment, including new support for those living with all types of diabetes<sup>40</sup>. These measures to create a healthier food environment and support people to maintain a healthy weight will not only help prevent people from developing type 2 diabetes, but will also provide a more supportive environment for those living with diabetes to manage their weight – promoting better healthcare outcomes and the prevention of complications – and indeed can aid remission for those with type 2 diabetes.

The disruption to face-to-face services and access to GPs for blood tests during the pandemic led to the NHS Diabetes Prevention Programme adapting its referral pathway, improving access through online, remote and digital routes.

For people with type 2 and type 1 diabetes who are living with obesity, weight loss will be one of the primary goals in managing their diabetes<sup>41</sup>, as weight loss for those who are outside of their target weight can reduce HbA1c, cholesterol and blood pressure<sup>42,43</sup>. It is important that the expansion of weight support services provide a mix of digital, face-to-face support and treatment, enabling individual choice of access. All of which will need to fully integrate a psychological approach, as this is central to supporting behaviour based on individual needs and circumstances. It is vital that existing and newly developing weight management services assess individual needs and facilitate appropriate access in a non-judgemental or stigmatising way<sup>44</sup>.

Access must be improved to treatments such as bariatric surgery, which is an effective intervention for people with obesity and type 2 diabetes, with studies showing it can bring about remission in 30% to 60% of cases, and a UK focused study found that surgery is cost saving over 10 years for the majority of patients<sup>45</sup>. Despite the high number of people living with diabetes who meet the criteria for referral, the number of people accessing this service is staggeringly low in the UK<sup>46</sup>. Even prior to the pandemic, there were only 6,627 hospital admissions for the procedure in 2017/18 in England<sup>47</sup> despite research indicating that 7.9% of the English

population – approx. 3.21 million people – are potentially eligible to receive the intervention<sup>48</sup>.

Our insight into the barriers to bariatric surgery showed that lack of awareness of its benefits amongst both healthcare professionals and people living with type 2 diabetes was key. Stigma is also a barrier, and recent research<sup>49</sup> has highlighted some health professionals are obstructing access to bariatric surgery, because they have made a value judgement about appropriate use of resources.

Research funded by Diabetes UK has shown that low-calorie diets can also be used to treat or manage type 2 diabetes. The first-year results from the Diabetes UK funded DiRECT trial showed that it is possible for some people to put their type 2 diabetes into remission using a low-calorie, diet-based, weight management programme, delivered by their GP<sup>50</sup>. Almost half (45.6%) of those who took part in the programme were in remission after a year, and of these people, 70% were still in remission by the end of year two. NHS England has begun to roll out pilots of a similar intervention in some areas, and despite unfortunate delays due to coronavirus, we welcome the plans to continue the progress made over the coming months so more people can benefit from this type of programme.

**Recommendation: The Government must fully implement and build on the measures included in the Obesity Strategy. Further action should include extending marketing restrictions and the consideration of other fiscal measures to incentivise industry to make their products healthier.**

**Recommendation: The Government and NHS leaders should continue their commitment to the world-leading NHS Diabetes Prevention Programme as a key means to support people at risk of type 2 diabetes to make changes in their health and behaviour, and the national rollout of the low-calorie diet pilot programme to improve health outcomes and, for many people, put their type 2 diabetes into remission.**

**Recommendation: The Government should build on recent commitments to develop a full range of weight management services to ensure appropriate support is available for those who could benefit, including those at risk of and diagnosed with diabetes. This must include action to increase provision and take-up of bariatric surgery to people with type 2 diabetes to ensure that those who can benefit are able to access the treatment.**



## Conclusion

Coronavirus has put unprecedented pressure on the healthcare system, people with diabetes, and indeed every facet of our world. As we look to recover and build back to a better system that works for both patients and healthcare professionals, diabetes is a condition that requires significant investment and prioritisation. It is a rapidly growing health crisis, but there is so much opportunity to change this. By investing in better technology for people to manage their condition more effectively, raising awareness of the seriousness of the condition, and supporting clinicians to deliver the care they need through resourcing and information, we can get closer to a world where diabetes does no harm. The prevalence of diabetes and its growing nature means that if we get this right, it could transform the landscape for healthcare and help more people live well.



## Summary of recommendations

### Prioritisation and investment into diabetes care and prevention:

- NHS England should support and direct Integrated Care Systems (ICS) to use available data and tools to prioritise delivery of routine diabetes care services and catch up on the backlog of appointments caused by coronavirus to avoid the potential serious consequences of missed appointments, checks and treatment and missed diagnoses of type 2 diabetes. ICS leaders should ensure support is targeted to those in greatest need and should be required to report on progress by the end of 2021.
- Government should invest in diabetes care and prevention as a key facet of their plans to transform the landscape for health post coronavirus.
- As the Government works to level up, it should prioritise tackling the inequalities in diabetes outcomes experienced by those from deprived communities and those from ethnic minority groups, both for those already living with diabetes and those who are at increased risk of developing type 2. To underpin this work, quality data needs to be available for local systems to use to remove the barriers that cause structural discrimination, variation and inequalities in diabetes outcomes.

### Investment into diabetes technology:

- The Government should provide ring-fenced budgets to local health commissioners, to continue to improve the uptake of existing technologies and enable access to new diabetes technologies for all children, young people and adults with diabetes to help management of blood glucose.

### Recognition of the impact on mental health:

- Government should ensure the implementation of the Mental Health Recovery Plan addresses the mental health needs of children, young people and adults living with long term health conditions. It should also invest in the diabetes mental health workforce, and training for other healthcare professionals working with people with diabetes to understand the connection between their mental and physical health.
- NHS England should review the IAPT Programme for long term conditions to determine whether its current approach, structure and capacity is able to meet people's needs adequately, how easily accessible it is for people with long term conditions, including diabetes, and what modifications may be needed to achieve these aims during the

implementation phase of the NHS Long Term Plan.

### Investment into workforce:

- Recovery of the NHS must build on the commitment made in the NHS Long Term Plan to continue to invest in and support the development of specialist inpatient teams so that all hospitals have adequately resourced diabetes specialist teams.
- Additional investment in primary care and the diabetes workforce must be considered a priority by Government and all bodies involved in workforce planning, including Health Education England. This should include investment within evolving Primary Care Networks to enable timely access to appropriate integrated care.
- Health Education England should lead on a funded comprehensive workforce strategy, so that all health and care professionals have the training and knowledge of diabetes and related co-morbidities to deliver good care.

### Measures to support weight management and prevention of type 2 diabetes:

- The Government must fully implement and build on the measures included in the Obesity Strategy. Further action

should include extending marketing restrictions and the consideration of other fiscal measures to incentivise industry to make their products healthier.

- The Government and NHS leaders should continue their commitment to the world-leading NHS Diabetes Prevention Programme as a key means to support people at risk of type 2 diabetes to make changes in their health and behaviour, and the national rollout of the low-calorie diet pilot programme to improve health outcomes and, for many people, put their type 2 diabetes into remission.
- The Government should build on recent commitments to develop a full range of weight management services to ensure appropriate support is available for those who could benefit, including those at risk of and diagnosed with diabetes. This must include action to increase provision and take-up of bariatric surgery to people with type 2 diabetes to ensure that those who can benefit are able to access the treatment.

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