

DiABETES UK

DEALL DIABETES. BRWYDRO DIABETES.
KNOW DIABETES. FIGHT DIABETES.

CYMRU

DIABETES

CAN'T

WAIT

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

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Diabetes UK Cymru is the leading charity in Wales 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 David Chaney, Assistant Director for Local Impact at 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 serious 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 four deaths during the pandemic, as well as being at increased risk from serious and life-changing complications. Because of this risk, people with diabetes have been one of the groups most affected by coronavirus, socially as well as clinically.

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. However, the challenges Wales faces are great, and will require concerted efforts to overcome.

The findings from our survey of hundreds of people with diabetes from across Wales show that more than one in three people had consultations cancelled that has still not taken place, more than in England. Another 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 the 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, we know that there have been missed and delayed diagnoses of type 2 diabetes over the last 18 months, and we estimate there are now over 65,500 people living with undiagnosed type 2 diabetes in Wales. Early diagnosis is crucial in preventing devastating complications for people with diabetes.

As we look to the future, to reset and rebuild across Wales, there must be a recognition across all those working in our 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 forwards NHS Wales has made in diabetes care and prevention in recent years.

As well as unprecedented challenges, we have also seen big steps forward for diabetes care and prevention in Wales. Our first Diabetes Prevention Programme adopted and rolled-out as part of Healthy Weight Healthy Wales, the development of a landmark new mental health service in North Wales, and new frameworks under the National Clinical Plan. Now is the perfect 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.

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, learns from experiences of healthcare professionals and puts people with diabetes first.

Such concerted efforts from Welsh Government, the Senedd's Health and Social Care Committee, leaders in NHS Wales and social care, and third sector will determine the success of new diabetes pathways that are currently in development. Our Welsh NHS cannot alone carry the burden of diabetes. Diabetes is one of the most common long-term health conditions in Wales affecting over 200,000 people, or one in 13 people in Wales. Diagnoses of the condition have doubled in the last 15 years largely due to the growth in type 2 diabetes.

Type 2 diabetes is more prevalent amongst people from more deprived areas of Wales 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 Welsh Government, all political parties, healthcare professionals and others who we wish to work together with as we look to build a future where diabetes can do no harm.

DIABETES IS SERIOUS

209,015 PEOPLE

are living with diabetes in Wales

that's 1 in 13 of us



Rapid growth of diabetes

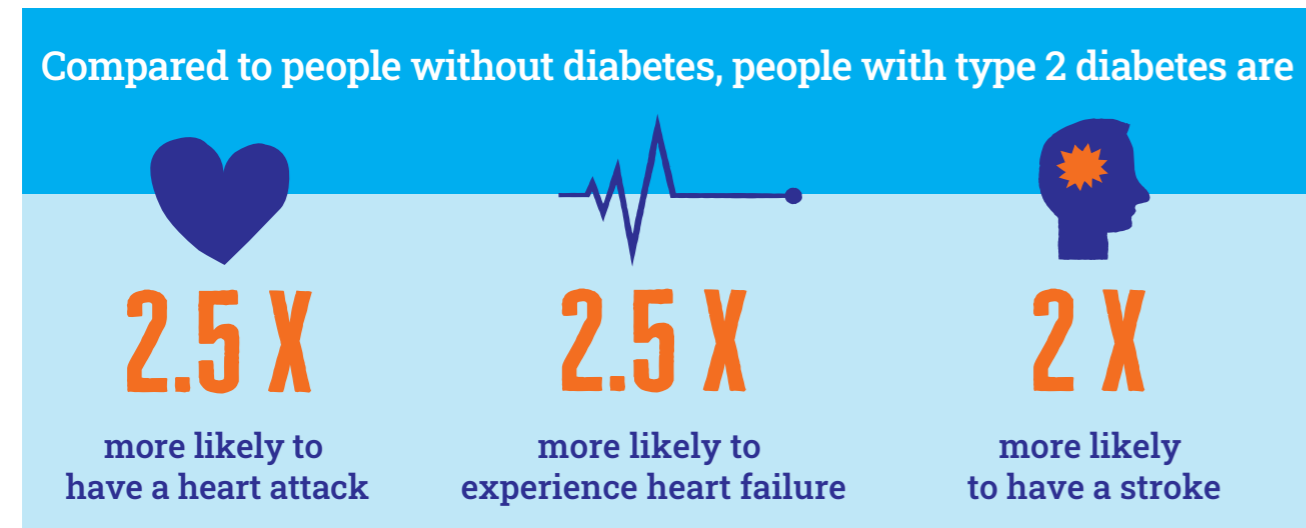
Diabetes is one of the fastest growing health crises of our time. Over 209,015 people are living with diabetes in Wales which is equivalent to one in 13 people¹. This is the highest level of prevalence of any of the UK nations. This is rapidly increasing, as diabetes diagnoses have almost doubled in the last 15 years². A large part of this rise is due to the growing rate of type 2 diagnoses, and Diabetes UK Cymru estimated there are a further 65,500 people living with undiagnosed type 2 diabetes in Wales³ right now.

Governments across the UK have pointed to the growth in long-term health conditions like type 2 diabetes as a major reason behind the need to take decisive and sustained action in the form of Healthy Weight, Healthy Wales – the Welsh Government’s strategy to tackle obesity. The extent of the diabetes crisis shows that although there has been work and investment, Welsh Government must redouble its commitments to prioritise action to prevent people developing type 2 diabetes. Through increasing access to weight management services and remission programmes, as well as enabling better access to care and management for all people living with diabetes and their families – we can beat this crisis.

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 across the UK, diabetes leads to more than 185 amputations⁴, 770 strokes, 590 heart attacks and more than 2300 cases of heart failure⁵. Before the pandemic, one in six hospital beds were occupied by a person with diabetes⁶, and diabetes costs NHS Wales approximately £500m a year, which is 10% of its annual budget⁷, which is around £950 every 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 in Wales.

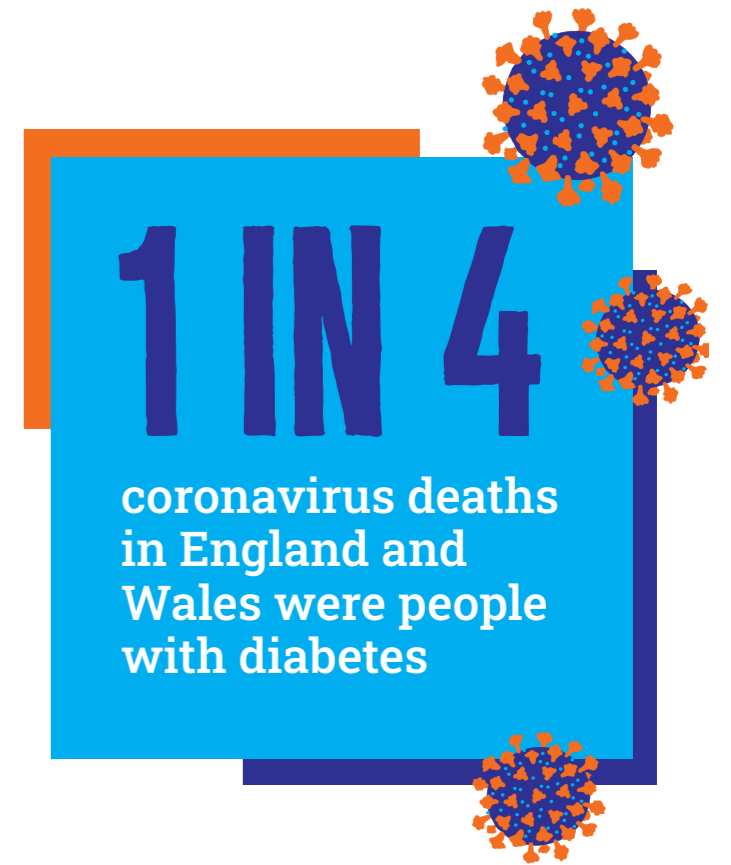
We have seen interventions to improve care and prevention, the first Diabetes Prevention Programme in Wales will soon be rolled out, supporting people identified as high risk of type 2 diabetes and supporting them to avoid the condition altogether. However, as the Welsh Government looks to develop new clinical pathways and networks to implement them, diabetes must remain firmly on the agenda and be matched with adequate resource.



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 in 2020 and 2021. But the pandemic has shown more than ever how serious diabetes is, with data from the ONS suggesting that diabetes was the most common pre-existing condition from those who died of coronavirus in England and Wales⁸. 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 were postponed or cancelled. The pandemic has shown how important it is to properly address underlying 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.



I contracted COVID in April 2020 at work after having no support to shield from my GP or my workplace. Since having COVID, I have numbness in my feet and legs, and very painful joints, but I have been unable to see my GP or my diabetes specialist.



Response to our survey in Wales.

Our recent survey of over 200 people with diabetes in Wales showed that 40% of 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 in Spring 2020. More than half of respondents reported difficulty 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 medical 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

60,000

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

Data from the 2019-20 National Diabetes Audit shows that across Wales before the pandemic there were already lower rates of people with type 1 diabetes (21.4%) and type 2 (42.6%) diabetes who received all 8 care processes. These figures showed reductions of around 2% receiving the care processed compared to the same period in the previous year. As this data is from before the coronavirus pandemic, it is likely that the number of people receiving all 8 care processes has reduced significantly, data in England showed a 37.5% reduction for people with type 1 diabetes and 40.8% reduction for people with type 2 diabetes receiving all 8 care processes in 2020.

If the people we surveyed, over half had received no communication throughout the pandemic from Diabetic Eye Screening Wales, and of the people who had their appointments cancelled more than half have still not have a rescheduled appointment. Public data on the number of people who have not had their eyes

screened for sight-threatening retinopathy is not currently available, but it is likely that 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 and poor pregnancy outcomes.



I was told I should be seen more often by my eye care team, I tried to call my eye care team but was told there were no appointments available. I believe my diabetes care was better 30 years ago than it is today.



I have diabetic retinopathy and have not been screened since the start of COVID.



Responses to our survey in Wales

We understand the challenges facing all clinicians working in diabetes care and are eager to work with Welsh Government, NHS Wales and patient reference groups to reduce backlogs and waiting lists.

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 the pandemic to 16% and 22% of expected levels respectively – and though these referrals are recovering, they remain a quarter below its expected volume.

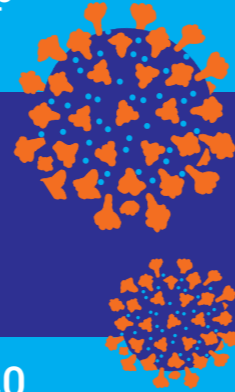
Recent evidence shows that there have been excess deaths of people with a diagnosis of diabetes because of factors unrelated to coronavirus. The number of excess deaths in Wales relating to diabetes increased by 23.4% from March 2020 to January 2021⁹, the greatest increase from the 5 year average of any of the “leading causes” of death.

These increases cannot simply be due to the deaths as a result of coronavirus. Although the total numbers are still small in comparison to some other “leading causes of death”, similar increases have been seen across the UK in greater numbers¹⁰, and nobody should die as a result of diabetes. More work is needed to understand exactly why there is an increase in excess deaths not involving coronavirus. However, we do know that people with diabetes were often

Excess deaths not involving coronavirus in people with diabetes were up by almost

25%

from March 2020 to January 2021 compared to the five year average for the same period.



shielding during this time due to fear of contracting coronavirus and may have impacted some people’s decisions not to seek medical attention where they otherwise may have.

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 Welsh NHS, enabling healthcare professionals to focus on supporting people to self-manage their condition rather than responding to the devastating consequences of lapses in care.



Diabetes seems to have been put on the back-burner, my annual checks have not taken place during the pandemic.



I feel forgotten about.



Responses to our survey in Wales.

Recommendation: NHS Wales should use available data including Diabetes Intervention Variation Atlas data and National Diabetes Audit data to prioritise the recovery and delivery of routine diabetes care services and catch-up on the back log of appointments caused by coronavirus. This will avoid the potential serious consequences of cancelled or postponed appointments, checks and treatment, as well as missed diagnoses of type 2 diabetes. This includes back logs of people waiting for diabetic eye screening and referrals to ophthalmology where patients have been identified as high risk. NHS Wales leaders should ensure support is targeted to areas of greatest need and should report on progress by the end of 2021.

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

Recommendation: Welsh Government must build robust methods of accountability through a new NHS Executive ensuring implementation of the National Clinical Plan and subsequent clinical pathways.

Over half of people with diabetes who responded to our survey had difficulties managing their diabetes during the coronavirus pandemic. That is almost 10% more people in Wales reported difficulties than people in England.

Around 2/3 of people with diabetes we spoke to, found it either slightly or much more difficult to maintain their confidence in their ability to manage their condition throughout the pandemic.

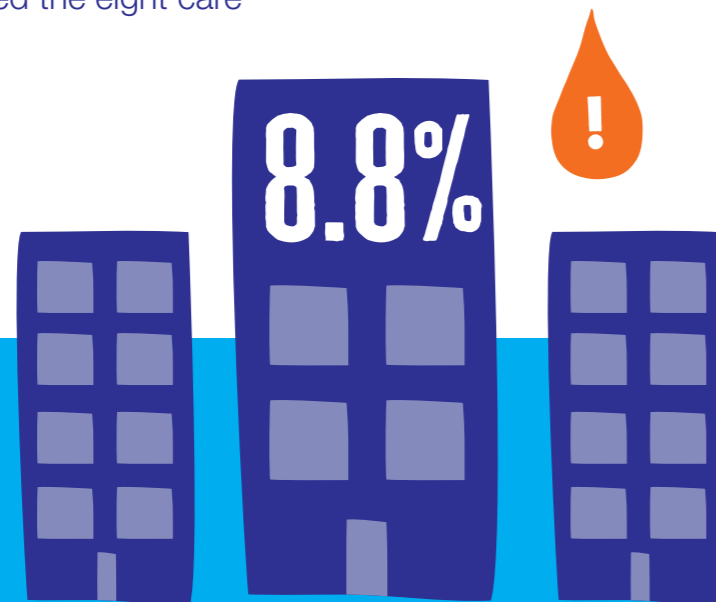
Inequality and diabetes

Coronavirus has also highlighted the urgent need to address health inequalities in Wales. 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 deprivation¹¹, and people from South Asian, Black African and Black Caribbean backgrounds are more likely to develop the condition, frequently at a younger age and lower BMI than White Europeans¹².

The National Diabetes Audit data from January to December 2020 shows the racial inequalities in the access people have to care processes in England and Wales. The percentage difference 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%

The Welsh Index of Multiple Deprivation report shows that income deprivation in Wales correlates strongly with local incidence rates of diabetes¹³. Sadly, in Wales type 2 diabetes is not solely a clinical issue but an issue of persistent social inequality. Type 2 diabetes is also closely linked with multiple adverse childhood experiences¹⁴. The National Diabetes Audit data for England and Wales also showed a stark difference in the prevalence of diabetes according to levels of deprivation. The most deprived quintile (IMD1) compared to the least deprived quintile (IMD5) showed an increase of 8.8% in the prevalence of diabetes.



of people living in the most deprived quintile (IMD1), showed an increase in the prevalence of diabetes, compared to the least deprived quintile (IMD5)

Inequality effects all aspects of health, from the rates of disease to access to healthcare services and clinical outcomes.

Recommendation: The Minister for Health and Minister for Social Justice should work together to ensure their legislative agenda for the next five years includes measures to address the causes of health inequality in Wales. Health inequality should be an official portfolio responsibility for both ministers.

Recommendation: Welsh Government and NHS Wales should prioritise reducing variation in diabetes outcomes experienced by those from deprived communities and ethnic minority groups, both for those already living with diabetes and those who are at increased risk of type 2. To underpin this work quality data needs to be available for local systems to use to remove barriers that cause structural inequality, variation and discrimination in clinical outcomes.

Recommendation: The Senedd's Health and Social Care Committee and Equality and Social Justice Committee should continue to prioritise tackling inequality throughout the sixth Senedd. The committees should build cross-cutting approaches to tackle health inequality into their forward work programmes for the remainder of the sixth Senedd.

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 under the National Clinical Plan, as well as the learning from how care has changed during the pandemic.

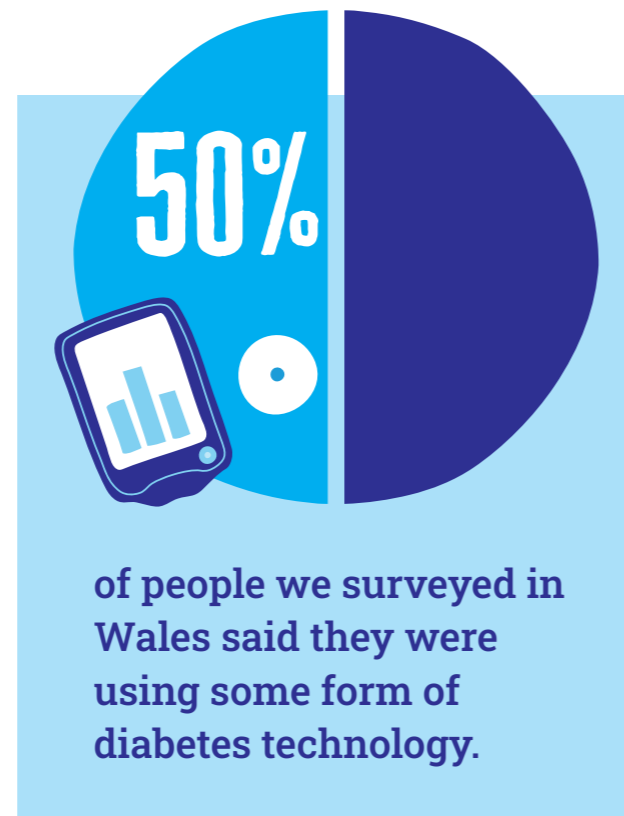
We have seen significant growth in remote care provision for those with diabetes and those at risk of type 2, online education and learning and more people accessing technology to monitor their blood glucose levels more effectively. We have seen many people use Diabetes UK's online Learning Zone to understand more about their diabetes, and we hope that targeted interventions through the Diabetes Prevention Programme will help those at risk of diabetes understand more about diet, nutrition, as well as practical tips for health and wellbeing. 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)¹⁵, 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 progress in widening access to Flash technology for those who need it through newly updated guidance from Health Technology Wales. In Wales we want to see new pilots, guidance and investment for expanding access to other forms of diabetes technology. This includes revolutionary hybrid closed-loop technology, sometimes called the artificial pancreas, which will generate evidence for NICE appraisal of these devices. The majority of people who benefit from the use of diabetes technology have type 1 diabetes. However, access to these forms of technology for people with other types of diabetes should not be limited either, access should be based solely on which technology is best suited to their individual needs.



“
Access to technology should be a huge priority. CGMs and insulin pumps should be available to anyone who wants them. This is not a big ask.
”

Responses to our survey in Wales.

We know however that many people living with diabetes are still not getting access to the life-changing technologies they would most benefit from, even when they meet NICE or Health Technology Wales criteria. In 2020, Diabetes UK Cymru estimated that around 45% of people with type 1 diabetes were using Flash¹⁶. Utilising the right technology for individual needs is important at all stages of a person with diabetes' life, especially for children and young people.

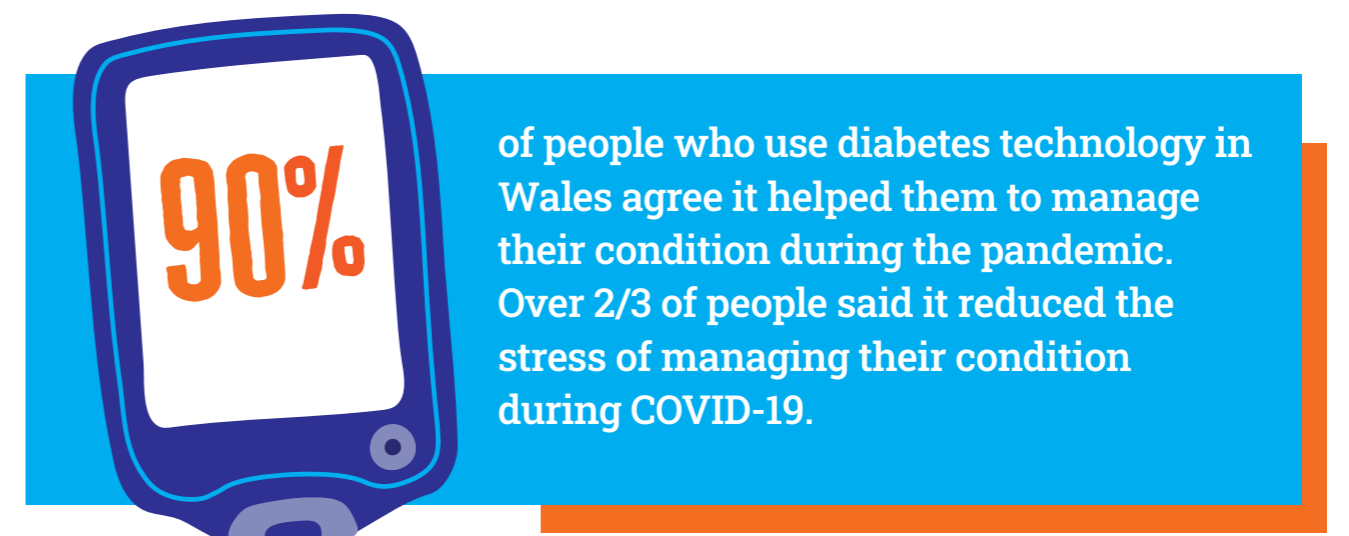
The most recent National Paediatric Diabetes Audit for example showed that while there has been an overall upward trend in the use of diabetes technologies, but there is still extreme variation in technology use, for example Prince Charles Hospital in Merthyr Tydfil reported 70.8% of paediatric patients on insulin pumps whereas Ysbyty Glan Clwyd near Rhyl reported only 16.8% of paediatric patients on insulin pumps¹⁷.

Concerningly, across the UK 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 technology¹⁸.

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 healthcare teams during the pandemic with 90% of people who use technology agreeing that it helped self-management of their condition during the pandemic.

“
Every person with diabetes should have access to free equipment to monitor their condition.
”

Responses to our survey in Wales.





I think that after you pass 55 years old you seem to be less important. I was the one that had to ask about help with my diabetes by getting access to Flash.



Responses to our survey in Wales.

Almost half (46.8%) of people also agreed that technology made remote consultations with their healthcare professionals easier. Access to these technologies, however, is too often only accessible for people with type 1 diabetes, but many people living with other types of diabetes could benefit from these technologies too.

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 care¹⁹ by digitally monitoring things like the time HbA1c levels have been within the target range. This in turn allows them to provide more tailored support to people with diabetes.

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 condition.

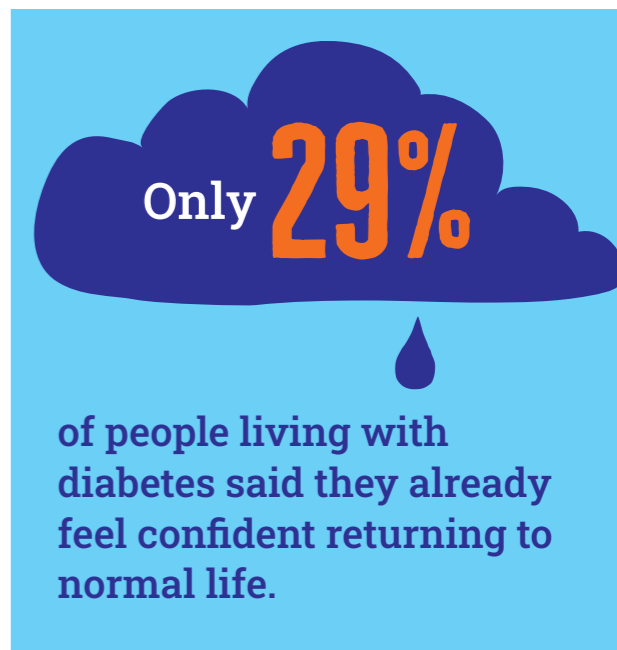
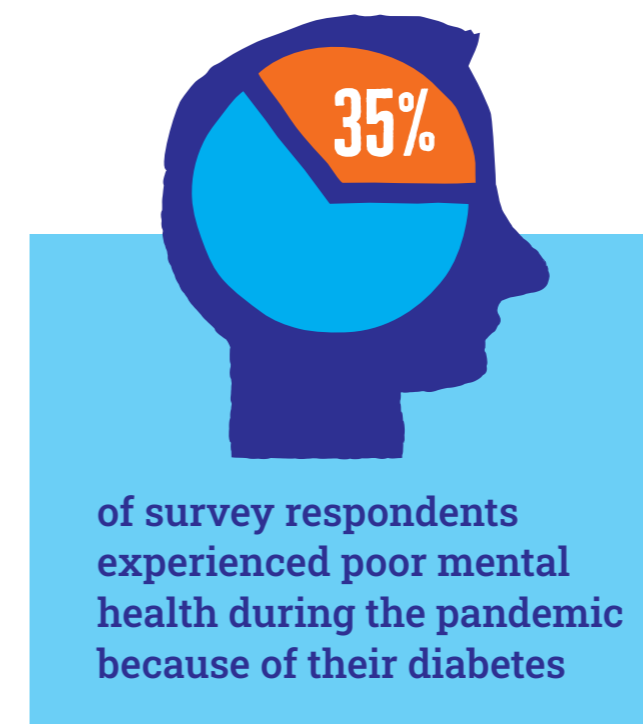
Recommendation: The Welsh Government should make a clear commitment to build on digital innovations seen in diabetes care during the pandemic. This means ensuring more people living with all types of diabetes are given access to technologies that support better self-management and effective delivery of care by their healthcare teams.

Recommendation: The Welsh Government should provide ring-fenced budgets to local health boards, to continue to improve the uptake of existing technologies and enable access to new diabetes technologies for all people with diabetes.



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

Even prior to the pandemic, we know that people 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 people with diabetes cannot get the support they need²⁰. Too often, adults living with diabetes were not being asked about their mental wellbeing, and if they were, almost always there was no specialist support available to refer them onwards. In most parts of Wales, very little has changed during the pandemic, and now the situation regarding mental health and wellbeing has worsened.



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 saying they already felt confident returning to normal life. 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 frequently²¹.



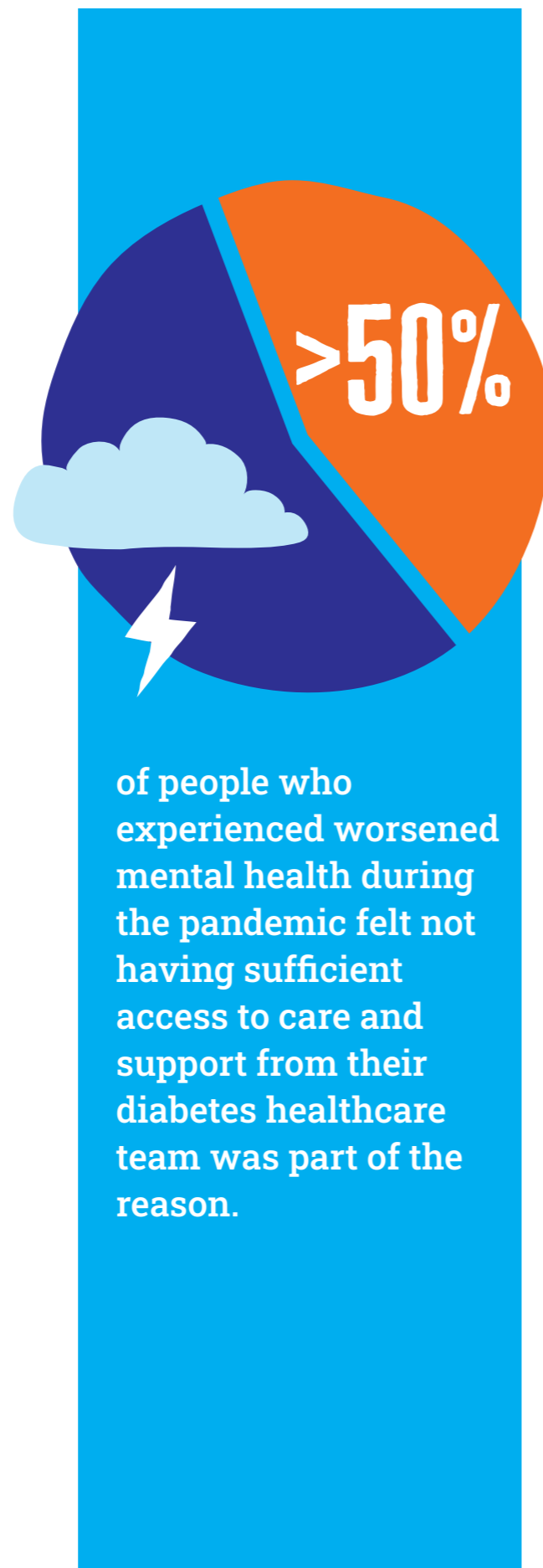
I need more support as I have frequent ups and downs. I was recently also diagnosed as coeliac and I am struggling. I feel I'm just left to get on with it and forgotten about.



Responses to our survey in Wales.

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 anxiety and stress of being at high risk of severe complications or death from coronavirus, along with concern about who should be shielding, receive protection and support, will have inevitably impacted on people's mental health. The fact that one in four deaths from the pandemic 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 Cymru has heard from many parents concerned about their children's safety and emotional wellbeing throughout the pandemic, even up to September 2021. This will only add the already significant existing emotional 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 in the UK²².



Whilst access to psychological therapies within paediatric diabetes services is substantially better established than access to these therapies in adult services, it is important that NHS Wales prepare for increased demand for these services across Wales.

Welsh Government's National Clinical Plan provides for the establishment of clinical pathways to develop services, reduce variation and set the standard for care across Wales. However, Welsh Government and NHS Wales leaders across all seven health boards must also consider the additional clinical need for specialist diabetes psychology across Wales and its role in routine diabetes care. This is vital in addressing the increased challenges faced by people with diabetes, which have in turn been exacerbated by the pandemic.

We also know that the lack of existing services, which normally would provide clinical teams with referral options is proving to be a significant barrier to providing the mental healthcare people need. We welcomed Welsh Government's response in answer to a question by Jayne Bryant MS on 13 July 2021 regarding the provision of these services in Wales stating that there is an expectation for 'health boards to put in place appropriate support for people with a long-term condition. That includes... where necessary, access to more specialised clinical psychology'²³.



However, the reality is that most health boards in Wales are far from being in a position to offer any specialist clinical psychology for adults with diabetes. Importantly, these services are proven to save money and are the epitome of the value-based healthcare. For example, the adoption of a diabetes psychology service in Betsi Cadwaladr University Health Board in 2021 projected to produce net savings of £714,696 to £1,151,660 by the end of its fifth year.

By either embedding psychologists within a diabetes service, or by establishing a psychology service with close links to the diabetes teams, the diabetes team is also able to receive training and support in the delivery of lower level psychological interventions as part of their care.

However, the lack of a specialist mental health workforce in diabetes care in Wales is a real barrier to change. There is currently a 30% vacancy rate across Wales, meaning that services already struggle to fill existing posts, let alone establish new ones. In Wales, we only train 30 Clinical Psychologists per year, the lowest of any nation and whereas England committed to increasing its clinical psychology doctoral training places by 60% in 2020, in Wales we are only increasing it by 10%. One of the biggest issues identified by diabetes psychologists was that we have no central commissioning process or national psychology leads, meaning we lack a strategic response to these problems.

Recommendation: NHS Wales should appoint a diabetes clinical psychology lead who can ensure a coordinated strategic response to identified need across Wales, work constructively with health boards to develop appropriate services and support the adoption of the diabetes psychological pathway in each health board.

Recommendation: That work in service development takes into account additional psychological needs as a result of the coronavirus pandemic. This includes workforce planning, where Welsh Government must prioritise increasing the numbers of trainee physical health psychologists.

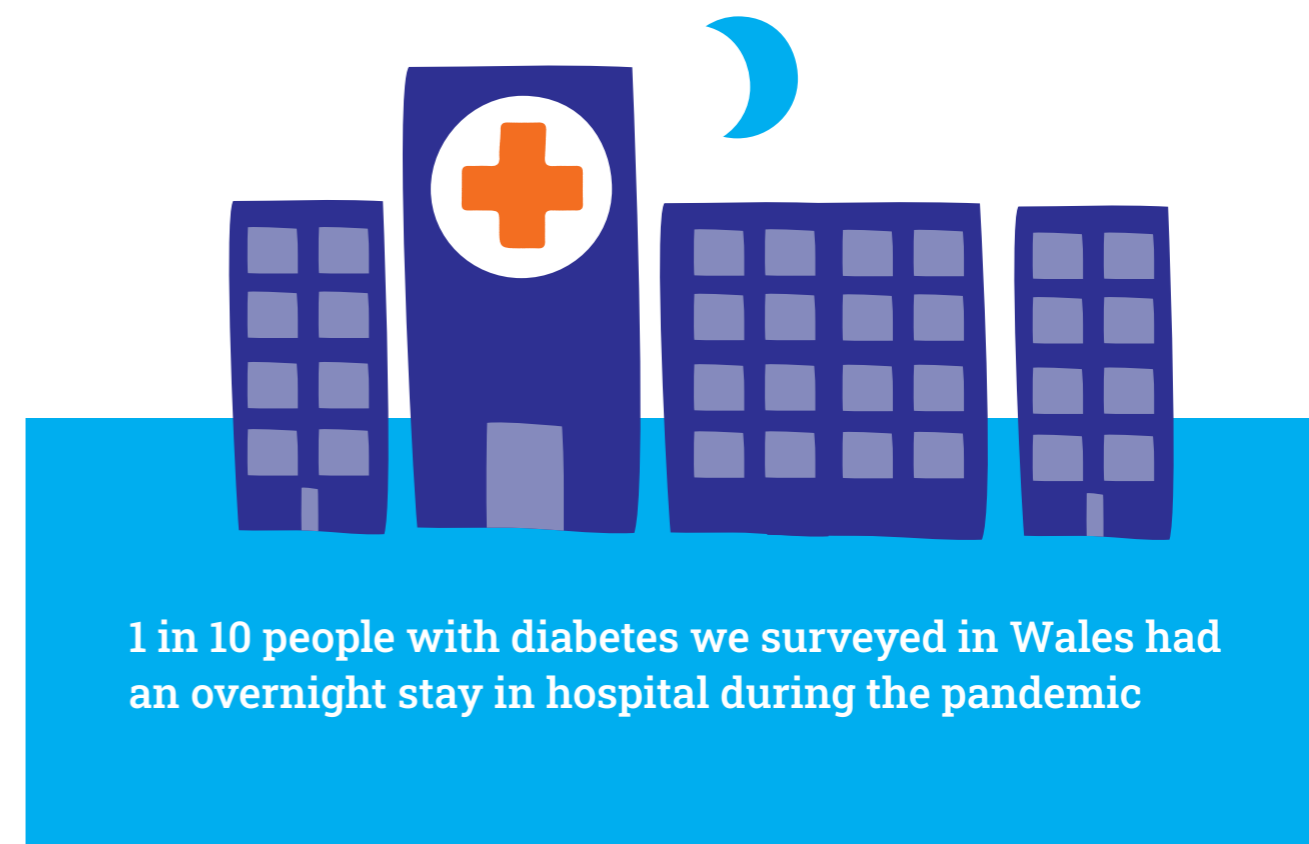
Recommendation: Welsh Government must release funding specifically earmarked for the establishment of specialist diabetes psychology services in health boards which currently do not offer any specialised adult diabetes psychology services.

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

We commend and are infinitely grateful to all healthcare workers across the Welsh 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 impacted by coronavirus from their experiences on the frontline during the worst health crisis we have ever seen. Initial results from the NHS Wales Staff Survey 2020 suggested that over one in three staff across Wales

do not look forward to their work, with one in five feeling negative about their work²⁴. Responses from the staff survey in England suggest that almost one in five are considering leaving the health service²⁵ (this data is not available for Wales).

Each person with diabetes is constantly managing their condition themselves and they rely on healthcare professionals to support them with this.



The NHS Wales Workforce Strategy from HEIW recognises that the wellbeing and engagement of the NHS workforce in Wales is integral to ‘the quality of health and care experienced by the people we serve’ as well as existing shortages in our health and care systems against a backdrop of future demographic change which will mean fewer working age people in Wales to deliver health and social care services²⁶.

At this time of recovery there is an opportunity to approach diabetes care differently, to be more integrated and connected between primary care, specialist services both in hospitals and in the community. However, the core challenge which must be addressed in order to realise this opportunity and to catch up on the backlog of unmet diabetes needs from the pandemic is to increase workforce capacity and skills. Resetting our NHS in Wales cannot come at the cost of already exhausted staff.



Recommendation: HEIW should consider a long-term response to the impact of coronavirus on the NHS Wales Workforce Strategy for Health and Social Care, and publish a plan on the effects of the pandemic and how we can mitigate impact on staffing levels and retention.



I made several attempts to contact a diabetes nurse during the first six months of COVID. However, they were all redeployed to other teams and I had to wait weeks for a call back. It seemed that diabetes care was no longer a priority.



Responses to our survey in Wales.

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 across the UK, 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 retirement²⁷. It is concerning that alongside the pressure of the pandemic on healthcare professionals, many more will leave the NHS and people with diabetes will suffer as a consequence.

Diabetes inpatient nurses 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 all settings, which prevents deaths linked to diabetes, 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 stay²⁸.

We know that even before the pandemic, the rates of healthcare professionals working in inpatient diabetes care was much lower in Wales than in England. This

is of particular concern as such a large proportion of hospitalisation from coronavirus 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 hospital²⁹, requiring additional support and expertise from diabetes specialists. There are also signs that coronavirus leads to new diagnoses of diabetes with international research indicating the occurrence of new on-set diabetes in 14% of hospitalisations³⁰. This has made diabetes specialists 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 suggested that without inpatient specialists present, too often staff did not fully understand the condition.

Recommendation: Diabetes UK has set out the approaches and standards for inpatient care³¹ which health boards should review and enact, ensuring patients are receiving safe and expert care in every hospital in Wales.



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 Autumn 2020, 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 investigation, treatment and advice has been severely reduced. Indeed, a survey by the 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 impacted³².

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 situation. 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 even more complex.

As the Welsh Government looks to implement its National Clinical Plan, and adopt new seamless models of care, we have an excellent chance to look again at how we can improve joined up-working across all support services with the person with diabetes at the centre. Enabling better communication across the Welsh NHS during a person's health journey.

Recommendation: As the Welsh Government looks to develop new clinical pathways and networks to implement them, it must include concerted efforts to bridge the gap between primary and secondary care.

Recommendation: Additional investment in primary care and the diabetes workforce must be considered a priority by Welsh Government and all bodies involved in workforce planning, including HEIW. This should include investment in primary care innovations in a Diabetes Network for Wales, tasked with improving timely access to appropriate integrated care.

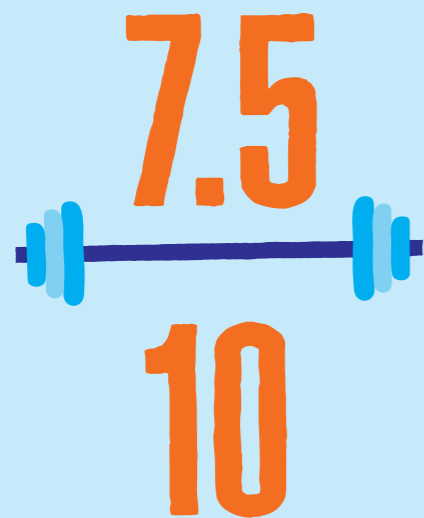
Most people with type 2 diabetes receive their routine care in a primary care setting, whereas people with type 1 usually receive care from a specialist diabetes team often based in hospital outpatients. All these routine appointments are crucial in preventing serious complications from diabetes.

Prevention and weight management: the case for continued implementation of Welsh Government's strategy to tackle obesity and further tools to reduce harm from diabetes

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 further 580,000 people in Wales at high risk of developing type 2 diabetes. Diabetes UK Cymru also estimates that there are 61,000 people currently living with undiagnosed type 2 diabetes³³. 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 diabetes³⁴.

Evidence shows that prevention and management of obesity requires attention to be placed on both public health and individual interventions to have an impact³⁵. 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 nations health. Indeed, Welsh Government's recent survey showed that 77% of adults wished they had done more exercise during lockdown³⁶.

Progress is already being made to create a healthier food environment in Wales and across the UK. The Soft Drinks Industry levy (SDIL) was a big step forward, prompting a significant reduction in the sugar content of sweetened drinks. However, the measures in the Welsh Government's Healthy Weight, Healthy Wales strategy have the potential to have a much bigger impact³⁷. Mandatory calorie labelling in restaurants and takeaways, strict rules on price promotions on foods high in fat, sugar and salt (HFSS) and restrictions on junk food advertising, will start to make a real difference.



of adults wish they had done more exercise during the pandemic

The new Diabetes Prevention Programme for Wales identifies those at high risk of developing type 2 diabetes and refers them to a one to one intervention based on the Nutrition Skills for Life programme³⁸. Trials with 615 patients at high risk of diabetes were successful with 83% showing a reduction in HbA1c and only 1.5% developing diabetes.

Swansea University's health economics team and the Diabetes Research Unit also showed it has the potential for huge cost savings for the NHS over 10 years, averaging £6.8m per health board. The programme won a UK Quality in Care Award at the end of 2020.

The programme was adopted as part of the Healthy Weight, Healthy Wales implementation board, receiving £1m of initial funding.

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 support³⁹. Long-term investment in interventions to reduce individuals' risk of type 2 diabetes will support thousands of people to take action to avoid type 2 diabetes.

Together these changes will create a healthier food environment and support people to maintain a healthy weight. Not only will this reduce the numbers of people developing type 2 diabetes, but will also provide a more supportive environment for those living with diabetes to manage their weight – contributing to better healthcare outcomes and the reduction of complications – and possibly even the remission of type 2 diabetes for some people.

For people with type 1 or type 2 diabetes who are living with obesity, weight loss will be one of the primary goals in managing diabetes⁴⁰, as weight loss for those who are outside their target weight can reduce HbA1c, cholesterol and blood pressure⁴¹⁴². It is important that the redevelopment of the obesity pathway in Wales is not slowed by the pandemic and adopts a mix of digital and 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 change. It is vital that existing and newly developing weight management services assess individual needs and facilitate appropriate access in a non-judgemental or stigmatising way⁴³.

Access must be improved to higher level weight management services and 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 patients⁴⁴. Despite the high number of people living with diabetes who meet the criteria for referral, the number of people accessing this service is extremely low in Wales compared to other nations with England, Scotland and Northern Ireland performing many more bariatric operations per capita⁴⁵ despite Wales having worse rates of obesity⁴⁶.

We also welcome announcements from Welsh Government regarding investment and redevelopment of the obesity pathway and weight management services. We know more people could

benefit from these avenues of support and treatment including many people living with or at risk of type 2 diabetes. These interventions, Diabetes UK Cymru welcomed the review of, and subsequent funding for weight management services in Wales. We recognise the challenges in establishing access to level three and four weight management services across the Wales, but with the right finding models access to these services can be improved. However, current funding remains inadequate if we want to see a functioning obesity pathway including level three and four such as input from clinical psychologists and access to bariatric surgery, in all regions of Wales.

Our insight into the barriers to bariatric surgery showed that lack of awareness of its benefits amongst healthcare professionals and people with type 2 diabetes, as well as the availability of services for referrals were key. Stigma is also a barrier and recent research has highlighted some healthcare professionals are obstructing access to bariatric surgery, because they have made a value judgement about appropriate use of resources⁴⁷.

Research funded by Diabetes UK has showed 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 GP⁴⁸. Almost half (45.6%) of those who took part in the programme were in remission from type 2 diabetes after a year, and of these people 70% were still in remission at

the end of year two. NHS Wales has begun to roll out pilots of these interventions in some areas, despite coronavirus, it is important to increase access by rolling out more pilots across Wales over the coming months so more people can benefit from this type of programme by putting their type 2 diabetes into remission.

Recommendation: Welsh Government must fully implement and build upon the measures in Healthy Weight, Healthy Wales. Welsh Government and the Healthy Weight, Healthy Wales Implementation Boards would continue to work with Obesity Alliance Cymru on innovative interventions to help people in Wales maintain a healthy weight, including the successful roll-out of the new Diabetes Prevention Programme.

Recommendation: NHS Wales and Welsh Government should work together to look into the national roll-out of a low-calorie diet pilot programme to improve health outcomes and, for many people, put their type 2 diabetes into remission.

Recommendation: Welsh Government should build on its commitment to develop a full range of weight management services to enable a fully operational obesity pathway in Wales. This must include increasing provision of level three and four services such as input from clinical psychology and access to bariatric surgery, by announcing increasing the funding available to these highly specialist services, ensuring that those who can benefit are able to access these treatments.



Conclusion

Coronavirus has put unprecedented pressure on the healthcare system in Wales, 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, offering appropriate mental health support, 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 the rates at which it is increasing in Wales underlines the scale of the challenge, but if we get this right, it could transform the landscape of diabetes care and help more people live happier healthier lives.



Summary of recommendations

Prioritisation and investment into diabetes care and prevention:

Recommendation: NHS Wales should use available data including Diabetes Intervention Variation Atlas data and National Diabetes Audit data to prioritise the recovery and delivery of routine diabetes care services and catch-up on the back log of appointments caused by coronavirus. This will avoid the potential serious consequences of cancelled or postponed appointments, checks and treatment, as well as missed diagnoses of type 2 diabetes. This includes back logs of people waiting for diabetic eye screening and referrals to ophthalmology where patients have been identified as high risk. NHS Wales leaders should ensure support is targeted to areas of greatest need and should report on progress by the end of 2021.

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

Recommendation: Welsh Government must build robust methods of accountability through a new NHS Executive ensuring implementation of the National Clinical Plan and subsequent clinical pathways.

Recommendation: As the Welsh Government looks to develop new clinical pathways and networks to implement them, it must include concerted efforts to bridge the gap between primary and secondary care.

Recommendation: The Minister for Health and Minister for Social Justice should work together to ensure their legislative agenda for the next five years includes measures to address the causes of health inequality in Wales. Health inequality should be an official portfolio responsibility for both ministers.

Recommendation: Welsh Government and NHS Wales should prioritise reducing variation in diabetes outcomes experienced by those from deprived communities and ethnic minority groups, both for those already living with diabetes and those who are at increased risk of type 2. To underpin this work quality data needs to be available for local systems to use to remove barriers that cause structural inequality, variation and discrimination in clinical outcomes.

Recommendation: The Senedd's Health and Social Care Committee and Equality and Social Justice Committee should continue to prioritise tackling inequality throughout the sixth Senedd. The committees should build cross-cutting approaches to tackle health inequality into their forward work programmes for the remainder of the sixth Senedd.

Investment into diabetes technology:

Recommendation: The Welsh Government should make a clear commitment to build on digital innovations seen in diabetes care during the pandemic. This means ensuring more people living with all types of diabetes are given access to technologies that support better self-management and effective delivery of care by their healthcare teams.

Recommendation: The Welsh Government should provide ring-fenced budgets to local health boards, to continue to improve the uptake of existing technologies and enable access to new diabetes technologies for all people with diabetes.

Recognition of the impact of mental health:

Recommendation: NHS Wales should appoint a diabetes clinical psychology lead who can ensure a coordinated strategic response to identified need across Wales, work constructively with health boards to develop appropriate services and support the adoption of the diabetes psychological pathway in each health board.

Recommendation: That work in service development takes into account additional psychological needs as a result of the coronavirus pandemic. This includes workforce planning, where Welsh Government must prioritise increasing the numbers of trainee physical health psychologists.

Recommendation: Welsh Government must release funding specifically earmarked for the establishment of specialist diabetes psychology services in health boards which currently do not offer any specialised adult diabetes psychology services.

Investment in the workforce:

Recommendation: Diabetes UK has set out the approaches and standards for inpatient care⁴⁹ including DSN staffing levels which health boards should review and enact, ensuring patients are receiving safe and expert care in every hospital in Wales.

Recommendation: HEIW should consider a long-term response to the impact of coronavirus on the NHS Wales Workforce Strategy for Health and Social Care, and publish a plan on the effects of the pandemic and how we can mitigate impact on staffing levels and retention.

Recommendation: Additional investment in primary care and the diabetes workforce must be considered a priority by Welsh Government and all bodies involved in workforce planning, including HEIW. This should include investment in primary care innovations in a Diabetes Network for Wales, tasked with improving timely access to appropriate integrated care.

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

Recommendation: Welsh Government must fully implement and build upon the measures in Healthy Weight, Healthy Wales. Welsh Government and the Healthy Weight, Healthy Wales Implementation Boards would continue to work with Obesity Alliance Cymru on innovative interventions to help people in Wales maintain a healthy weight, including the successful roll-out of the new Diabetes Prevention Programme.

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