DIABETES UK
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NORTHERN IRELAND

DIABETES IS SERIOUS

The importance of diabetes care and prevention in rebuilding and transforming the health system in Northern Ireland

CONTENTS

Diabetes UK is the leading charity in Northern Ireland 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 across the UK into diabetes care and prevention.

The last 18 months have provided us all with many challenges, both personally and professionally, and for many, those challenges remain. At Diabetes UK Northern Ireland, we have navigated the pandemic by continuing our focus on people living with the condition, responding to their needs, and advocating on their behalf, as well as engaging and supporting healthcare professionals in diabetes care.

An introduction from Tina McCrossan, National Director, Diabetes UK Northern Ireland

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. 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.

This report is a timely snapshot of how respondents felt they were able to manage their condition during uncertain and daunting circumstances, with limited access to healthcare and long periods of isolation. We have also been able to engage with those at the frontline of health care provision, hearing from the people providing healthcare and the people receiving that healthcare.

As the leading charity for diabetes in Northern Ireland, we remain focused on working together with a wide range of stakeholders to ensure diabetes care is prioritised as we slowly emerge from pandemic life. We have learned from gathering this report that there are clear gaps in diabetes care across Northern Ireland, but we cannot be hasty to blame this solely on the emergence of coronavirus.

There have been many issues across the health service which existed long before the pandemic but, since March 2020, have unquestionably been exacerbated and brought to breaking point. The workforce issues remain an undeniable pressure point compounded by the complexities of care needed by an increasing amount of people living with diabetes. Diabetes prevalence in Northern Ireland is growing around 4% year on year and with an estimated 376,000 people living here at risk of type 2 diabetes, this wave cannot be held back without prioritising diabetes prevention and care.

We will continue to engage with politicians, decision makers and policy influencers to make the case for diabetes and make change possible, where possible. We will rely on other areas of work to run parallel with this to really see the impact of change. The incredible efforts of our healthcare professionals, right across the health system, should rightly be commended and we thank them for all they have done during such challenging times. It will be these individuals and teams who will really drive the change needed to enhance, improve, and sustain excellent diabetes care for people living with this relentless condition.

Underpinning all of this will be our work with people living with and at risk of diabetes – we will focus on reaching as many people as close to the point of diagnosis as possible and be available to them throughout their journey as and when they need us. And we will continue to ensure the voice and experience of those we support and work with, informs and drives change. This includes constantly gathering insight, ensuring they have meaningful opportunities to co-design services, as we have already seen through engagement with the Diabetes Network for Northern Ireland, the design, development, and delivery of care pathways, as well as contributing to professional training courses, and sharing their lived experience in with nursing, medical and other health and social care students.

In this report we will make several recommendations, both short and long term, but there are three priority areas in which we recommend action:

1. The development of diabetes pathways for all types of the condition, which will take account of the complexity of the condition and address the existing gaps in service modelling

2. The development of a comprehensive workforce plan which encompasses primary, secondary, and intermediary care and will enable the implementation of diabetes pathways

3. Investment in preventing type 2 diabetes, and putting type 2 diabetes into remission

Underpinning these three priority areas lies a significant challenge which also needs to be addressed and that relates to data. Despite it being highlighted as “an important early action” in 2016’s Diabetes Strategic Framework, five years on, there is no way of accessing pivotal data to benchmark, measure or understand the current state of diabetes care in Northern Ireland. We again call for a robust and systematic auditing process for diabetes in Northern Ireland, similar to the National Diabetes Audit in England and Wales. A comprehensive population health needs assessment is also required to understand the population, alongside a robust and up to date assessment of need on which to base all planning assumptions. There needs to be a targeted and sustainable investment in the health system, and health inequalities need to be identified and addressed within this. With access to up-to-date data for Northern Ireland, we can champion the many examples of success and innovation, share and learn from best practice, ensure that plans will be based on sound assumptions and therefore most likely to be future proofed.

The findings from our survey of almost 200 people with diabetes, or those who care for someone with diabetes, show that over half of people had difficulties managing their diabetes during the pandemic, and a quarter of people had consultations cancelled since March 2020 that have still not taken place. 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, as well being an important factor in supporting a person’s self-management and mental health. These serious complications currently cost the health service £1 million every day in Northern Ireland and without serious intervention from our decision-makers, this is projected to increase. Addressing this must be a priority as we rebuild from the pandemic.

As we look to the future, there must be recognition by decision makers in Northern Ireland that diabetes is serious, and that missed appointments and missed diagnoses, coupled with a depleted, stretched, and burnt-out workforce, 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 health service has made in diabetes care in recent years.

The pandemic also gave rise to many rapid innovations that have transformed 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 on past successes, learns from experiences of healthcare professionals, and puts people with diabetes first. We must seize this opportunity to make the changes needed to help the health service, help healthcare professionals, and help the growing diabetes population in Northern Ireland deal with the demands and complexities of this relentless condition.

Summary of recommendations

Short-term recommendations, as we emerge from coronavirus

- Decision-makers, including the Northern Ireland Assembly and Executive, should do all they can to support the health service to prioritise delivery of routine diabetes care and catch up on the backlog of appointments caused by coronavirus, to avoid the potential serious consequences of missed appointments, checks, treatment, and delayed diagnoses.

- All political parties in Northern Ireland should commit to investing in and prioritising diabetes care and prevention to support the Department of Health's plans contained within Delivering Together to transform the health service, and in the plans for the rebuilding of the health service post-coronavirus.

- The Diabetes Network, with the support of the Department of Health should ensure, as committed to in 2016's Diabetes Strategic Framework, that Northern Ireland has a systematic and robust method of auditing on diabetes prevalence and care, like the National Diabetes Audit in England and Wales, to inform where to target future investment.

- In implementing the tackling inequalities element of the Executive's coronavirus recovery plan, the Department of Health, Department of Communities, and the Public Health Agency should work together to identify the inequalities in diabetes outcomes experienced by those from lower socio-economic groups 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, the Executive should enable the health service to capture and make available local data to then tackle these health inequalities.

- In the short-term, the Department of Health should develop a strategy to address service gaps which are currently adversely affecting care. This strategy should include an analysis of waiting lists and workforce mapping. This, supported by a population health needs assessment, can underpin a longer-term strategy.

Long-term strategic recommendations for the future of diabetes care

For the development of required diabetes pathways which take account of the complexity of the condition and address the existing gaps in service modelling:

- The Department of Health should use the opportunity of multi-year Departmental budgeting to enable recurring and sustainable investment in diabetes care, treatment, and prevention services. This would build on the progress already made and support the implementation of the Diabetes Strategic Framework as well as contributing significantly to the wider health transformation process.

- The Department of Health should prioritise investment through the Diabetes Network to continue to improve the uptake of existing diabetes technologies and enable access to new diabetes technologies to help management of blood glucose and improve quality of life in people with all types of diabetes.

- The Department of Health should build on the commitments within the Mental Health Strategy to ensure it correctly addresses the mental health needs of people with long-term health conditions such as diabetes and ensure that mental health interventions are available throughout care pathways.

For the development of a comprehensive workforce plan which encompasses primary, secondary and intermediary care and is designed to support delivery of diabetes care and treatment through diabetes pathways:

- In implementing the Mental Health Strategy, The Department of Health should 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 and collaborate with the third sector, including Diabetes UK, for additional support.

- Recovery of the health service must build on the commitment made in the Diabetes Strategic Framework to continue to enhance the capacity of specialist inpatient clinicians to ensure people with diabetes receive the high-quality care they need. This should also include the development of a formal diabetes inpatient structure and pathway.

- Additional investment in the diabetes workforce must be considered a priority by Department of Health and all bodies involved in workforce planning. This work would support commitments in the Diabetes Strategic Framework to develop a workforce plan for diabetes services and should aim to implement national recommended staffing levels.

- The Department of Health must ensure that primary care health professionals are resourced with the skills mix, education, and knowledge of diabetes to deliver good care, and are supported by trained specialists, like diabetes specialist nurses, dietitians, podiatrists, and psychologists, through multidisciplinary and joined-up working.

For investment in preventing type 2 diabetes and putting type 2 diabetes into remission:

- The Department of Health must ensure that the prevention of type 2 diabetes is a key priority within a new Obesity Strategy for Northern Ireland.

- The Northern Ireland Executive should explore measures on how to use money generated from the Soft Drinks Industry Levy to tackle obesity and treat or prevent type 2 diabetes in Northern Ireland.

- The Public Health Agency and HSC Trusts, with the support of the Department of Health, should continue their commitment to the Diabetes Prevention Programme as a key means to support people at risk of type 2 diabetes to make changes in their health and behaviour.

- The Department of Health should support and drive effort to extend the Diabetes Remission Programme throughout Northern Ireland.

- The Department of Health should recommence its feasibility study into the establishment of Northern Ireland's first bariatric surgery service as soon as is practicable.

Section one

DIABETES CAN'T WAIT

What is diabetes?

As of 2021, there are around 104,000 people in Northern Ireland with a diagnosis of diabetes[1]. When a person has diabetes, they will have one of several serious and life-long conditions affecting a person's blood glucose and insulin levels.

There are

104,000

people in Northern Ireland with a diagnosis of diabetes

We estimate there are approximately 9,000 to 10,500 people in Northern Ireland with type 1 diabetes, a life-long condition where a person's blood glucose level is too high because their body cannot produce a hormone called insulin. Type 1 diabetes tends to develop very quickly and cannot be prevented, delayed, or put into remission. What causes type 1 diabetes is not known. While type 1 diabetes can develop at any age, it is the most common form of diabetes in children.

Approximately 90% of people with diabetes have type 2[2]. When a person has type 2 diabetes, their insulin does not work effectively, or they do not produce enough of it. This means their blood glucose levels keep rising, which is dangerous if not controlled. It is a progressive condition, and some people can live with type 2 diabetes unnoticed for up to 10 years before being diagnosed. Diabetes UK estimates that approximately 70-80% of cases can be delayed or prevented, and it is also possible to put some cases into remission. The risk factors for developing type 2 diabetes include age, ethnicity, family history and being overweight. For these reasons, type 2 diabetes is most commonly found in older adults, however there is a concerning growth throughout the UK in incidences of type 2 diabetes in children and young people in recent years.

Approximately

90%

of people with diabetes have type 2 diabetes

Though types 1 and 2 are the most common forms of diabetes, just over 2,000 women a year in Northern Ireland develop gestational diabetes, which develops during pregnancy[3]. When a woman has gestational diabetes, it is due to the hormones she is producing making it hard for her body to use insulin properly. Gestational diabetes usually goes away after giving birth. However, having gestational diabetes increases a woman's risk of developing it again in future pregnancies and it also increases the risk of developing type 2 diabetes.

There are other, rarer, and equally serious forms of diabetes and the numbers in Northern Ireland for these conditions are low.

[1] Department of Health, Quality and Outcomes Framework (QOF) https://www.health-ni.gov.uk/topics/doh-statistics-and-research/quality-outcomes-framework-qof

[2] Diabetes UK https://www.diabetes.org.uk/type-2-diabetes

[3] Northern Ireland Assembly http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=298095

Rapid growth of diabetes

Diabetes is one of the fastest growing health crises of our time. The number of people in Northern Ireland living with diabetes is rapidly increasing, as diabetes diagnoses have almost doubled in the last 15 years[4]. A large part of this rise is due to the growing rate of type 2 diagnoses, and Diabetes UK estimates there are more than 376,000 people at increased risk of type 2 diabetes in Northern Ireland right now[5].

The Northern Ireland Executive has pointed to the growth in long-term health conditions as one of the major reasons behind the need to transform the health and social care system in its ten-year plan, Health and Wellbeing 2026 – Delivering Together[6]. This plan was the Executive's response to the report produced in 2016 by an expert panel led by Professor Rafael Bengoa tasked with considering the configuration of health and social care in Northern Ireland. Diabetes is one of the most prevalent long-term health conditions and there has been significant work and investment to slow this. However, as we rebuild from the coronavirus pandemic and as the health transformation process continues, Northern Ireland's decision-makers, encompassing the Assembly, Executive and political parties, must prioritise and support 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.

There are more than

376,000

people at increased risk of type 2 diabetes in Northern Ireland

As the Northern Ireland Executive looks to make significant transformation to the health and social care system as outlined in Delivering Together, and with an Assembly Election scheduled for 2022, diabetes must be high on the agenda.

[4] Diabetes UK Northern Ireland (2016) State of the Nation 2016

[5] Based on Office for National Statistics estimates of UK population and HSE estimates for people at very high risk of health complications due to weight and waist circumference

[6] Department of Health (2016) Health and Wellbeing 2026 – Delivering Together

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 and serious complications such as amputation, stroke, and heart attack. It is also estimated that approximately 10% of Northern Ireland's health and social care budget is spent on diabetes-related complications, which is around £1m per day and further estimates suggest this could rise to 17% of total healthcare expenditure by 2035[7,8]. 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 health service.

10% of Northern Ireland's health and social care budget is spent on diabetes-related complications, which is around

There have been many strides forward in diabetes care and prevention locally, such as the publication of the Diabetes Strategic Framework and the subsequent establishment of the Diabetes Network for Northern Ireland, as well as the Diabetes Prevention Programme. However, to build on this, political parties also have a huge role to play and as the Northern Ireland Executive looks to make significant transformation to the health and social care system as outlined in Delivering Together, and with an Assembly Election scheduled for 2022, diabetes must be high on the agenda.

The Diabetes Strategic Framework

The Diabetes Strategic Framework was published in 2016 and sets the strategic direction for diabetes care and support until 2027, with a vision to provide care which improves outcomes for people living with diabetes. An early action from the Framework was the establishment of the Diabetes Network to drive and support its implementation.

The Diabetes Network

The Diabetes Network for Northern Ireland supports the implementation of the Diabetes Strategic Framework and brings together people living with diabetes, carers, clinicians and health and social care professionals working in partnership with Diabetes UK on the design and delivery of better diabetes services.

[7] Northern Ireland Assembly (2016) http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=269725

[8] Northern Ireland Audit Office (2018) Type 2 Diabetes Prevention and Care

Diabetes care during the pandemic

“I am more than diabetes. It is not what should define me. It has, however, been defining during the pandemic. I’m identified as someone who is vulnerable and at increased risk, and dependent on others to collect prescriptions, I’m dealing with pandemic anxiety through a diabetes lens, and I’m confused, but not wanting to burden an already-stretched health service.”

Survey Respondent, September 2021

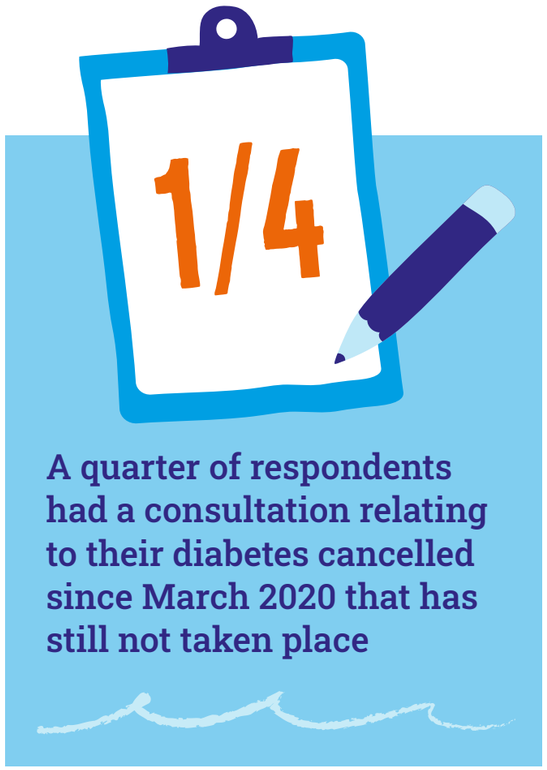
Diabetes is relentless. People with diabetes must constantly self-manage the condition, and they do this with the support of healthcare professionals through their routine check-ups, advice, and tests to inform self-management, alongside support from peers and families.

Adults with diabetes have been one of the groups most affected by coronavirus. The pandemic has shown more than ever how serious the condition is, with people with diabetes accounting for 20.6% of coronavirus deaths in Northern Ireland from March to December 2020, and the second most common pre-existing condition in coronavirus deaths, behind dementia and Alzheimer’s disease[9]. The increased risk people with diabetes have faced has had an impact on many people’s mental health and wellbeing, and this adds to the difficulties of managing a condition whilst routine appointments and visits to healthcare professionals have been postponed or cancelled. The pandemic has also 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, they need to manage their condition well, then their health outcomes are potentially made worse.

20.6%

People with diabetes accounted for 20.6% of coronavirus deaths in Northern Ireland from March to December 2020

Our recent survey of nearly 200 people with diabetes in Northern Ireland showed that over a quarter of respondents had a consultation relating to their diabetes cancelled since March 2020 that has still not taken place, and a third of respondents have not had any contact with their diabetes team since the start of the pandemic. Over half of respondents (53.5%) reported having difficulties managing their diabetes during the coronavirus pandemic, the majority of whom (66%) referred to a lack of sufficient access to care and support from their healthcare team as the reason.



A quarter of respondents had a consultation relating to their diabetes cancelled since March 2020 that has still not taken place

Over half of respondents (53.5%) reported having difficulties managing their diabetes during the coronavirus pandemic

It is important to point out that, for our already fragile health service in Northern Ireland to cope with the demands of a global coronavirus pandemic, the scale and type of which has not been seen in living memory, this disruption was unavoidable. However, it has inevitably had consequences for people with diabetes, and routine appointments are essential for identifying the early signs of complications, which may not be visible, and for keeping self-management on track.

Our survey data presents a mixed picture of both delayed appointments, combined with a reluctance of many (approximately 30%) to seek help for an emerging problem, due to the pandemic. In addition, two-thirds of respondents had reported that anxiety, worry, or stress caused by the pandemic was another reason for having difficulties managing their diabetes since March 2020. This suggests that an already significant backlog will be compounded in the months and years ahead as people seek help for advanced problems which have developed during the pandemic. It is crucial that the Department of Health does all within its power to assist stretched diabetes clinical teams to deal with the backlog.

Two-thirds of respondents had reported that anxiety, worry, or stress caused by the pandemic was another reason for having difficulties managing their diabetes since March 2020

[9] NISRA (2021) Covid-19 related deaths and pre-existing conditions in Northern Ireland: March 2020 to February 2021

I've had a virtual appointment with my consultant, but my annual foot review is very much on the long finger. I just worry that if there are any issues, it will impact my health in the future.

Survey Respondent, September 2021

I haven't even been able to arrange a telephone appointment at all since before the pandemic. My last clinic was November 2019 and when I asked about a phone appointment, I was denied. I had to fight to get HbA1c and other blood testing, yet I still haven't received the results. I feel completely cut off from diabetes care, especially compared to my type 1 diabetes friends in England and Scotland.

Survey Respondent, September 2021

Annual Checks

NICE recommends 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 blood sugar levels (HbA1c), foot checks, and blood pressure monitoring.

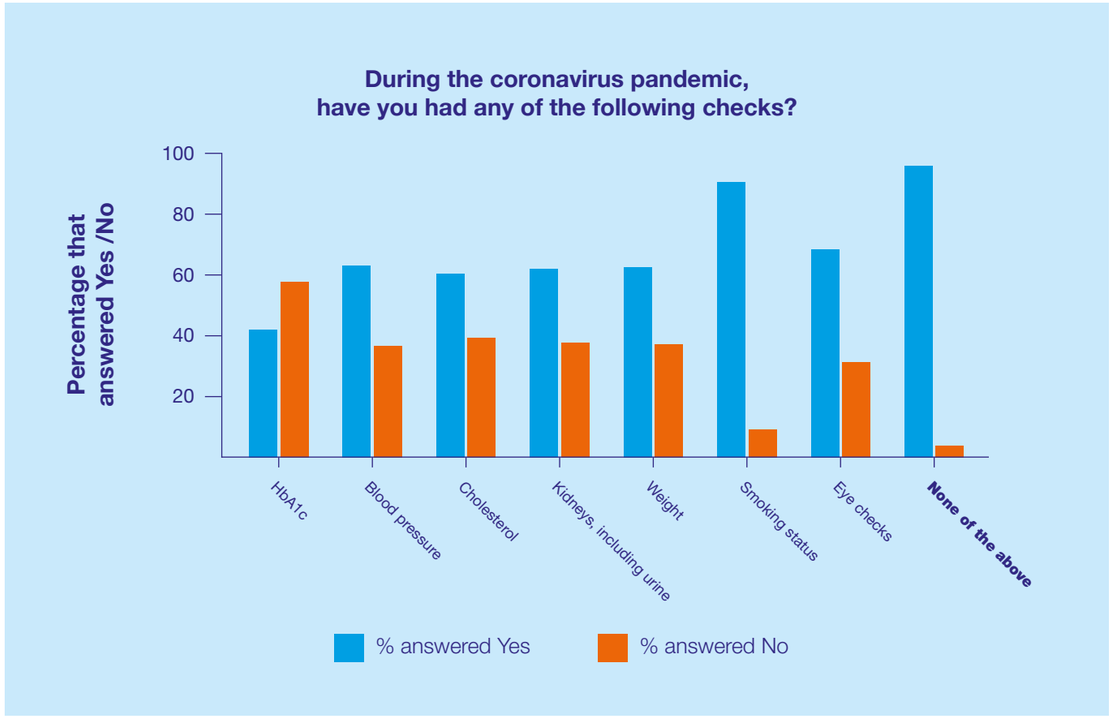
There is clear evidence about the importance of annual checks, with the National Diabetes Audit showing that, over a seven-year period, people in England and Wales with type 1 and type 2 diabetes who had received all their health checks – also called care processes – had better outcomes, including lower mortality, reduced progression to heart failure and reduced progression to renal replacement therapy. Other data from the National Diabetes Audit in England and Wales shows that, in those nations, there was a significant reduction in people with type 1 and type 2 diabetes who received all eight care processes during January to December 2020 compared to the same period in the previous year[10].

Frustratingly, with no equivalent audit in Northern Ireland, it is not currently possible to accurately assess how many people locally with type 1 and type 2 diabetes receive all their annual health checks. However, our survey found that, significantly, 58% of respondents have not had a HbA1c check since the beginning of the pandemic. Our survey also paints a mixed picture of respondents receiving their annual health checks, which again suggests a backlog which diabetes teams across Northern Ireland need support to catch up on. These checks are crucial, not only for helping people with diabetes self-manage their condition, but also for identifying risks and to take action to reduce progression into complications such as blindness, heart disease, kidney disease, amputations, and poor pregnancy outcomes.

With no diabetes audit in Northern Ireland, it is not currently possible to accurately assess how many people locally with type 1 and type 2 diabetes receive all their annual health checks

58% of respondents have not had a HbA1c check since the beginning of the pandemic

[10] NHS Digital (2017) National Diabetes Audit, 2015-16 Report 2b: Complications and Mortality



HbA1c is a person's average blood glucose (sugar levels) for the last two to three months. If a person has diabetes, an ideal HbA1c level is 48mmol/mol (6.5%) or below. If a person is at risk of developing type 2 diabetes, their target HbA1c level should be below 42mmol/mol (6%).

A high HbA1c means a person has too much sugar in their blood. This means they are more likely to develop diabetes complications, such as serious problems with their eyes or feet. A HbA1c check is a vital check and a person knowing their HbA1c level can help reduce their risk of devastating complications.

Compounded by the slow pace of transformation over the last number of years, the coronavirus pandemic has exposed the fragility of the health and social care system in Northern Ireland. We understand the challenges facing all clinicians working in diabetes care to clear the backlog of appointments and Diabetes UK has 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. Recall appointments 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. All decision-makers in Northern Ireland, from political parties, to the Northern Ireland Assembly, the Department of Health, and the whole Executive, have an important role to play in ensuring clinicians are as equipped as they can be to deal with the backlog of appointments.

Data from the Institute for Public Policy Research (IPPR) recently showed that, in England, 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 expected volume. It is also estimated that there were approximately 60,000 missed or delayed diagnoses of type 2 diabetes across the UK, including Northern Ireland, between March and December 2020[11]. These missed appointments and missed diagnoses are deeply concerning to Diabetes UK, as they will inevitably lead to more serious complications from the condition.

[11] Carr et al (2021), "Impact of Coronavirus on diagnoses, monitoring and mortality in people with type 2 diabetes in the UK"

"I was diagnosed during the pandemic at my local hospital through a referral by my GP. It was a very positive experience, very efficient, and I had immediate access to a Diabetes Specialist Nurse that day."

Survey Respondent, September 2021

"No routine diabetes clinics during the pandemic. I arranged an appointment with my DSN who took my blood. HbA1c was through the roof. This has been a scary experience and regular monitoring might have found the problem sooner."

Survey Respondent, September 2021

There needs to be more recognition and support for parent-carers of children with type 1 diabetes

Survey Respondent, September 2021

Since March last year, there have not been the usual diabetes clinics at my GP surgery. I find this most concerning.

Survey Respondent, September 2021

The Foot Care Pathway

The Foot Care Pathway was established by the Diabetes Network in November 2019 as an action from the Diabetes Strategic Framework and enables all adults with any type of diabetes to access the same services no matter where they live in Northern Ireland. It consists of 4 steps including annual foot care screening through to advanced foot disease care and treatment with a focus on the prevention of ulcers and amputations with the aims of reducing hospital admissions and improving the quality of life of people with diabetes.

We must ensure that coronavirus does not cause a significant setback to the many strides forward we have seen in diabetes care and prevention in recent years. Progress on areas such as the establishment of the regional Diabetes Prevention Programme, and the Diabetes Remission Pilot in the South Eastern Trust; improving access to insulin pump therapy and flash glucose monitoring; and the foot care pathway are hugely impactful and should be prioritised for sustainable resourcing.

The move to multi-year Departmental budgets, as committed to in the New Decade New Approach agreement which set out the priorities of a restored Northern Ireland Executive following three years without it functioning[12], presents an opportunity to build upon the progress to date on diabetes care, treatment, and prevention. More certainty of funding through multi-year budgeting would enable further prioritisation of diabetes care. This will not only reduce a person's harm from diabetes but play a significant role in the longer term by reducing the financial burden on the health service and enabling healthcare professionals to focus on supporting people to self-manage their condition rather than responding to the devastating consequences of lapsed care.

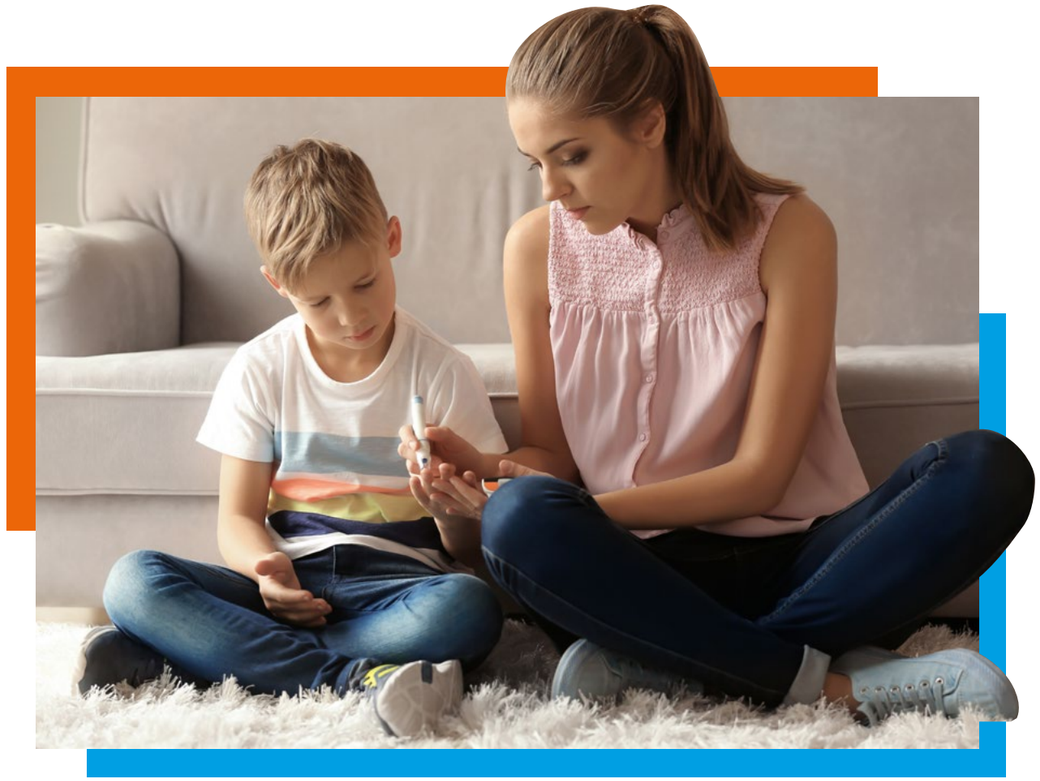
Recommendation: Decision-makers, including the Northern Ireland Assembly and Executive, should do all they can to support the health service to prioritise delivery of routine diabetes care and catch up on the backlog of appointments caused by coronavirus, to avoid the potential serious consequences of missed appointments, checks, treatment, and delayed diagnoses.

Recommendation: All political parties in Northern Ireland should commit to investing in and prioritising diabetes care and prevention to support the Department of Health's plans contained within Delivering Together to transform the health service, and in the plans for the rebuilding of the health service post-coronavirus.

Recommendation: The Department of Health should use the opportunity of multi-year Departmental budgeting to enable recurring and sustainable investment in diabetes care, treatment, and prevention services. This would build on the progress already made and support the implementation of the Diabetes Strategic Framework as well as contributing significantly to the wider health transformation process.

Recommendation: The Diabetes Network, with the support of the Department of Health should ensure, as committed to in 2016's Diabetes Strategic Framework, that Northern Ireland has a systematic and robust method of auditing on diabetes prevalence and care, like the National Diabetes Audit in England and Wales, to inform where to target future investment.

[12] Northern Ireland Office (2020) A New Decade, A New Approach



Inequality and diabetes

Coronavirus has also highlighted the urgent need to address health inequalities in Northern Ireland. As previously highlighted, data is not available in Northern Ireland on prevalence of type of diabetes in areas of higher deprivation versus areas of lower deprivation, nor do we know the socio-economic background of people with diabetes receiving all their care processes. This is another consequence of not having a systematic and robust method of auditing diabetes care, like that in England and Wales.

Data is not available in Northern Ireland on prevalence of type of diabetes in areas of higher deprivation versus areas of lower deprivation

However, we know that effective diabetes care and prevention plays an important role in reducing health inequalities, as the National Diabetes Audit in England and Wales tells us that prevalence of type 2 diabetes is higher in areas of greater deprivation in those nations[13]; and we know that 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[14]. We also know that the coronavirus pandemic has compounded the risk of mortality for the 85% of people with type 2 diabetes who also have obesity.

As the Northern Ireland Executive seeks to tackle inequalities and address vulnerability as intended in Building Forward, the Executive's coronavirus recovery plan[15], reducing disparities and inequalities 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: In implementing the tackling inequalities element of the Executive's coronavirus recovery plan, the Department of Health, Department of Communities, and the Public Health Agency should work together to identify the inequalities in diabetes outcomes experienced by those from lower socio-economic groups 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, the Executive should enable the health service to capture and make available local data to then tackle these health inequalities.

[13] NHS Digital (2020) National Diabetes Audit 2019/20: Report 1: Care Processes and Treatment Targets

[14] Health of Ethnic Minorities and Ntuk, U.E., Gill, J.M.R., Mackay, D.F., Sattar N. & Pell, J.P. (2014). Ethnic-Specific Obesity Cutoffs for Diabetes Risk: Cross-sectional Study of 490,288 UK Biobank Participants. Diabetes Care 37(9), 2500–7

[15] Northern Ireland Executive (2021) Building Forward: Consolidated COVID-19 Recovery Plan

Section two

LOOKING TO THE FUTURE

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

As we plan for the future, we have the opportunity to take stock and build on the prevention, treatment and care commitments within the Diabetes Strategic Framework, as well as the learning from the innovations which have taken place during the pandemic.

We have seen the growth in remote care for those with diabetes as well as those at risk of developing diabetes, the move to online Structured Diabetes Education programmes and more people accessing technology to monitor their blood glucose levels more effectively. We have seen an increase in people using Diabetes UK's online Learning Zone, our Befriender and Online Peer Support programmes for adults, as well as the Our Lives, Our Voices programme which is tailored to young people aged 13-25 in Northern Ireland.

However, we must remember that the move to remote care is not for everyone. Our recent survey found that, given the choice, well over half (57%) of respondents would like most or all of their appointments to be face-to-face, and a further third of respondents would like one face-to-face appointment per year, with remote appointments in between.

Options are therefore needed to facilitate personalised care that considers people's individual needs and circumstances. At the same time, it is also important to acknowledge the immense pressure clinical teams are under to deal with the significant backlog of appointments with a depleted, stretched, and burnt-out workforce and in a way that is coronavirus safe. Considering the need for people to access their health checks routinely, and in the context of a depleted workforce, a blended approach incorporating both remote contact and face-to-face is likely to have greatest impact.

Diabetes UK Northern Ireland advocates for the development of a series of diabetes pathways which take account of the complexity of the condition and address the existing gaps in provision.

Diabetes UK Northern Ireland know from what people tell us that they want and need clarity – they need to know what routine care they should receive, when to be concerned about changes they experience, when to seek help, how quickly they can expect a response, and when to escalate their concerns. They also tell us that they want the appropriate care to be available to them at the right time in the right place, and that they value having access to healthcare professionals who understand their condition, and who can refer on in a timely way if required. This clarity and confidence could be provided through implementing a range of care pathways.

The Diabetes Foot Care Pathway, which was launched in 2019, is an exemplar of how a pathway of care can be developed to ensure that one complexity of diabetes which has the potential to be life changing for people can be managed effectively. The pathway encompasses routine screening, early treatment and care, specialist hospital support, and care when a person needs it from the Multi-Disciplinary Diabetes Foot Team based in the Royal Victoria Hospital in the Belfast HSC Trust.

Diabetes UK Northern Ireland is a partner in the Diabetes Network for Northern Ireland. With and through the Diabetes Network we are working to develop pathways for other aspects of diabetes care such as insulin pumps, diabetes management for people while they are inpatients in hospital, and care for people living with type 2 diabetes.

Diabetes is a complex and life-long condition of various types that have a significant and relentless impact on people's lives. It affects people of all ages, social backgrounds, and ethnicities. Day to day management of these conditions is challenging. People need access to routine care and screening, often from specialists and, in some cases, may need emergency or inpatient treatment at different points in their journey of living with diabetes.

The concept of a journey is a useful one when thinking about care pathways. Precisely because of the complexity of this condition, one pathway can never meet the needs of everyone living with diabetes. However, an overarching pathway which sets out routine care processes and identifies trigger points for access or referrals to specific, specialist pathways such as the Foot Care Pathway, or an Inpatient Pathway, would provide clarity for both healthcare professionals and people living with diabetes. We will continue to work with and through the Diabetes Network for Northern Ireland towards implementing a series of pathways which ensure that people access or are referred for treatment in and the right time, at the right place, and with the appropriate healthcare professional.

Using the NICE 8 care processes for diabetes, we need to ensure that these vital checks are happening, and data collected. If these basic checks are not taking place, then potentially serious diabetes-related complications can occur. It is imperative that early interventions are supported by the aforementioned network of pathways, relevant to the aspect of diabetes requiring immediate attention, so that the person affected can get the help they need in a timely and cost-effective way.

Access to these pathways across all facets of this relentless condition and the specialised care within them should improve both access to care and outcomes of care.

Eight care processes: A serious of annual checks to monitor the health of people with diabetes

1. HbA1c
2. Blood pressure
3. Cholesterol
4. Serum Creatinine (kidney function)
5. Urine albumin (urine test)
6. Foot examination
7. Body mass index (BMI)
8. Smoking status

Technology is facilitating better diabetes management for people with diabetes and more efficient care delivery for their healthcare professionals

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[16], 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 Diabetes Strategic Framework. The proposed Regional Insulin Pumps Pathway, led by the Diabetes Network and co-produced with people living with diabetes, clinicians, healthcare professionals and Diabetes UK, is scheduled to be launched early in 2022. The new service will administer a regional approach to the provision of insulin pumps, creating efficiencies in process and time, and better service experience and improved quality of care and outcomes for people living with diabetes. In its programme priorities, the Diabetes Network is also working to ensure equity of access to flash and continuous glucose monitoring and exploring technology to support the management of type 2 diabetes.

In England, we have also 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 which will, in turn, help make the case for roll-out to Northern Ireland. The majority of people who will benefit from these innovations have type 1 diabetes.

[16] Effect of Flash Glucose Monitoring on Glycemic Control, Hypoglycemia, Diabetes-Related Distress, and Resource Utilization in the Association of British Clinical Diabetologists (ABCD) Nationwide Audit, available online here: www.care.diabetesjournals.org/content/diacare/43/9/2153.full.pdf.

We have been pleased to note that uptake of continuous and flash glucose monitoring in Northern Ireland is proportionately the highest in the UK, with over 8,500 prescriptions of FreeStyle Libre and FreeStyle Libre 2[17]. 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 criteria. Due to a mixture of workforce, funding, and efficiency issues, waiting lists for insulin pump starts for adults in particular remain unacceptably high across Northern Ireland. Supported by welcome recurring investment, this is an issue the proposed Regional Insulin Pumps Pathway will seek to partly address through the creation of a regional administration hub. This will aim to reduce the administration burden of pumps which currently falls under the role of the individual diabetes specialist nurse, whose workload has been increasingly stretched and whose numbers in post have not kept pace with rising prevalence.

Last year's Getting It Right First Time (GIRFT) report on diabetes, supported by Diabetes UK, recommended that diabetes technology should be made available to everyone who needs it as close as possible to where they live[18]. The development of new ways of working, such as the proposed Regional Insulin Pumps Pathway, will go a long way to ensure this in Northern Ireland.

"My technology is so transformative to my quality of life. It's like my pump and my CGM are managing my diabetes for me."

Pump Focus Group Participant, February 2021

"I am waiting on a pump for almost two years, and I have been told I have to wait another 3 to 5 years. I've been told by my doctor a pump would benefit me and I know that it could help with my job and my fear of hypos."

Survey Respondent, September 2021

"I started on my pump during the pandemic. We had online pump inductions as a group via Zoom and one-to-one support afterwards over the phone. The care was good, but when it's online you miss being physically shown things. There was always a panic at first when some things went wrong. Luckily I had support from family members who helped me resolve the issues, but we had to figure it out on our own."

Young Person's Focus Group Participant, September 2021

[17] HSCB Prescribing Data June 2021

[18] Professors Gerry Rayman and Partha Kar (2020) Diabetes GIRFT Programme National Specialty Report

Throughout the pandemic people's access to care and support from their diabetes healthcare teams has been limited, meaning their ability to effectively self-manage their condition has been more important than ever.

The use of diabetes technology has proved invaluable for people with diabetes who have access to it, and local health care teams during the coronavirus pandemic. Our survey found that 84% of people who use technology agreed that it helped self-management of their condition during the pandemic. Almost three-quarters (72%) said diabetes technology helped reduce their stress during the pandemic and just under half of respondents (49%) found diabetes technology made remote consultations easier. However, current access to most diabetes technology is mainly limited to those with type 1 diabetes and many people living with other types of diabetes could and should benefit from relevant technologies too.

Our survey found that 84% of people who use technology agreed that it helped self-management of their condition during the pandemic.

Healthcare professionals working in type 1 diabetes care, where people with diabetes have been using technologies like flash and continuous glucose monitoring, have been able to deliver a higher quality of remote care such as HbA1c and time in range[19]. This in turn allows them to provide more tailored support to people with diabetes.

The Department of Health, in its Strategic Framework for Rebuilding Health and Social Care Services has made a clear commitment to build on the service innovations seen during the pandemic[20]. For diabetes services, this should mean 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 Department of Health should prioritise investment through the Diabetes Network to continue to improve the uptake of existing diabetes technologies and enable access to new diabetes technologies to help management of blood glucose and improve quality of life in people with all types of diabetes.

[19] Julia Fuchs, Roman Hovorka, 2020 COVID-19 and Diabetes: Could Diabetes Technology Research Help Pave the Way for Remote Healthcare?

[20] Department of Health (2020) Rebuilding Health and Social Care Services – Strategic Framework

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

> **Having type 1 diabetes is exhausting – I am consumed by it.**

> **Having type 2 diabetes never leaves me. It constantly affects my mental health.**

> **The worry of getting coronavirus led to periods of anxiety and sleeplessness that I am sure wasn't experienced by others who were at lower risk of serious illness from the virus.**

Mental Health Workshop Participants, March 2021

Even prior to the pandemic, we know that people living with a long-term health condition such as diabetes were more likely to struggle with their mental health and wellbeing. In 2019, 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 need. We know that too often, they were not being asked enough about how they are feeling, which is vital for their healthcare teams to then refer people for much-needed support. Too often, people either weren't asked, or if they were, the support was not available to refer them on to.

7 IN 10

people have felt overwhelmed by the demands of living with diabetes

This has not changed during the pandemic. In March 2021, we facilitated a workshop on mental health with people living with various types of diabetes. The findings of this workshop informed Diabetes UK's response to the consultation on Northern Ireland's Mental Health Strategy. Participants told us there were varying levels of care and support available across Northern Ireland, few were asked about their emotional wellbeing in routine appointments and there was little information or signposting on mental health support for people with diabetes.

The Northern Ireland Executive's Mental Health Strategy was published in June 2021 and provides a welcome focus on recovering people's mental health from the pandemic. However, our recent survey showed that almost half of respondents (42%) reported experiencing poor mental health because of their diabetes during the pandemic. Of that, almost half again (46%) said not having sufficient access to care and support from healthcare teams was a reason for this. This suggests that the disruption caused by the coronavirus pandemic on our health service is having a major impact on the mental health of people with diabetes. In addition, three-quarters of all respondents to the survey did not feel confident returning to normal life following the easing of restrictions. 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[21]. With this in mind, it is important that care and appointments that are undertaken remotely do not come at the expense of the emotional and psychological support needs of people with diabetes.

Our recent survey showed that under half of respondents (42%) reported experiencing poor mental health because of their diabetes during the pandemic

People with diabetes are twice as likely to suffer from depression, and more likely to be depressed for longer and more frequently

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, 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. This increased risk for people living with diabetes fuelled fear and anxiety across all people with diabetes in Northern Ireland.

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, our engagement with Young Leaders on the Our Lives Our Voices programme has found children and young people's daily routines have been severely disrupted, as has their access to education, sport, and other recreational activities – sometimes leading to difficulties managing their diabetes.

[21] Mommersteeg, PM et al. (2013) The association between diabetes and an episode of depressive symptoms in the 2002 World Health Survey: an analysis of 231,797 individuals from 47 countries. Diabetic Med. Jun;30(6): 208–214

I found the pandemic really stressful because of the briefings on what they called underlying health conditions. I didn't leave the house for months.

Young Person's Focus Group Participant, September 2021

The Diabetes Strategic Framework in 2016 acknowledged that addressing the psychological needs of people living with diabetes is essential to supporting better care, and that the clinical psychologist was an integral part of the diabetes multidisciplinary team. However as mentioned, our mental health workshop in March 2021 found that provision of mental health support for people with diabetes remained patchy and varied from Trust to Trust in Northern Ireland. In addition, our recent survey also found that a quarter of those who experienced poor mental health because of their diabetes during the pandemic had not sufficient access to emotional and psychological support.

There is a lack of specialist mental health workforce in diabetes, which is a real barrier to people getting the support they need. We also hear frequently from people with diabetes that some healthcare professionals do not understand the impact the condition has on their mental health. In addition, training for mental health professionals in understanding the impact of long-term conditions such as diabetes, and as recommended in both our It's Missing campaign and in our response to the Mental Health Strategy consultation, would go a long way in transforming care.

A quarter of those who experienced poor mental health because of their diabetes during the pandemic had not sufficient access to emotional and psychological support.

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. This means that many people with diabetes are missing out on much needed mental health specialist care. Following lobbying from condition-based charities including Diabetes UK, the Mental Health Strategy includes a specific action relating to the increased challenges faced by people living with life-long and long-term physical health conditions such as diabetes, which have in turn been exacerbated by the pandemic. The Strategy pledges the Department of Health to "create effective pathways from physical healthcare into mental health services to ensure those with a physical illness that causes mental ill-health can receive the care and treatment they need"[22].

[22] Department of Health (2021) Mental Health Strategy 2021-31

Recommendation: The Department of Health should build on the commitments within the Mental Health Strategy to ensure it correctly addresses the mental health needs of people with long-term health conditions such as diabetes and ensure that mental health interventions are available throughout care pathways.

Recommendation: In implementing the Mental Health Strategy, The Department of Health should 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 and collaborate with the third sector, including Diabetes UK, for additional support.

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

Diabetes UK commend and is immensely grateful to staff throughout the health service who have worked tirelessly over the last year and a half to deliver care under unprecedented circumstances. Supporting the workforce to deliver care is essential in rebuilding a system that works for people with diabetes.

We know that many healthcare professionals have been deeply impacted by coronavirus, with burn-out and both physical and emotional exhaustion a feature among many during the worst health crisis the health service has ever seen. This has only compounded existing stress on the workforce. The HSC Staff Survey from 2019 – before the pandemic – had already painted an alarming picture of burnt out and stressed staff, with nearly half (49%) of health and social care staff reporting feeling unwell because of work-related stress and over a third (35%) saying that they are considering leaving their organisation[23]. In addition, in June 2021, a Northern Ireland Audit Office report on the nursing workforce said that while the demands associated with the coronavirus pandemic are likely to have future implications for workforce planning across the health service, it highlighted that staff shortages were an issue before the pandemic[24].

Each person with diabetes is constantly managing their condition themselves and they rely on properly resourced healthcare professionals to support them with this. Enhancing the skills of frontline staff is a key theme of the Diabetes Strategic Framework, which committed to developing a workforce plan for diabetes services. This considers the changing nature of diabetes, the need for an integrated and multidisciplinary approach to care, the future reconfiguration of services, and the skills required to deliver a high-quality service for people living with diabetes[25]. This work should support the theme of 'effective workforce planning' outlined in Delivering for our People, the wider Health and Social Care Workforce Strategy, which was published by the Department of Health's Transformation Implementation Group in 2018[26]. While coronavirus has undoubtedly had an impact on its implementation, the strategy is looking at the recruiting and retention of staff, the availability of high-quality training, effective workforce planning, and multidisciplinary and inter-professional working.

Another positive driver in care improvement is the report of the Nursing and Midwifery Task Group which seeks to maximise the contribution of the nursing workforce to deliver population health and wellbeing outcomes, safe and effective person-centred practice and doing things in the most effective way[27]. With the amount of people living with diabetes rising by approximately 4% each year, and people living longer with more complex long-terms conditions and needs, it is more important than ever that the health service has a workforce equipped to meet those demographic trends and service requirements.

[23] Department of Health (2020) 2019 HSC Staff Survey – Regional Benchmark Report

[24] Northern Ireland Audit Office (2020) Workforce planning for nurses and midwives

[25] Department of Health (2016) A Diabetes Strategic Framework

[26] Department of Health (2018) HSC Workforce Strategy 2026 – Delivering for our People

[27] Department of Health (2020) Nursing and Midwifery Task Group (NMTG) – Report and Recommendations

Where do people with diabetes receive their care?

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

One of the core challenges which must be addressed, particularly to catch up on the backlog of unmet diabetes need from the pandemic, is the need to increase workforce capacity and skills. Rebuilding the health service cannot come at the cost of already exhausted staff. Two areas require particular attention.

Specialist diabetes and inpatient care

Healthcare professionals such as diabetes specialist nurses (DSNs), consultant diabetologists, dietitians and pharmacists, and podiatrists are crucial for providing quality care for people with diabetes in hospital. They are key to offering expert knowledge to support effective care, and they help to make hospital stays shorter and safer for people with diabetes.

Regarding DSNs, the Northern Ireland Audit Office, in its 2018 report into type 2 diabetes and care, highlighted that the numbers of DSNs in Northern Ireland has not kept pace with rising prevalence[28]. Furthermore, a Diabetes UK workforce survey back in 2016 revealed that of the DSN workforce in employment at that time, over 50% were within 10 years of retirement[29]. It is concerning that alongside the pressure of the pandemic on health professionals, many more will leave the health service and, if those gaps are not re-filled, people with diabetes are likely to experience adverse outcomes as a result.

In addition, the growing general medicine and emergency workload of specialist consultant diabetologists working in hospitals is also impacting on care for people with diabetes. We know that to respond to the demands of the pandemic, some inpatient diabetes clinicians were temporarily redeployed to the coronavirus frontline, resulting in significantly reduced contact with people living with diabetes[30]. Concerningly, a proportion of coronavirus hospitalisations were people living with diabetes in need of specialist care, and the lack of any formal or consistent specialist inpatient diabetes structure in Northern Ireland has limited the response to coronavirus-related inpatient diabetes demands, which has a potential adverse impact on care. We have also seen that coronavirus affects glucose control making it more difficult to manage diabetes in hospital[31], 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[32]. In normal times, almost one third of inpatients with diabetes throughout the UK have a medication error during their hospital stay[33]. This has made diabetes specialists even more important than ever as poor management of diabetes when in hospital can have a devastating impact on an individual's healthcare.

[28] Northern Ireland Audit Office (2018), Type 2 diabetes prevention and care

[29] Diabetes UK (2016), Diabetes Specialist Nursing Workforce Survey

[30] Diabetes UK (2020), Inpatient Diabetes Care during the COVID-19 Pandemic

[31] Primary Care Diabetes Society (2021) COVID19 and diabetes Update for primary care in response to the ongoing coronavirus pandemic

[32] Ibid

[33] Diabetes UK (2019) Us, diabetes and a lot of facts and stats

There are multiple inherent and longstanding challenges within the diabetes workforce in Northern Ireland that continue to have an impact. These include an inadequate number of specialist healthcare professionals in education, recruitment, pending retirements, as well as outdated models of care resulting in inappropriate workforce deployment. The Diabetes Strategic Framework committed to improving the experience of care in hospital for people living with diabetes, yet during the pandemic we saw inpatient diabetes clinicians redeployed[34]. We acknowledge the work and commitment of the Diabetes Network to understand the challenges and deliver the commitments within the Framework which are needed to ensure that diabetes inpatient care is delivered appropriately throughout Northern Ireland. Given the scale and complexity of these issues within the health service, we know that there are no easy fixes nor a one-size-fits-all solution.

Primary care

> **Access to my GP during the pandemic is extremely difficult and this has caused significant stress.**
>
> Survey Respondent, September 2021

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 throughout the community. Since last autumn in particular, 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 on routine care provided to people with diabetes in primary care settings, with limited access to surgeries due to redeployments, prioritisation of urgent cases and complying with social distancing and infection control measures. Some people have been able to access care and support as needed, and local teams have developed ways such as telephone triaging to identify urgency to target services for those in need. In many areas though, access to tests and investigations, treatment and advice has been reduced.

> **I found that medical professionals who aren't specialised in diabetes care often have little understanding of the illness.**
>
> Survey Respondent, September 2021

Good diabetes care relies on close collaboration between primary care practitioners, specialist diabetes teams, and other specialist services such as psychology and allied health professions, which has understandably been impacted through the pandemic. 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, where demand has increased exponentially along with rising prevalence, and diabetes as a condition is becoming more complex.

We know the Department of Health is seeking to better integrate care through the development of a new and recently consulted-on Integrated Care System model[35]. There is a clear need for more joined-up working across all support services with the person 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, resulting in timely and effective access to care and treatment.

Recommendation: Recovery of the health service must build on the commitment made in the Diabetes Strategic Framework to continue to enhance the capacity of specialist inpatient clinicians to ensure people with diabetes receive the high-quality care they need. This should also include the development of a formal diabetes inpatient structure and pathway.

Recommendation: In the short-term, the Department of Health should develop a strategy to address service gaps which are currently adversely affecting care. This strategy should include an analysis of waiting lists and workforce mapping. This, supported by a population health needs assessment, can underpin a longer-term strategy.

Recommendation: Additional investment in the diabetes workforce must be considered a priority by Department of Health and all bodies involved in workforce planning. This work would support commitments in the Diabetes Strategic Framework to develop a workforce plan for diabetes services and should aim to implement national recommended staffing levels.

Recommendation: The Department of Health must ensure that primary care health professionals are resourced with the skills mix, education, and knowledge of diabetes to deliver good care, and are supported by trained specialists, like diabetes specialist nurses, dietitians, podiatrists, and psychologists, through multidisciplinary and joined-up working.

[34] Diabetes UK (2020) Inpatient diabetes care during the pandemic

[35] Department of Health (2021) Future Planning Model – Integrated Care System NI Draft Framework. Targeted Stakeholder Consultation Document

Untapping the potential of Prevention and Remission: the case for further tools to reduce harm from preventable and reversable cases of Type 2 diabetes, and obesity

376,000 people in Northern Ireland 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[36].

Evidence shows that prevention and management of obesity requires attention to be placed on both public health and individual interventions to have an impact[37]. 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. With Northern Ireland's current obesity strategy, A Fitter Future for All, coming to an end in 2022 and the Department of Health working on a successor strategy for 2023 onwards, now is an opportune moment to make the case for this.

For people with all types of diabetes who are also living with obesity, weight loss will be one of the primary goals in managing their diabetes[38], as weight loss for those who are outside of their target weight can reduce HbA1c, cholesterol and blood pressure[39,40]. It is important that any weight support services are tailored to people's needs and circumstances. These services will need to fully integrate a psychological approach, as this is central to supporting behaviour based on individual needs and circumstances. It is important to acknowledge that having type 1 diabetes has nothing to do with diet or lifestyle, so it is vital that weight management services used by anyone with any type of diabetes assess individual needs and facilitates appropriate access in a non-judgemental or stigmatising way[41].

Progress is already being made to create a healthier food environment. A draft Northern Ireland Food Strategy Framework has been proposed by the Department of Agriculture, Environment and Rural Affairs, which highlights the connections between health, wellbeing, and food, and has a focus on making healthy, nutritious, and sustainable food the 'food of choice'[42].

[36] Hauner H (2010), Obesity and diabetes, in Holt RIG, Cockram CS, Flyvberg A et al (ed.) Textbook of diabetes, 4th edition, Oxford: Wiley-Blackwell

[37] McKinsey Global Institute (2014), Overcoming obesity: An initial economic analysis

[38] Dyson PA, Twenefour D, Breen C et al. Diabetes UK evidence-based nutrition guidelines for the prevention and management of diabetes. Diabet Med. 2018 May;35(5):541-547. doi: 10.1111/dme.13603. and https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/2018-03/1373_Nutrition%20guidelines_0.pdf

[39] Dyson PA, Twenefour D, Breen C et al. Diabetes UK evidence-based nutrition guidelines for the prevention and management of diabetes. Diabet Med. 2018 May;35(5):541-547. doi: 10.1111/dme.13603. and https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/2018-03/1373_Nutrition%20guidelines_0.pdf

[40] National Diabetes Audit (2019)2018/19 NHS

[41] British Psychological Society (2019), Psychological Perspectives on Obesity - Addressing Policy, Practice, and Research Priorities.pdf (bps.org.uk)

[42] Department for Agriculture, Environment and Rural Affairs (2021) Northern Ireland Food Strategy Framework – Public Consultation Document

At a UK-wide level, the Soft Drinks Industry Levy (SDIL) was a big step forward, prompting a significant reduction in the sugar content of sweetened drinks. We believe that the UK 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. Revenue received by Northern Ireland from the SDIL via 'Barnett Consequentials' was reportedly £27m from 2018 to 2020[43]. However, despite calls for the funding to be used to address ill health caused by excessive consumption of high-sugar products, there is no current appropriate mechanism for the funding to be ring-fenced. The Northern Ireland Executive must do more to ensure that the money generated in Northern Ireland from the SDIL should be used to fund measures designed to prevent obesity, or fund programmes related to the treatment or prevention of type 2 diabetes.

The Diabetes Prevention Programme

The Diabetes Prevention Programme Northern Ireland (DPP NI) is an evidence-based and NICE-compliant diabetes prevention programme promoting behaviour changes to delay or prevent the onset of type 2 diabetes and works across all five HSC Trusts. The DPP NI receives its referrals from primary care and is aimed at people who have been identified as pre-diabetic. Participants in the programme, over a nine-month period, are assisted by trained facilitators and health coaches to help make changes to their lifestyle to delay or prevent type 2 diabetes.

[43] https://www.belfasttelegraph.co.uk/news/northern-ireland/sugar-tax-cash-cant-be-used-on-health-due-to-lack-of-ministers-37258332.html

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[44]. Investment in the Diabetes Prevention Programme (DPP NI) in recent years has supported hundreds of people to take action to reduce their risk. The coronavirus pandemic has understandably had an impact on the service, from timely referrals to reduced blood testing. Thankfully, the DPP NI has been able to adapt quickly and has moved to an online format for participants. Despite setbacks caused by the pandemic, participants in the programme across Northern Ireland are still reporting significant average reduction in HbA1c and up to half of participants' levels are such they are no longer considered pre-diabetic. 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.

Investment in the Diabetes Prevention Programme (DPP NI) in recent years has supported hundreds of people to take action to reduce their risk.

The Diabetes Remission Programme

The Diabetes Remission Programme has been piloted in the South Eastern HSC Trust since April 2021. It has been developed based on the Diabetes UK-supported DiRECT study which has resulted in 50% remission for people diagnosed with type 2 diabetes. It is envisaged, with the right investment, the Programme will be rolled out regionally across Northern Ireland.

[44] A strong body of evidence shows that intensive multicomponent lifestyle interventions incorporating diet and physical activity with sustained weight loss can prevent type 2 diabetes in high risk individuals: Hemmingsen B et al Gimenez-Perez G, Mauricio D, Roqué I Figuls M, Metzendorf MI, Richter B. Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people

The Diabetes UK-funded DiRECT trial has shown that it is possible for some people to put their type 2 diabetes into remission using a low-calorie, diet-based, weight management programme encompassing appropriate emotional and psychological support. In England, almost half 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. Diabetes UK strongly welcomes the piloting of the first-ever Diabetes Remission Programme in Northern Ireland, in the South Eastern HSC Trust, which uses DiRECT trial methodology. Early results from the programme are extremely promising and in line with the findings from similar pilots in England.

Diabetes UK strongly welcomes the piloting of the first-ever Diabetes Remission Programme in Northern Ireland, in the South Eastern HSC Trust

I have been lucky to have been accepted onto a diabetes remission programme through the health service. I feel that this has certainly helped me.

Survey Respondent, September 2021

It is important that the potential in both the Diabetes Prevention Programme and the Diabetes Remission Programme on reducing harm from preventable and reversable forms of type 2 diabetes is further maximised and built upon, as the health service rebuilds from the pandemic and as the health transformation process continues.

A feasibility assessment on Northern Ireland's first bariatric surgery service was announced by the Department of Health in 2019. However, as a result of the need to respond to the demands of the coronavirus pandemic, this work has paused. We would encourage the Department to recommence this work as soon as is practicable. This surgery is proven to be an effective intervention for people with both obesity and type 2 diabetes, with studies showing it can bring about remission in 30-60% of cases, with one UK focused study finding that surgery is cost saving over 10 years for the majority of patients[45].

Recommendation: The Department of Health must ensure that the prevention of type 2 diabetes is a key priority within a new Obesity Strategy for Northern Ireland.

Recommendation: The Northern Ireland Executive should explore measures on how to use money generated from the Soft Drinks Industry Levy to tackle obesity and treat or prevent type 2 diabetes in Northern Ireland.

Recommendation: The Public Health Agency and HSC Trusts, with the support of the Department of Health, should continue their commitment to the Diabetes Prevention Programme as a key means to support people at risk of type 2 diabetes to make changes in their health and behaviour.

Recommendation: The Department of Health should support and drive effort to extend the Diabetes Remission Programme throughout Northern Ireland.

Recommendation: The Department of Health should recommence its feasibility study into the establishment of Northern Ireland's first bariatric surgery service as soon as is practicable.

[45] Borisenko et al. 2018. 'Cost–utility analysis of bariatric surgery'. BJS Society. DOI: 10.1002/bjs.10857

Conclusion

Coronavirus has put unprecedented pressure on our health service, clinicians, people with diabetes, and indeed every facet of our world. As we look to recover, rebuilding and transforming a better health and social care 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 are many opportunities to change this.

The prevalence of diabetes and its relentless demands on an increasing number of people cannot be ignored. Working together to identify problems and gaps in care and acting fast to make the necessary improvements means that if we get this right, it could transform the landscape for healthcare and help more people live well.

We need bold and brave leadership right across the health system, and at every level, being led by the Health Minister, to direct this change; to address and solve workforce issues, and ensure pathways are embedded to successfully deliver the changes that need to happen and stem the amount of people year on year being diagnosed with type 2 diabetes where possible.

By raising awareness of the seriousness of all types of diabetes, investing in better technology for people to manage their condition more effectively, investing in proper mental health support, looking to the opportunities within type 2 prevention and remission, and supporting and equipping clinicians and the wider workforce to deliver the care they need through resourcing and information, we can get closer to a world where diabetes does no harm.

Endnotes

1 Department of Health, Quality and Outcomes Framework (QOF) **https://www.health-ni.gov.uk/topics/doh-statistics-and-research/quality-outcomes-framework-qof**

2 Diabetes UK **https://www.diabetes.org.uk/type-2-diabetes**

3 Northern Ireland Assembly **http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=298095**

4 Diabetes UK Northern Ireland (2016) State of the Nation 2016

5 Based on Office for National Statistics estimates of UK population and HSE estimates for people at very high risk of health complications due to weight and waist circumference

6 Department of Health (2016) Health and Wellbeing 2026 – Delivering Together

7 Northern Ireland Assembly (2016) **http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=269725**

8 Northern Ireland Audit Office (2018) Type 2 Diabetes Prevention and Care

9 NISRA (2021) Covid-19 related deaths and pre-existing conditions in Northern Ireland: March 2020 to February 2021

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

11 Carr et al (2021), “Impact of Coronavirus on diagnoses, monitoring and mortality in people with type 2 diabetes in the UK”

12 Northern Ireland Office (2020) A New Decade, A New Approach

13 NHS Digital (2020) National Diabetes Audit 2019/20: Report 1: Care Processes and Treatment Targets

14 Health of Ethnic Minorities and Ntuk, U.E., Gill, J.M.R., Mackay, D.F., Sattar N. & Pell, J.P. (2014). Ethnic-Specific Obesity Cutoffs for Diabetes Risk: Cross-sectional Study of 490,288 UK Biobank Participants. Diabetes Care 37(9), 2500–7

15 Northern Ireland Executive (2021) Building Forward: Consolidated COVID-19 Recovery Plan

16 Effect of Flash Glucose Monitoring on Glycemic Control, Hypoglycemia, Diabetes-Related Distress, and Resource Utilization in the Association of British Clinical Diabetologists (ABCD) Nationwide Audit, available online here: **www.care.diabetesjournals.org/content/diacare/43/9/2153.full.pdf**.

17 HSCB Prescribing Data June 2021

18 Professors Gerry Rayman and Partha Kar (2020) Diabetes GIRFT Programme National Specialty Report

19 Julia Fuchs, Roman Hovorka, 2020 COVID-19 and Diabetes: Could Diabetes Technology Research Help Pave the Way for Remote Healthcare?

20 Department of Health (2020) Rebuilding Health and Social Care Services – Strategic Framework

21 Mommersteeg, PM et al. (2013) The association between diabetes and an episode of depressive symptoms in the 2002 World Health Survey: an analysis of 231,797 individuals from 47 countries. Diabetic Med. Jun;30(6): 208–214

22 Department of Health (2021) Mental Health Strategy 2021-31

23 Department of Health (2020) 2019 HSC Staff Survey – Regional Benchmark Report

24 Northern Ireland Audit Office (2020) Workforce planning for nurses and midwives

25 Department of Health (2016) A Diabetes Strategic Framework

26 Department of Health (2018) HSC Workforce Strategy 2026 – Delivering for our People

27 Department of Health (2020) Nursing and Midwifery Task Group (NMTG) – Report and Recommendations

28 Northern Ireland Audit Office (2018), Type 2 diabetes prevention and care

29 Diabetes UK (2016), Diabetes Specialist Nursing Workforce Survey

30 Diabetes UK (2020), Inpatient Diabetes Care during the COVID-19 Pandemic

31 Primary Care Diabetes Society (2021) COVID19 and diabetes Update for primary care in response to the ongoing coronavirus pandemic

32 Ibid

33 Diabetes UK (2019) Us, diabetes and a lot of facts and stats

34 Diabetes UK (2020) Inpatient diabetes care during the pandemic

35 Department of Health (2021) Future Planning Model – Integrated Care System NI Draft Framework. Targeted Stakeholder Consultation Document

36 Hauner H (2010), Obesity and diabetes, in Holt RIG, Cockram CS, Flyvberg A et al (ed.) Textbook of diabetes, 4th edition, Oxford: Wiley-Blackwell

37 McKinsey Global Institute (2014), Overcoming obesity: An initial economic analysis

38 Dyson PA, Twenefour D, Breen C et al. Diabetes UK evidence-based nutrition guidelines for the prevention and management of diabetes. Diabet Med. 2018 May;35(5):541-547. doi: 10.1111/dme.13603. and **https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/2018-03/1373_Nutrition%20 guidelines_0.pdf**

39 Dyson PA, Twenefour D, Breen C et al. Diabetes UK evidence-based nutrition guidelines for the prevention and management of diabetes. Diabet Med. 2018 May;35(5):541-547. doi: 10.1111/dme.13603. and **https://diabetes-resources-production.s3.eu-west-1. amazonaws.com/resources-s3/2018-03/1373_Nutrition%20 guidelines_0.pdf**

40 National Diabetes Audit (2019)2018/19 NHS

41 British Psychological Society (2019), Psychological Perspectives on Obesity - Addressing Policy, Practice, and Research Priorities.pdf (bps.org.uk)

42 Department for Agriculture, Environment and Rural Affairs (2021) Northern Ireland Food Strategy Framework – Public Consultation Document

43 **https://www.belfasttelegraph.co.uk/news/northern-ireland/sugar-tax-cash-cant-be-used-on-health-due-to-lack-of-ministers-37258332.html**

44 A strong body of evidence shows that intensive multicomponent lifestyle interventions incorporating diet and physical activity with sustained weight loss can prevent type 2 diabetes in high risk individuals: Hemmingsen B et al Gimenez-Perez G, Mauricio D, Roqué I Figuls M, Metzendorf MI, Richter B. Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people

45 Borisenko et al. 2018. 'Cost–utility analysis of bariatric surgery'. BJS Society. DOI: 10.1002/bjs.10857

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