

Diabetes Overview

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What is Diabetes?

Diabetes is a serious condition where an individual's blood glucose levels are too high.

It can happen when the body doesn't produce enough insulin, the insulin it produces isn't effective; or when the body can't produce any insulin at all.

Type 1 Diabetes is a lifelong condition where the body's immune system attacks and destroys cells that produce insulin. The cause of Type 1 is unknown, diet and lifestyle factors do not affect the risk of developing it and it cannot be put into remission.

All patients with Type 1 Diabetes need insulin to survive.

Type 2 Diabetes is the more common than Type 1. Over 90% of people in the UK who have diabetes, have Type 2.

People who are overweight or obese and people from some ethnic backgrounds are most at risk of developing the condition.

Type 2 diabetes is where the body does not produce enough insulin or the body's cells do not react to insulin properly.

For many people, Type 2 diabetes can be put into remission through weight loss and lifestyle changes.

If left undiagnosed, blood levels can rise to very high levels. If high blood glucose levels are left untreated, they can cause serious health complications such as, eye diseases which can lead to blindness, circulation problems which lead to heart attack, stroke, and vascular problems contributing to amputations, kidney problems and nerve damage, amongst others.

Type 2 diabetes can be prevented in most cases by eating healthily, maintaining a healthy weight and waist size, and keeping active.

These factors make it easier to maintain a healthy blood glucose level and prevent insulin resistance.

10% of the NHS budget for England and Wales is spent on diabetes treatment, management and complications.

Introduction

The West Berkshire footprint covers 4 Primary Care Networks (PCNs):

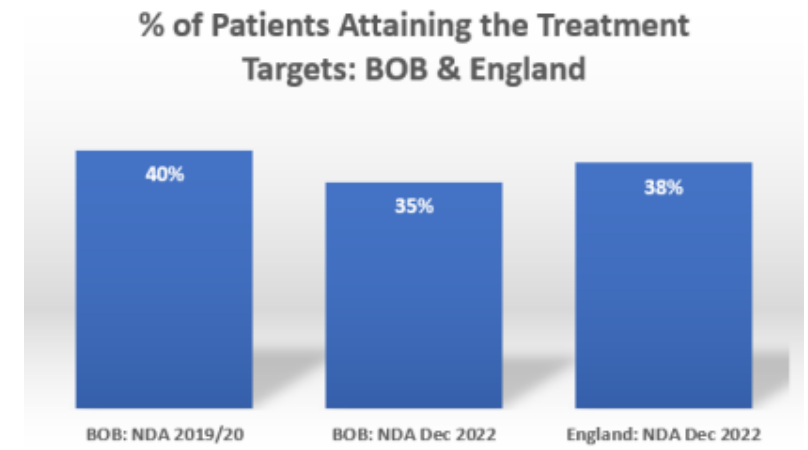
- A34
- Kennet
- West Berkshire Rural
- West Reading Villages

Total PCN population: 156,716

Total number of patients with Type 2 Diabetes: 6,715

Covid19 has resulted in significant additional demand and morbidity due to a combination of lifestyle factors, delayed presentation and inevitable disruption to routine care. In addition, restrictions and pressures of the pandemic resulted in a significant reduction in general practices' ability to monitor and care for people with Type 2 diabetes.

As a result of this, across BOB, our position on the National Diabetes Audit (NDA) for the average number of people with Type 2 Diabetes who have achieved all three Treatment Targets (3TTs) decreased from 40% in 2018/19 to 35% at the end of December 2022.



Data from National Diabetes Audit

Diabetes Prevalence

- The Type 2 Diabetes prevalence in West Berkshire is lower than the national average but above the BOB average.

	Type 2 Prevalence 2019/20	Type 2 Prevalence 2022
A34 PCN	3.53%	3.9%
Kennet PCN	4.41%	4.94%
West Berkshire Rural PCN	4.49%	4.53%
West Reading Villages PCN	3.78%	4.02%
West Berkshire	4.08%	4.31%
Berkshire West Place (Sub ICB)	4.04%	4.35%
BOB ICB	4.06%	4.21%
National	5.31%	5.41%

Patient Pathway

Prediabetes / Non Diabetic Hyperglycaemia (NDH)

Patient identified as NDH

Patient invited for annual review which includes blood test, weight, waist circ and BP. Care plan agreed and offered referral to NDPP

Patient attends NDPP/Other lifestyle interventions.

Patient declines referral to NDPP

Patient recalled for annual blood test and review.

Blood test normal

Blood test confirms NDH. Patient continues on NDH recall register for annual blood test.

Blood test confirms Type 2 Diabetes

Patient stays on the NDH register. Risk stratification used to determine frequency of blood test reviews

Type 2 Diabetes

Patient diagnosed with Type 2 through Health Check or opportunistic screening

Type 2 Diabetes diagnosis code added to patient record and automatically added to the recall register

- Baseline assessment inc 8CP metrics
 - CVD risk assessment
- Medications started as appropriate to achieve the three treatment targets
- Patient offered referral to Diabetes Structured Education (DSE).
- Referred for annual retinopathy screening

Patient invited for an annual review based on either their birth month or month of diagnosis or more frequent reviews as required.

Patient attends first appointment to have 8CP metrics collated

Second appointment to review data and diabetes management. Support with goal setting and life style advice. DSE offered if not attended previously.

Medication initiated and optimised on an ongoing basis as appropriate, using a personalised care approach throughout Type 2 pathway to keep the patient managed within the parameters of the three treatment targets.

Lifestyle advice inc. weight management, smoking cessation, physical activity, mental wellbeing and sleep advice and support offered throughout pathway.

Pre-diabetes/ Non-Diabetic Hyperglycaemia

Practices in Berkshire West (BW) are offered the opportunity to participate in the Prediabetes Locally Commissioned Service (LCS) to monitor and support people at risk of developing Type 2 Diabetes:

Practices signed up to the Prediabetes LCS are required to invite patients identified as at risk of developing Type 2 Diabetes to:

- Attend an Annual Review
- Agree a Care Plan
- Offer referral to the NHS Diabetes Prevention Programme (NDPP) for education

The success of the Prediabetes LCS is one of the factors that could be reducing the prevalence of Type 2 Diabetes in West Berkshire.

Annual Review

Blood Test

- HbA1c
- Cholesterol
- Serum Creatinine/eGFR

Measurements

- Weight (and calculation of BMI)
- Waist measurement
- Blood Pressure

Basic History

- Smoking Status
- Alcohol status
- Physical Activity
- Family history of Diabetes

NHS Diabetes Prevention Programme (NDPP)

The success of the Prediabetes LCS has led to a significantly higher referral rate into the NDPP in Berkshire West compared to the BOB average.

Place	Average referral rate to NDPP April 2022–March 2023
Buckinghamshire	13%
Berkshire West	23%
Oxfordshire	13%
BOB	16.6%

Type 2 Diabetes

Across BOB there has been a focus on recovery post Covid19 pandemic.

The overarching aim of Diabetes transformation across BOB is to ensure a more integrated approach to the overall management and care of people with Diabetes, focusing on the needs of the whole person and empowering people with Diabetes to live healthy lives.

To aid recovery post Covid19, the Diabetes Recovery Local Enhanced Service (ES) was implemented to ensure that people with Diabetes are receiving the appropriate care and support required to manage their condition and live a healthy life.

The impact of COVID19 led to a significant decrease in the completion of the Diabetes 8 Care Processes (8CP) and those achieving the Three Treatment Targets (3TT); with the aim is to return these figures to pre pandemic levels. The focus of the LCS is on improving attainment of the 8CP. This is because the 3TT take longer to show improvements due to the time needed for new medications to take effect and recall for monitoring.

The ES in Berkshire West includes:

- Upskilling of clinicians and an emphasis on continual professional development.
- Support given through practice visits from the Diabetes Clinical Lead.
- Returning the achievement of the 8 CPs to pre-pandemic levels or the BOB average (whichever is greater)

8 Care Processes & Three Treatment Targets

8 Care Processes

- Body Mass Index (BMI)
- Blood Pressure
- Cholesterol
- Creatinine eGFR
- Foot Screening
- HbA1c
- Smoking Status
- Urine ACR

The ninth care process is retinal screening. This is led and managed by Public Health and practices are encouraged to code activity within the Primary Care Record.

Three Treatment Targets

- HbA1c
≤ 58 mmol/mol
- Blood Pressure
≤ 140/80
- Cholesterol
< 5 mmol/L

8 Care Processes & Three Treatment Targets

	Achievement of all 8 Care Processes	Achievement of all 9 Care Processes	Achievement of Three Treatment Targets
A34	57.7%	46%	36%
Kennet	62.5%	43.9%	36.9%
West Berkshire Rural	62.4%	45.4%	33.7%
West Reading Villages	52.7%	24.5%	34.2%
West Berkshire	58.8%	39.95%	35.2%
Berkshire West	56.7%	34.8%	34%
BOB	55.8%	31.6%	35.3%
National	46.2%	24.3%	36.7%

Diabetes Structured Education (DSE)

Diabetes Structured Education for people with Type 1 and Type 2 Diabetes in Berkshire West is provided by Berkshire Healthcare NHS FT.

- For patients with Type 1 Diabetes, they can attend the CHOICE programme, which comprises of 4 sessions.
- For patients with Type 2 Diabetes, they can attend the X-PERT Diabetes programme, running over 6 weeks. Patients are offered a referral to DSE at the time of diagnosis or any opportune moment thereafter.

Both of the education programmes encourage patients to bring along a partner or family member for on going support and to help them implement lifestyle changes.

For patients with Type 2 Diabetes they can also access digital education through the NHS Healthy Living online course.

