

Diabetes in Wales in 2024

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National Clinical Lead for Diabetes in Wales



Declarations

I have received honoraria for speaking and advising from Lilly, Sanofi, Astra Zeneca, Medtronic, Dexcom and Insulet

National Diabetes Strategic Network Priorities



Prevention of Diabetes



Self-management, education and empowerment



Improving essential care processes and 3 treatment targets



Technology in diabetes

Priority 1: Prevention of Diabetes

- AWDPP – funded for another year
- This targets those with pre-diabetes – HbA1c 42 – 47 mmol/mol
- Not screening for this
- Plans to include people with previous gestational diabetes
- A wider view on prevention “Tackling Diabetes Together” programme from PHW
- Workstreams on primary prevention with Healthy Weight Healthy Wales, activity programmes
- A workstream to reduce the “diabetogenic” environment for Health and Social care workers

Priority 2 – Supporting Self-Management

“Self management in diabetes should be given the same importance as medical care”

- Education
- Lifestyle support
- Mentorship
- Peer support
- Pathway to remission



My Type 2 Diabetes



Local Peer Support Groups

Are run face to face or virtually by volunteers and offer people with diabetes a chance to share experiences with to other people living with diabetes.



Pocket Medic Films

Watch these short film clips that help you to understand the demands of Diabetes care.



Where can I get support?

Diabetes UK newly diagnosed resources are designed to give you some initial advice until you are able to attend one of the group sessions.



MyDESMOND

MyDESMOND is a self-directed learning online interactive self-management programme for people with type 2 diabetes.



NHS Group support

Self-management is an essential part of Type 2 diabetes care. There are a number of programmes available to help you learn about and look after your diabetes. These are available in person or group video consultations.



Type 2 Diabetes and Me

This fun and easy online guide is designed to help you understand and start managing your diabetes.

www.diabetes.org.uk/learningzone



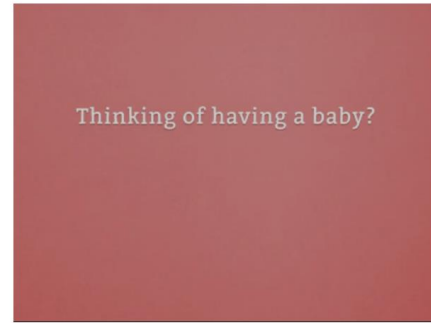
Pocket Medic Films



Diabetes - Recognising DKA



Introducing X-PERT



Pregnancy preparation



Introducing Remission



Simon's story

43 commissioned films on phone or tablet
5 - 10 minute bite-sized information

The brain processes film much faster than
written word

Welsh and English but many subtitled or
available in multiple languages

Viewing the type 2 films is associated with a
drop in HbA1c



myDesmond

SUPPORTING YOU TO
PREVENT OR MANAGE
YOUR TYPE 2 DIABETES

SIGN UP

LOGIN

cefnogi chi i atal neu rheoli
eich math 2 diabetes



Take control of your Type 2 diabetes



These sessions are to help you live well with your diabetes.

If you have had diabetes for many years or are newly diagnosed these programmes can help you! Check in your area if available in person and /or by group video consultations.



Explore new ways to live with diabetes in a relaxed environment



Identify how you can manage your diabetes better



Top tips for eating well with Type 2 diabetes



Learn how being more active can improve your health



Introduction to Diabetes (newly diagnosed)

- 2 hour standalone session
- Delivered by Dietitians or trained educators
- Introduction to what is diabetes, how food affects blood glucose levels & to support the first steps to managing your diabetes.
- Signposting to additional support such as X-PERT, DSMP

X-PERT Diabetes for people living with type 2 diabetes on diet only and or medication

- Weekly 2 ½ hour group sessions over 6 weeks.
- Delivered by Dietitians, Diabetes Specialist nurses or diabetes educator.
- Nutrition based programme to support diabetes management.
- **Sessions include:**
 - what is diabetes,
 - Different dietary approaches,
 - Carbohydrate awareness
 - Psychology of eating,
 - Food labels
 - Preventing complications.

X-PERT Insulin for people living with type 2 diabetes taking insulin

- Weekly 2 ½ hour sessions over 6 weeks.
- Delivered by Dietitians and/or Diabetes Specialist nurses.
- Nutrition based programme to support diabetes management and reduce insulin requirements.
- **Sessions include:**
 - What is diabetes,
 - Dietary approaches
 - Know your carbohydrates
 - Monitoring, assessing trends, carb counting, activity & insulin titration

Diabetes Self-management programme (DSMP) for anyone with Type 2 Diabetes (NOT on insulin)

- Weekly 2 ½ hour sessions over 6 weeks, either face to face or group video consultations.
- Delivered by trained people living with or who are affected by T2 Diabetes.
- **Sessions include:**
 - Monitoring and managing your Diabetes
 - Preventing complications
 - Dealing with difficult emotions
 - Relaxation techniques

If you would like more information or do not have access to digital technology, please contact your local Health Board on:

The challenge for structured education is to ensure it is offered to all in a manner that enables people living with diabetes to understand the advantages (and disadvantages), the central role of self-management in diabetes and helps a person to be empowered to choose.

Priority 2: supporting self management; lifestyle

MAKE ACTIVITY WORK FOR ME.
LIVING WITH TYPE 1 DIABETES




1 IS ACTIVITY FOR ME? I'D LIKE TO KNOW MORE.

2 THINKING ABOUT DOING MORE ACTIVITY?

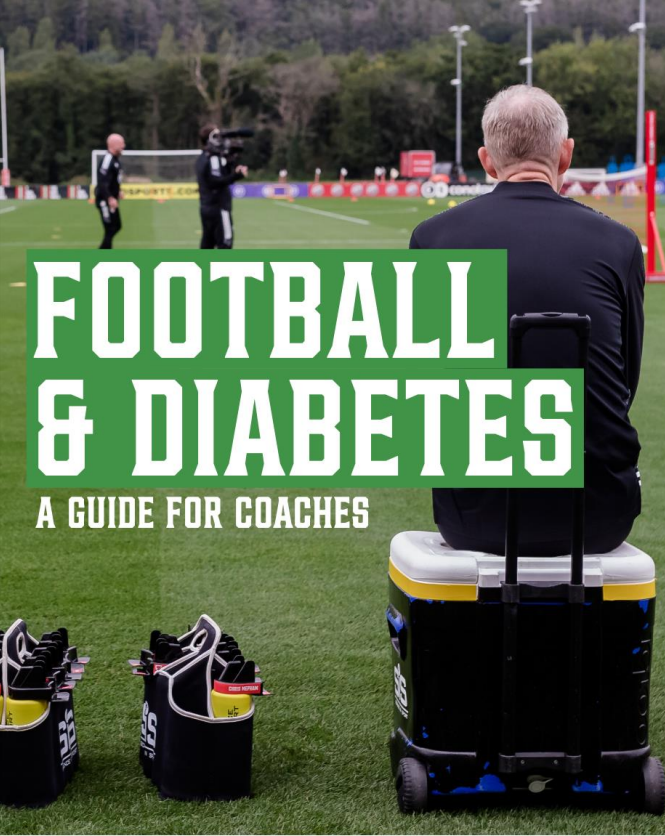
3 HOW DO I MAINTAIN MY NEW APPROACH TO ACTIVITY?

4 THINKING OF RETURNING TO ACTIVITY AFTER TIME AWAY?




**Cynllun Atgyfeirio Cleifion
i Wneud Ymarfer Corff Cymru**
Wales National Exercise
Referral Scheme (NERS)

Do not copy



**FOOTBALL
& DIABETES**
A GUIDE FOR COACHES

PAWB EVERYONE |  **JDRF** IMPROVING EVERYONE'S QUALITY OF LIFE | **DIABETES UK** KNOW DIABETES. FIGHT DIABETES.

Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

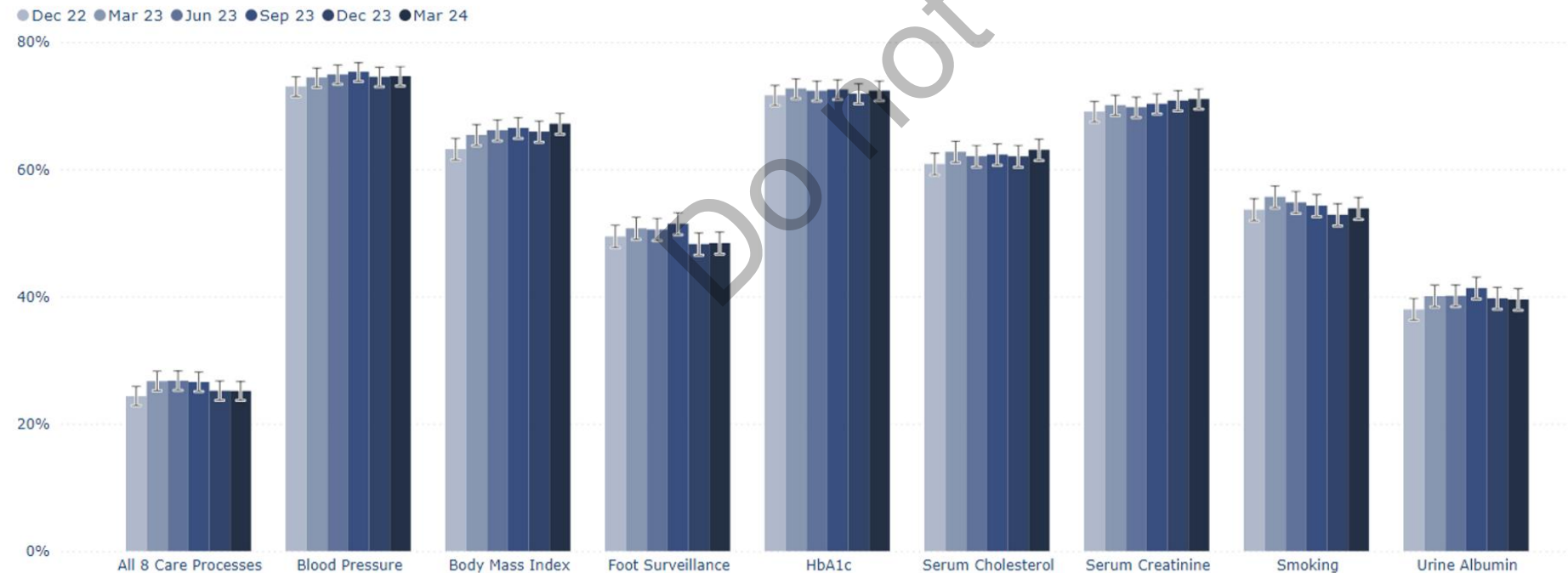
Care Processes for all >12 years with diabetes	
1. HbA1c	6. Foot risk surveillance
2. Blood Pressure	7. Body mass index
3. Serum cholesterol	8. Smoking history
4. Serum creatinine.	9. Digital retinal photography
5. Urinary albumin / creatinine ratio	

Issues for last few years: QOF inactivation and pandemic

Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

Figure 1: Completion rates for adults with Type 1 Diabetes across Wales – December 2022 to March 2024

Care process completion for adults with Type 1 Diabetes, percentage, Aneurin Bevan University Health Board, October 2022 - March 2024

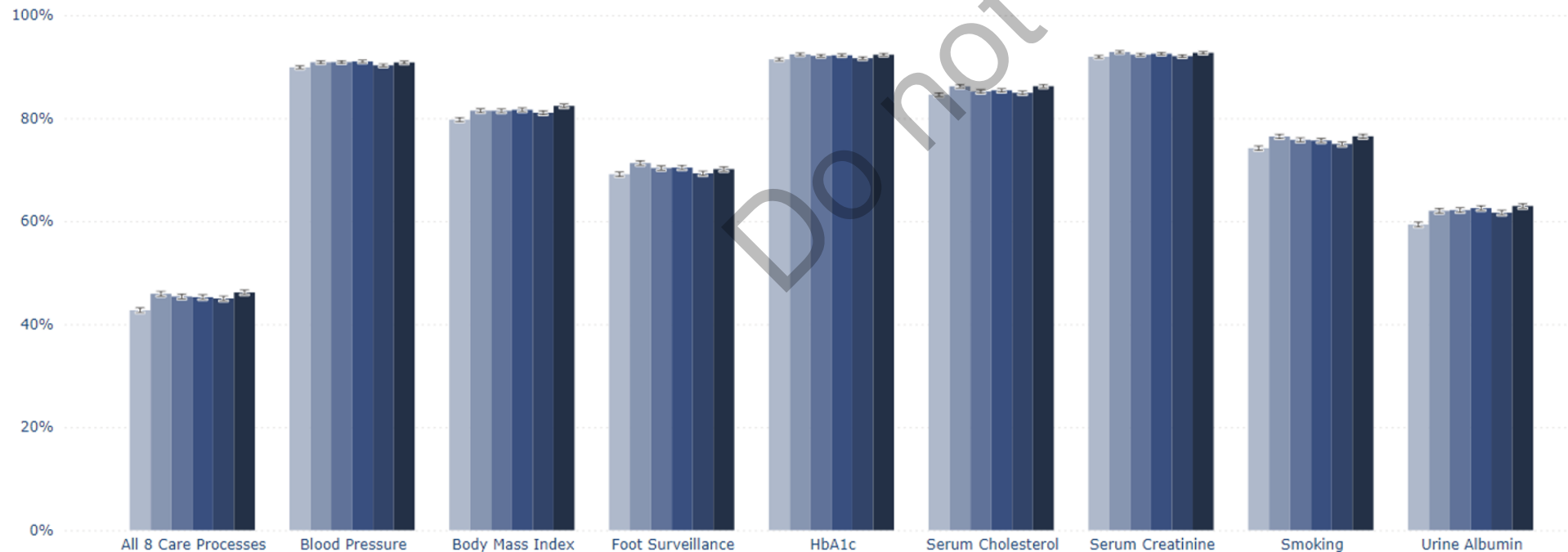


Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

Figure 2: Completion rates for adults with Type 2 Diabetes across Wales - December 2022 to March 2024

Care process completion for adults with Type 2 Diabetes, percentage, Aneurin Bevan University Health Board, October 2022 - March 2024

● Dec 22 ● Mar 23 ● Jun 23 ● Sep 23 ● Dec 23 ● Mar 24

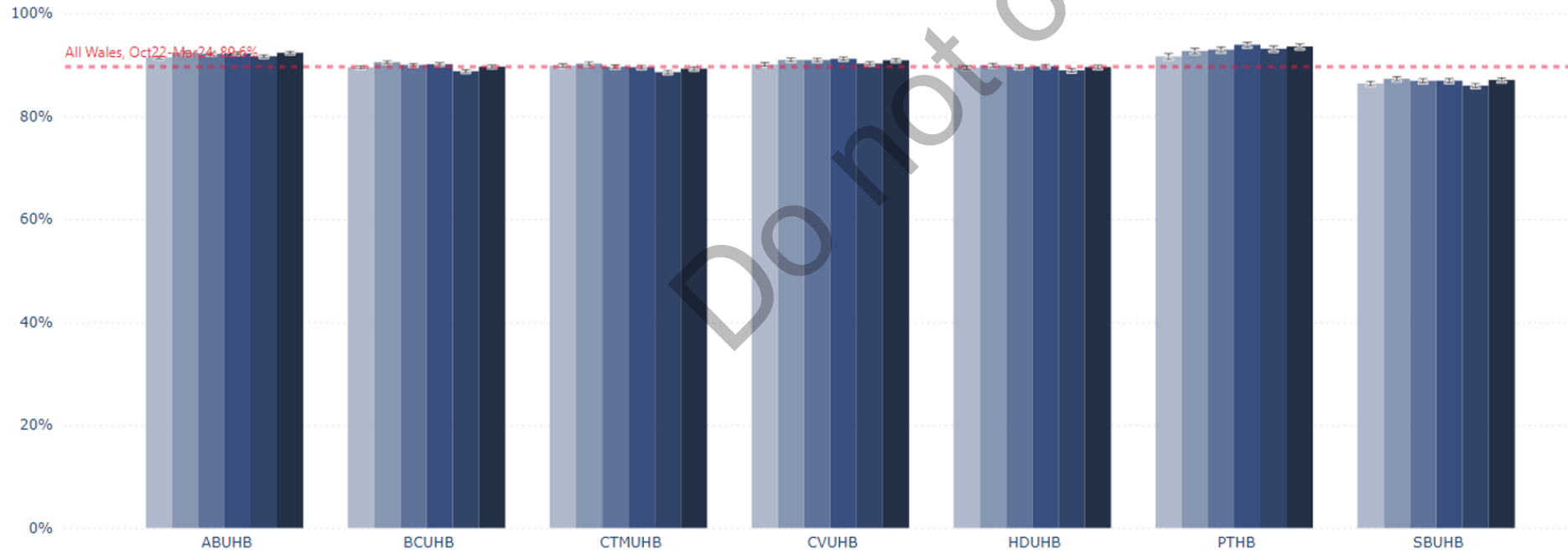


Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

Figure 6: Completion rates for HbA1c in adults with Type 2 - December 2022 – March 2024

HbA1c care process completion for adults with Type 2 Diabetes, percentage, Welsh Health Boards, October 2022 - March 2024

● Dec 22 ● Mar 23 ● Jun 23 ● Sep 23 ● Dec 23 ● Mar 24



Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

- Focus on urinary ACR - no dialysis capacity for the level of DKD expected
- Lowest parameter completed

Is the importance of screening not clear (HCP or PWD)?

- Is it not clear that the urine test is part of testing for kidney disease?
- Is it awkward to get bottles / provide samples?
- That intervention is possible to reduce deterioration of CKD may not be known



Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

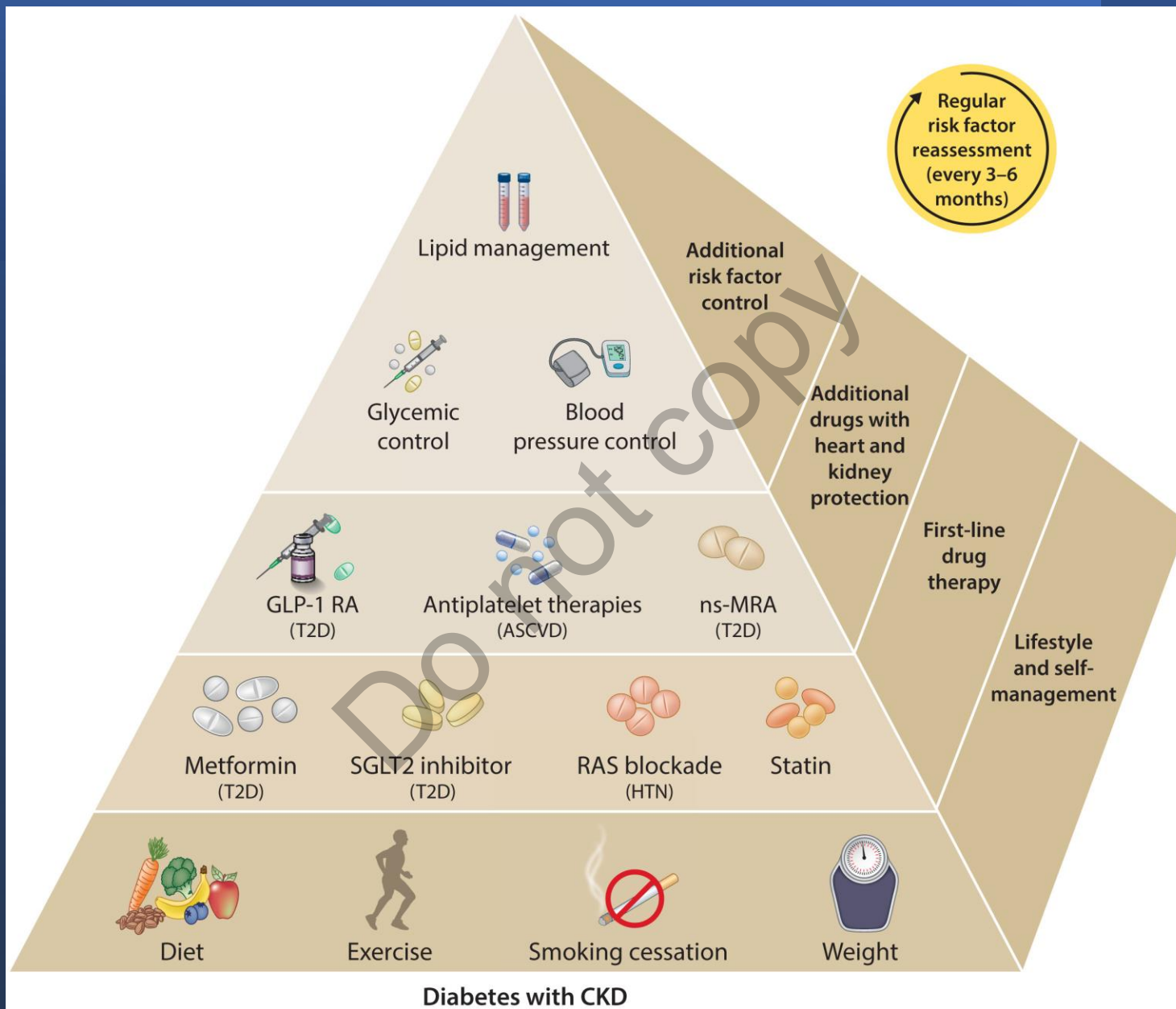
- Detect those with CKD
- Tell those who have CKD-----
- ACEI / ARB
- SGLT2 inhibitor
- BP control
- Finerenone
- Lifestyle
- Aspirin
- Lipid management

<https://wkn.nhs.wales/>

<https://www.kidney.org.uk/diabetes>

<https://sbuhb.nhs.wales/hospitals/a-z-services/renal-services/>



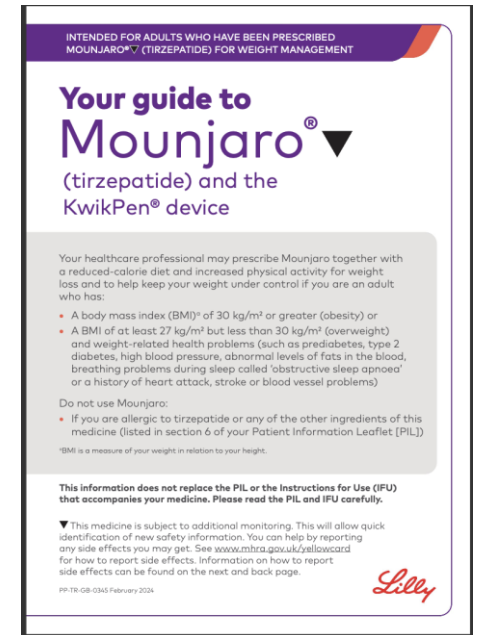


Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

Drug shortages

GLP1 agonists

- Current recommendations:
- Use semaglutide as Rybelsus or tirzepatide (Mounjaro)
- Tirzepatide is GIP and GLP1 agonist.
- Increase from 2.5mg / week in 2.5mg increments
- Prescribe needles

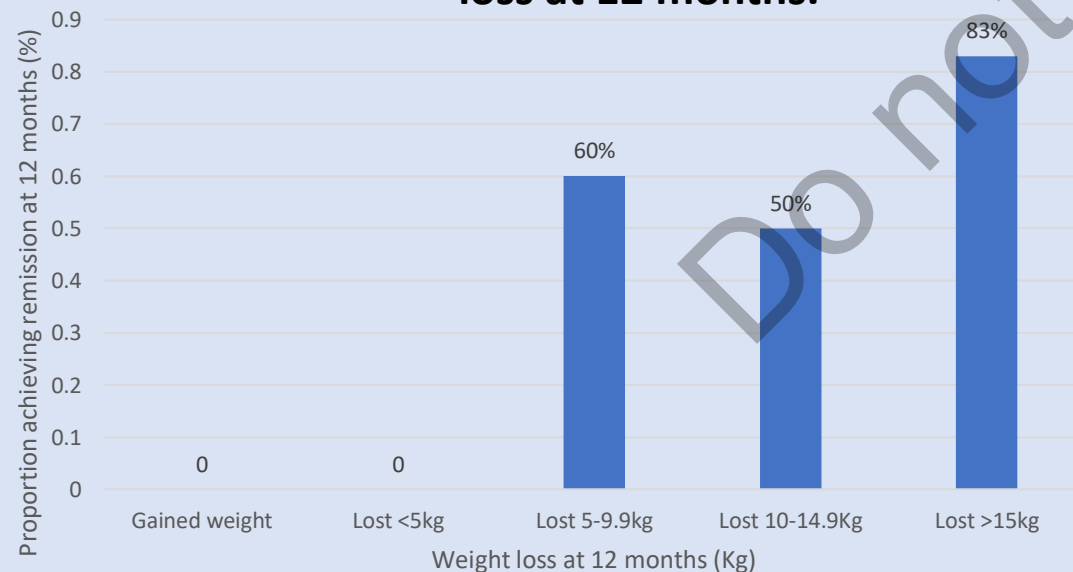


Priority 3: Good essential care – 9 essential care processes, treatment targets, outcomes

Remission:

Wales results using TDR

Primary outcomes and remission of diabetes in relation to weight loss at 12 months.



Would like to expand this service
Would like to access the weight loss medication for this group as an option plus resources to address emotional eating

Priority 4: Technology in Diabetes

Explosion of technology, advancing rapidly

Based on:

Glucose monitoring

Automated insulin delivery

Evidence is showing real outcome differences
e.g. Freestyle Libre real world data*, Conceptt
Study **, Aidapt study***

*Deshmukh H et al (2020). Diabetes Care; <https://care.diabetesjournals.org/lookup/doi/10.2337/dc20-0738>

**Feig DS, Donovan LE, Corcoy R et al. Continuous Glucose Monitoring in pregnant women with type 1 diabetes (Conceptt); a multicenter international randomized controlled trial. Lancet 380, 2017

***Lee TTM, Collett C, Bergford S et al; AiDAPT Collaborative Group (2023) Automated insulin delivery in women with pregnancy complicated by type 1 diabetes. *N Engl J Med* **389**: 1566–78

Priority 4 – Technology in Diabetes

Flash and Continuous Glucose Monitoring

On prescription:



Freestyle Libre 2 (plus)



Dexcom One

Secondary Care ordering:



Dexcom G6 and G7

Medtronic sensors



Priority 4 –
Technology in
Diabetes

Flash and
Continuous Glucose
Monitoring

Flash Glucose Monitoring:

- Anyone using insulin (in Wales)
- Anyone with particular needs – learning disability, dementia
- Short-term need for intensive monitoring e.g. newly diagnosed, GDM

Continuous Glucose Monitoring:

Children

Type 1 who prefer to flash


Hypoglycaemia

Part of a Hybrid Closed Loop System

Priority 4 – Technology in Diabetes

Hybrid Closed Loops and Primary Care

- Automated insulin delivery devices linking the CGMS to the pump to keep the glucose at a set level
- Life-changing in type 1 diabetes
- NICE TA – recommended in children and young people, people pregnant or planning a pregnancy, type 1 diabetes with HbA1c > 58mmol/mol
- Equate to around 11,000 in Wales



Priority 4 – Technology in Diabetes

HCL – what will this mean for primary care?

- People should receive education, planning, pump starts and follow-up in secondary care which for most systems will include all equipment*
- Patients will need 10 ml vials of insulin on prescription (usually short-acting e.g. novorapid but some systems can use Fiasp)
- Patients will need occasional prescriptions for “back up” pens in case of pump failure (short and long acting) or hyperglycaemia
- Patients always require glucose testing strips and ketone strips



Priority 4 – Technology in Diabetes HCL – what will this mean for primary care?

-
- Hyperglycaemia should rapidly respond to the pump – if after 2 hours unchanged this suggests a problem with the cannula, tubing or pump
 - Patient should use a pen to give a correction and re-do the pump
 - DKA may happen very quickly as no background insulin. Patients must know above steps, test for ketones at lower glucose and present early
 - Hypoglycaemia usually needs less glucose to treat on a pump (e.g. 1 to 2 jelly babies)

Priority 4 – Technology in Diabetes

HCL – what will this mean for primary care?

- Around $\frac{1}{4}$ to $\frac{1}{3}$ people with type 1 diabetes do not attend secondary care
- More likely in most deprived, ethnic minorities and elderly
- People from these groups also have a lower pump use
- We are trying to close the inequality gap – please refer anyone who may benefit
- Literacy and language shouldn't be a barrier
- Working on solutions for those without smart phones etc

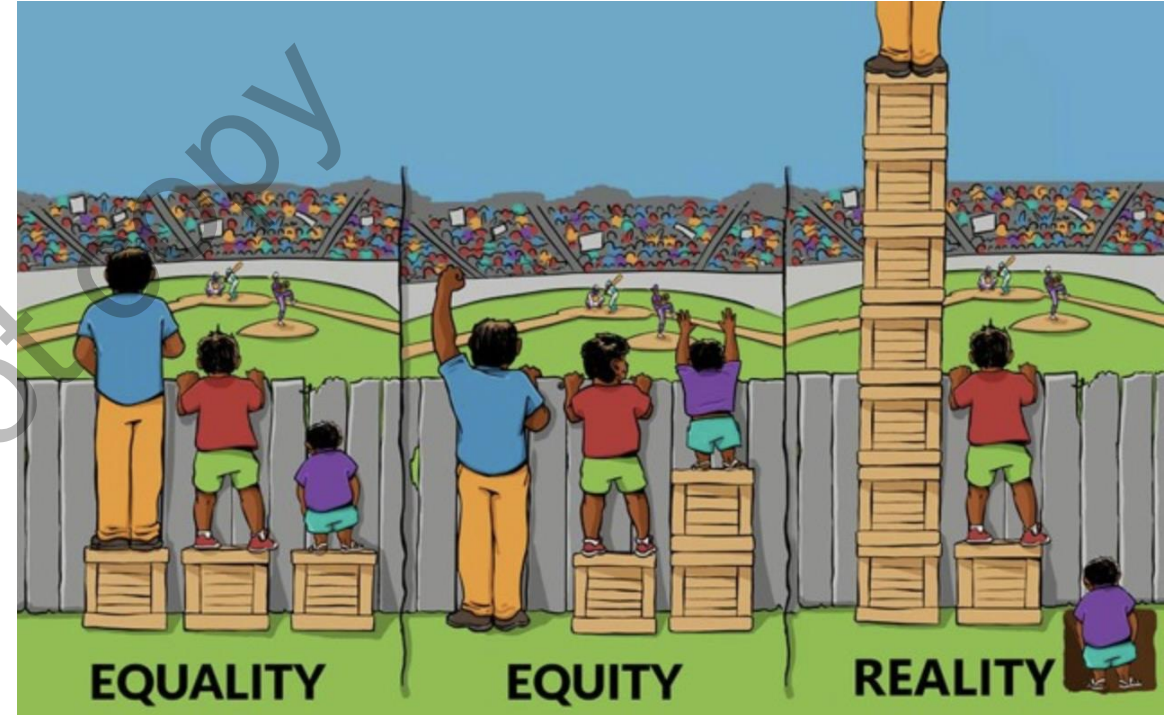
Health Inequalities in Wales

- In 2016 the CMO for Wales described health inequalities as **”unfair, avoidable and something which we should no longer be prepared to accept or tolerate.”**
- Inequalities have widened since the pandemic and new approaches are needed to address this



Health Inequalities in Diabetes

- A problem for every aspect of diabetes – education, care processes, outcomes, technology
- Diabetes Strategic Network is working in partnership with Diabetes UK to address this
- Examine all aspects of diabetes care to improve equity.



PEOPLE FROM SOUTH ASIAN AND BLACK BACKGROUNDS ARE **THREE TO FIVE TIMES MORE LIKELY TO START DIALYSIS**



PEOPLE FROM BAME POPULATIONS ARE **LESS LIKELY TO RECEIVE KIDNEY TRANSPLANTS**



- 35% waiting for a kidney transplant are from BAME communities
- 7.2% on the NHS Organ Donor Register are from BAME communities

- Faster progression
- Over-represented on dialysis
- Lower take-up of home therapies

Kidney health inequalities in the United Kingdom

Reflecting on the past, reducing in the future

**PEOPLE FROM LOWER SOCIO-ECONOMIC GROUPS
ARE MORE LIKELY TO:**

**DEVELOP
CHRONIC
KIDNEY
DISEASE**

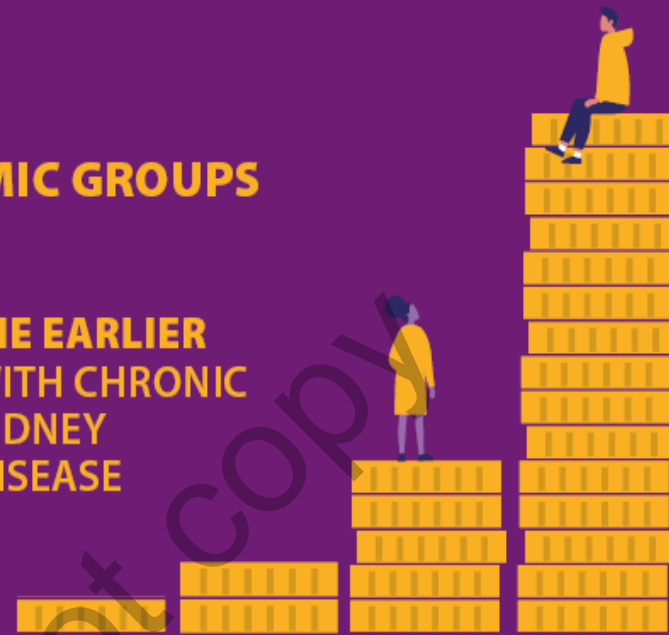


**PROGRESS
FASTER
TOWARDS
KIDNEY FAILURE**



**DIE EARLIER
WITH CHRONIC
KIDNEY
DISEASE**

**KIDNEY DISEASE MAY ALSO CONTRIBUTE
TO SOCIAL DEPRIVATION**



- Both a risk factor for and effect of, kidney disease
- Tend to be diagnosed later
- Poorer survival on dialysis
- Lower rates of transplant
- More likely to experience risk factors for CKD

Peer Educators – who are they?

- Empathetic volunteers who truly represent the communities - “right messengers”: cultural, faith, language; health care experience/literacy & health behaviour = TRUSTED - “*people like me*”
- Wealth of experiences
- Passionate to give back to our charity, the NHS & to their communities
- Simple, flexible model
- Accredited training leading to a qualification e.g. 1st year University under grad - & supported to deliver the “right messages”
- Peer educators’ confidence increased



Pregnancy in Diabetes



GIG
CYMRU
NHS
WALES

Grŵp Gweithredu
Diabetes
Diabetes
Implementation Group

**FREE pre-conception
advice and support
available All Wales**

Do you have diabetes?

Would you like to have a baby?



For more information or advice by phone call, text or email

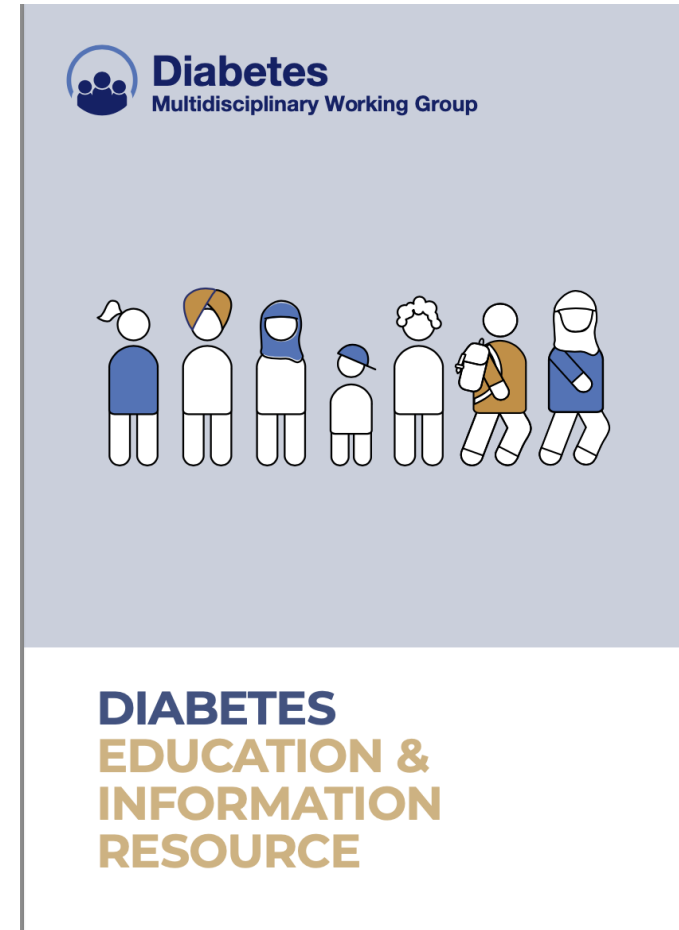
07870 873 903 | Alison.J.Ellis@wales.nhs.uk

Success: Care Homes

- Chris Cottrell had led the development of DEIR
- Web-based education programme for care home workers and domiciliary carers
- Easy reference to find the right sections quickly

Future plans:

- Work on training and guidance for using flash monitoring in cared-for patients
- Work on the HCSW role and insulin administration



CDEP Modules:

MAY TOPIC OF THE MONTH

<https://cdep.us11.list-manage.com/track/click?u=55366204aa4def81bc0781d13&id=2c0ff1b4df&e=d828cedcb9>



MENTAL HEALTH AND DIABETES



Time: 1h

Safe Use of Insulin in the Community

This topic is ESSENTIAL training for all health and social care staff supporting people living with insulin-treated diabetes in an outpatient, community or care setting.



Time: 45m

Delivering the Diabetes Care Processes

This topic is aimed at supporting health and social care staff efficiently deliver 8 of the 9 diabetes care processes.



Time: 20m

Ramadan and Diabetes

This topic supports health and social care staff empower people with diabetes, who wish to fast during Ramadan, to do so safely.



Time: 45m

Hypos at Home

This topic is ESSENTIAL training for all health and social care staff supporting people living with insulin- or sulphonylurea-treated diabetes in an outpatient, community or care setting.



Time: 45m

Caring for the Diabetic Foot in a Community Setting

This topic is designed to support health and social care staff provide basic foot care and guidance to people living with diabetes.



Time: 30m

Driving with Diabetes

This short topic supports health and social care staff empower people with diabetes to be aware of how their diabetes might impact on their ability to drive safely.



Time: 1h

Structured Diabetes Education

This topic explores the reason why attending high quality structured education has such a profoundly positive impact on people living with diabetes' lives.



Time: 1h

Mental Health and Diabetes

This topic explores the impact of living with diabetes on someone's mental health and visa versa.



Time: 1h 30m

Physical Activity in Children and Young People with Type 1 Diabetes

This topic explores the physical activity guidelines to support health and social care staff empower children and young people living with



Time: 1h 30m

Physical Activity in Adults with Type 1 Diabetes

This topic explores the physical activity guidelines to support health and social care staff empower adults living with type 1 diabetes reap the benefits of being active.



Time: 1h 30m

Physical Activity in People with Pre-diabetes, Gestational or Type 2 Diabetes

This topic explores the physical activity guidelines to support health and social care staff empower people living with pre-diabetes, gestational



Time: 2h

Oral Therapies

This in-depth topic covers the different oral therapies available for the management of high blood glucose levels.

Free CDEP Modules:



How to register:

1. Go to CDEP's website at www.cdep.org.uk
2. Click on the link in the top right corner: SIGN IN/REGISTER
3. Under NEW CANDIDATE REGISTRATION, enter your EMAIL address and click CREATE ACCOUNT.
4. Complete the rest of the registration form and you are all set to start CDEP!

For **FREE** access, please don't forget to enter the **REGISTRATION KEY CODE: WALES**

*If this code is not entered, you will be automatically passed to CDEP's payment page.

If this does occur, please contact [CDEP](http://www.cdep.org.uk) for support.

So much talent in Wales – QiC winners 2023





Any questions?