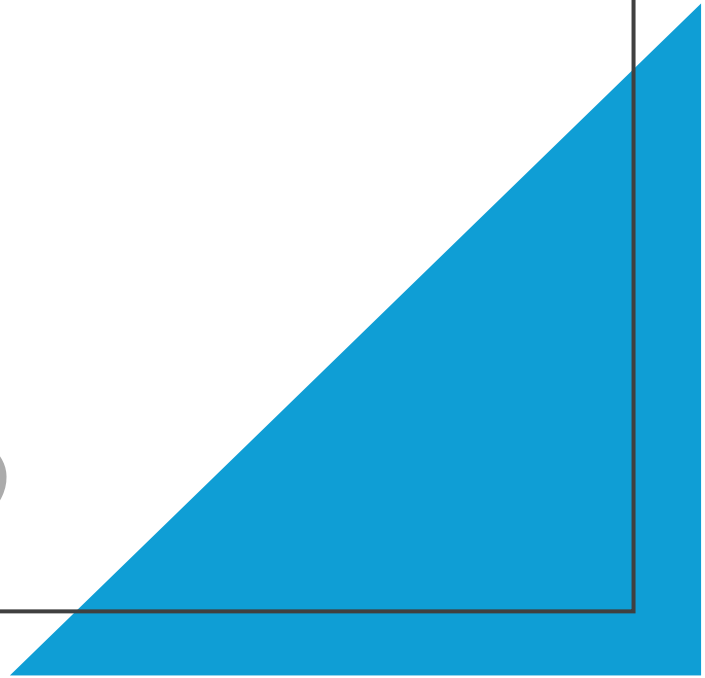


# Diabetes in Wales 2026

Sarah Davies and Julie Lewis, with credit to  
Dr Julia Platts

NOT TO BE COPIED



# Declarations

Sarah: I have received payment for speaker fees and advisory roles from, Dexcom, Abbott, Lilly, Astra Zeneca, Roche, Novo Nordisk, Boehringer Ingelheim

Julie: I have received payment for speaker fees and advisory roles from Abbott, Lilly, Astra Zeneca, Novo Nordisk, Sanofi, Roche, Boehringer Ingelheim, NAPP.

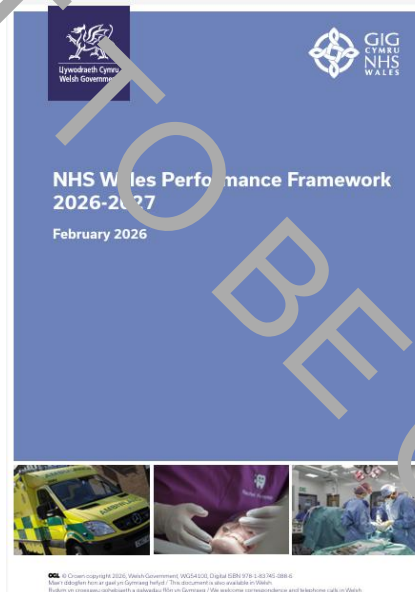
# Many Drivers in Diabetes:

## QI project guidance for 2025-26

This letter provides information on Quality Improvement projects for 2025-26.

The 2025-26 Quality Improvement (QI) project cycle consists of three projects, with the allocation of points as set out below:

Project	Points
Chronic Kidney Disease (CKD)	70
Improving Cardiovascular Outcomes	70
Continuity of Care	30



**NICE** National Institute for Health and Care Excellence

Guidance | Standards and indicators | Clinical Knowledge Summaries (CKS) | British National Formulary (BNF) | BNF for Children (BNFC)

Home > [NICE Guidance](#) > [Conditions and diseases](#) > [Diabetes and other endocrinal, nutritional and metabolic conditions](#) >

## Type 2 diabetes in adults: management

NICE guideline | NG28 | Published: 02 December 2015 | Last updated: 18 February 2026

GUIDANCE, DOCUMENT

## Quality statement for diabetes

The quality statement describes what good quality diabetes services should look like.

First published: 13 June 2023 | Last updated: 13 June 2023

# National Diabetes Strategic Network Priorities 2026/7

- Development of the Ideal Community Service for diabetes (“CBIDS” Community Based Integrated Diabetes Service)
- Care processes and treatment targets
- Hybrid closed loop implementation
- Pregnancy care bundle

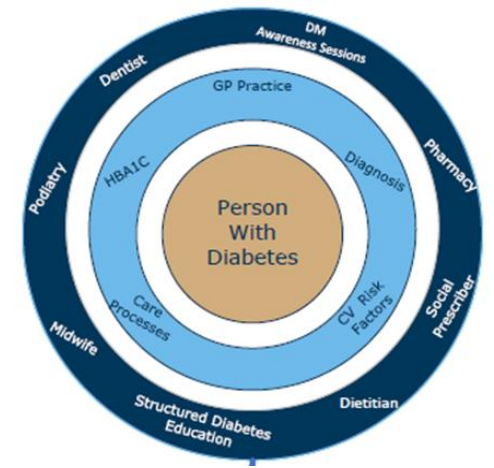


Reduce  
Inequalities  
across all

# CBIDS

## Community Based Integrated Diabetes Service

- In 2025 invited to develop an “Ideal Community Diabetes Model” by the Primary Care Programme
- Seven separate HBs with different structures, staffing and funding of community models all at different stages of development
- The ideal model tries to describe the elements for care, then each HB aims to deliver these as fits their set up
- Aligns perfectly with Community by Design
- Each Health Board at different stages of development
- Ideal elements are loosely based on CAVUHB model
  - GPwSI triage and a very MDT approach
- Steering group meetings and an excellent face to face day of learning and sharing experience in South Wales, heading North next month



## GP Practice

*Ongoing care of most people living with type 2 diabetes*

- Diagnosis
- Annual review
- Care process completion
- Referral for SDE / self management
- Attainment of HBA1c targets
- Prescribing as appropriate
- CV risk factor control
- Monitoring
- Referral if indicated

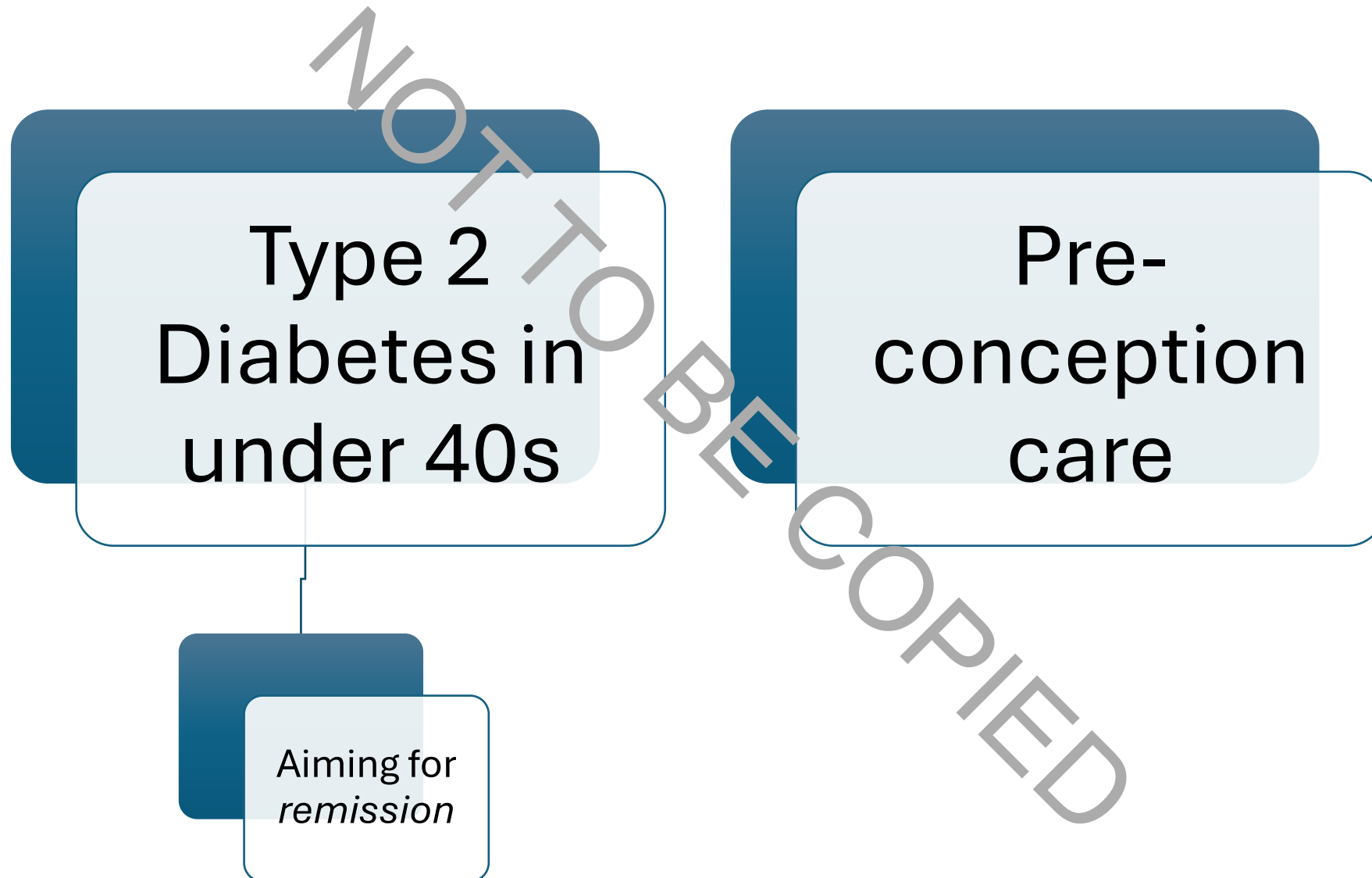
## Consultant led

- Type 1 diabetes
- Insulin pumps
- Antenatal diabetes
- Inpatient care
- Renal disease – stage 4 or 5
- Active diabetes foot disease
- LADA
- Pancreatic diabetes (Type 3c)
- Very complex clinical situation

## Community Team

- Insulin and GLP1 starts for surgeries not undertaking this themselves
- Review of insulin / change of insulin regimen
- Commencement of CGM where not undertaken by the practice
- Review in housebound / frail / nursing home patients
- Steroid induced diabetes
- Suitable people with type 1 diabetes who prefer to be looked after in the community.
- Type 2 diabetes pregnancy planning
- People with diabetes in prisons, looked after environments, refugees

Additional areas to incorporate in the ideal community model...



# Is EOT2 diabetes different from later onset?

- Huge burden of **complications**
  - Much more aggressive early onset complications, more rapid deterioration in beta cell function
  - Higher risk of **cardiovascular disease**
- High rates **mental illness** and depression
- Higher all cause mortality and **premature deaths**
- Lower rates of completion of care processes and attainment of treatment targets
- **Worse neonatal outcomes** in pregnant women

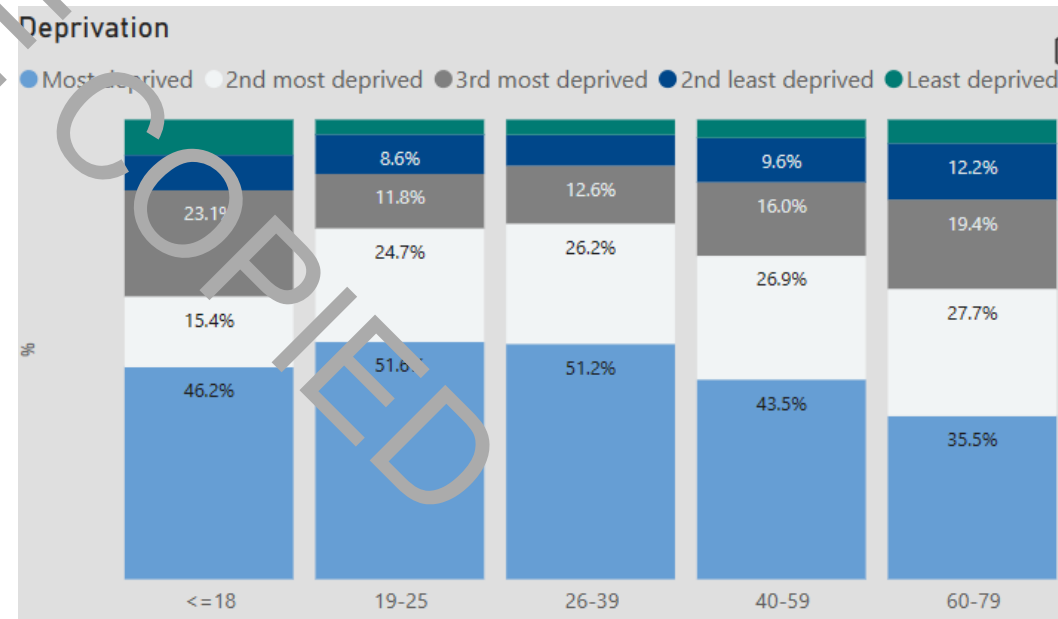
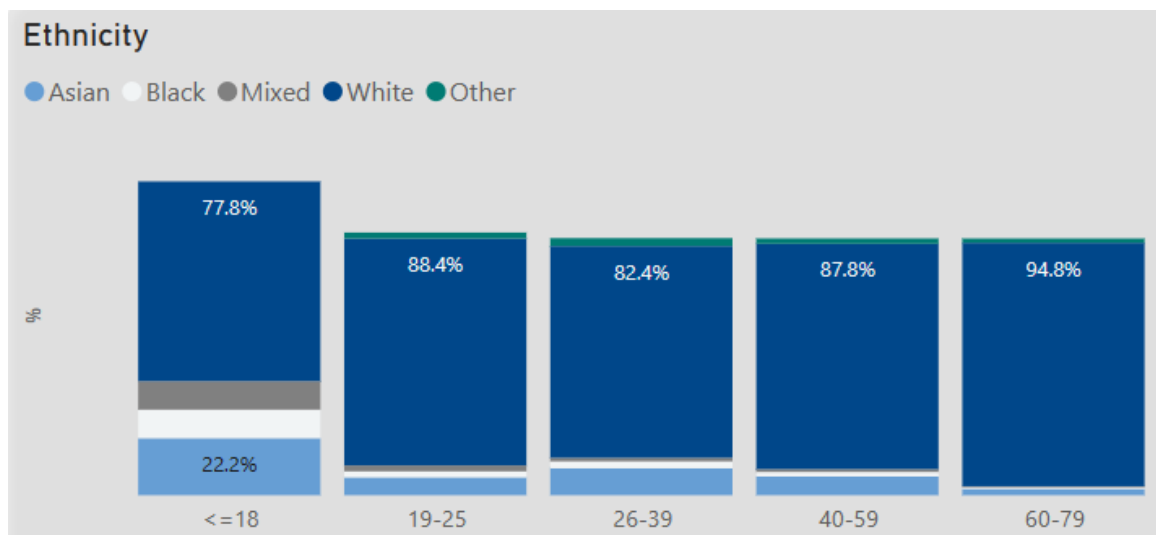
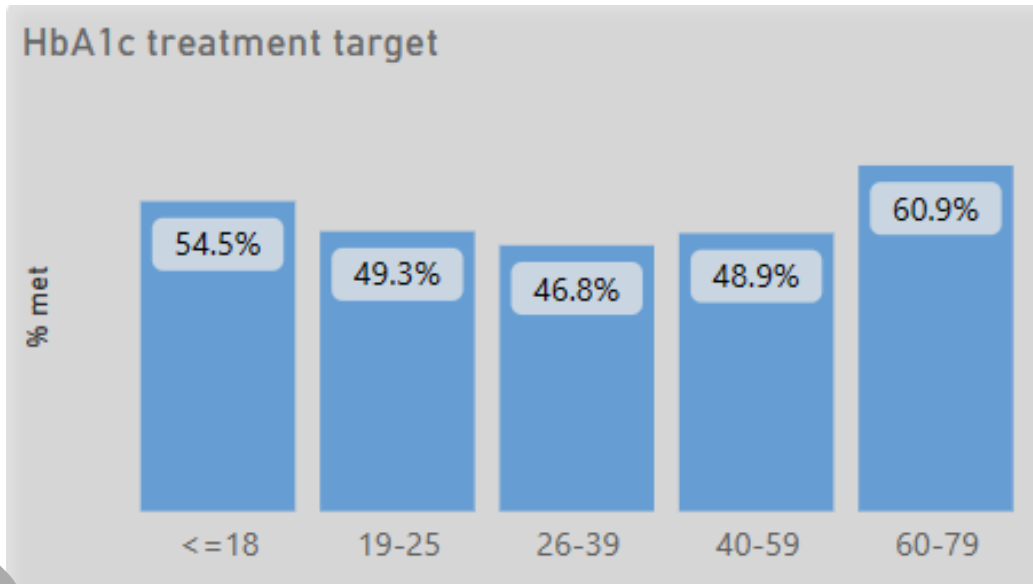
# What are the current numbers?

NDA 2024-2025 (published Feb 2026)

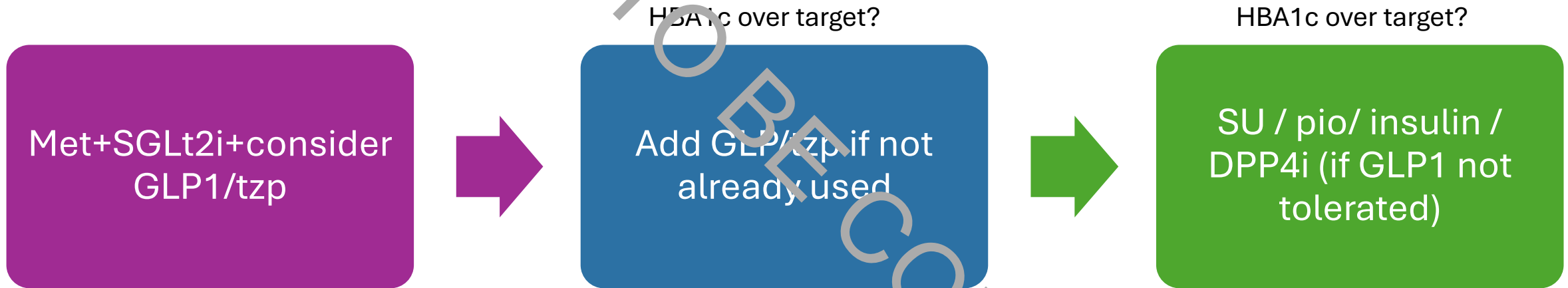
LHB name	Total number with T2D (all ages)	Number under 40yrs	Per cent under 40yrs
All Wales	207,280	7255	3.5
BETSI CADWALADR ULHB	44,375	1553	3
HYWEL DDA ULHB	26,815	939	2.8
SWANSEA BAY ULHB	24,235	848	3.7
CARDIFF & VALE ULHB	28,240	983	4.4
CWM TAF MORGANNWG ULHB	31,140	1090	3.6
ANEURIN BEVAN ULHB	43,590	1526	4
POWYS TEACHING LHB	8,880	311	2.1

## Younger people with T2D:

- Less likely to achieve care processes and HBA1c < 58mmol/mol
- More likely to be of Asian, Black or Mixed ethnicity
- Higher levels of obesity
- **Much more likely to be from the most deprived areas**



# NICE: Early Onset Type 2 Diabetes (< 40 years)



# CBIDS Early Onset Type 2 diabetes service

- Community based specialist service aimed at under 40s with T2D
- Why?
  - Complication burden so significant, complex management
- What?
  - **MDT** approach
  - Early focus on **education and weight management**
  - **Remission** service
  - Early **medications**
  - **Pre-conception** counselling and planning i/c safe medication plan
  - Psychology/**mental health** support/social support

## Search for your patients <40years with T2D

What can we  
do in primary  
care for now?  
QIP

- Overdue review – get them in the door, consider flexible clinic timings – after work etc
- Text reminders, send online templates to complete
- Consider a longer appointment time
- Education and support – appropriate for person eg online
- Consider *remission* where appropriate
- Right type of diabetes diagnosis?
- Care processes complete?
- HbA1c above target?
  - **More proactive treatment at an early stage**
    - Lower HbA1c target
    - Legacy effect
    - Early use of SGLT2/GLP1/GIP
- Pregnancy planning advice and contraception
- CV risk factor management – lifetime risk

# 8 essential care processes (+ Retinopathy)

HBA1c

U+Es

Lipids

BP

BMI

Smoking

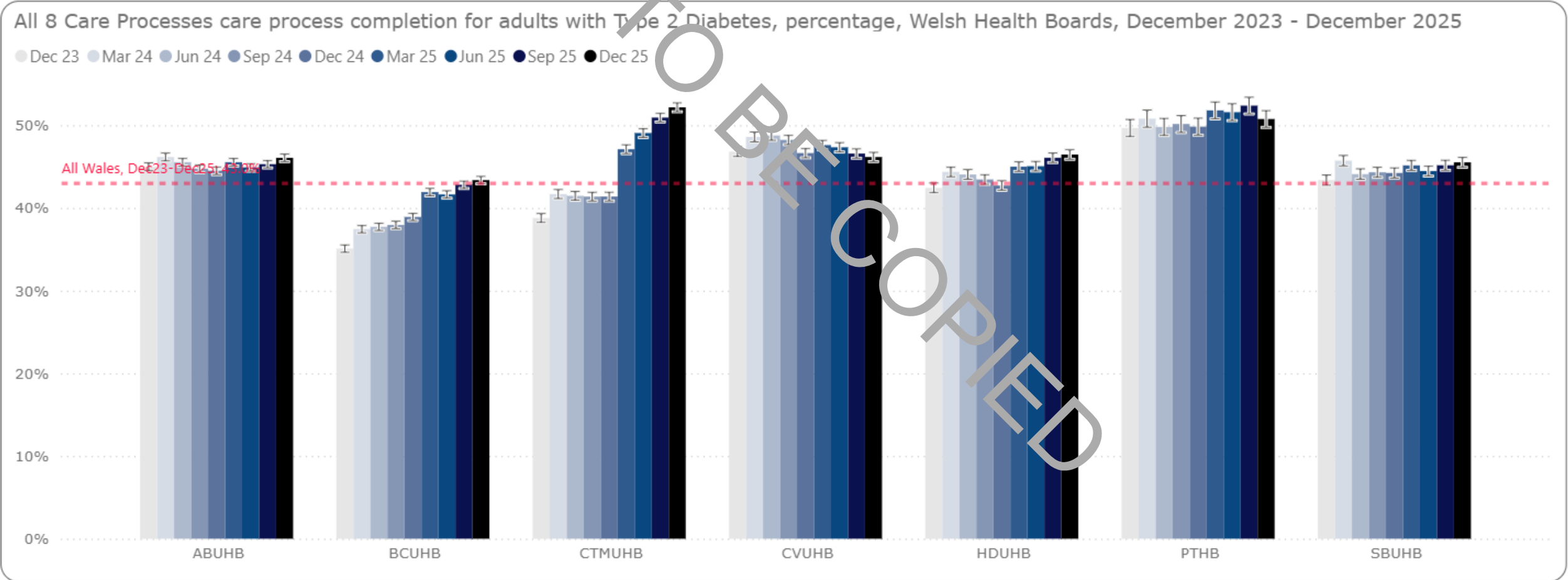
Feet

uACR

# Care Processes by Health Board

Type  
Type 2

Care Process  
All 8 Care Processes



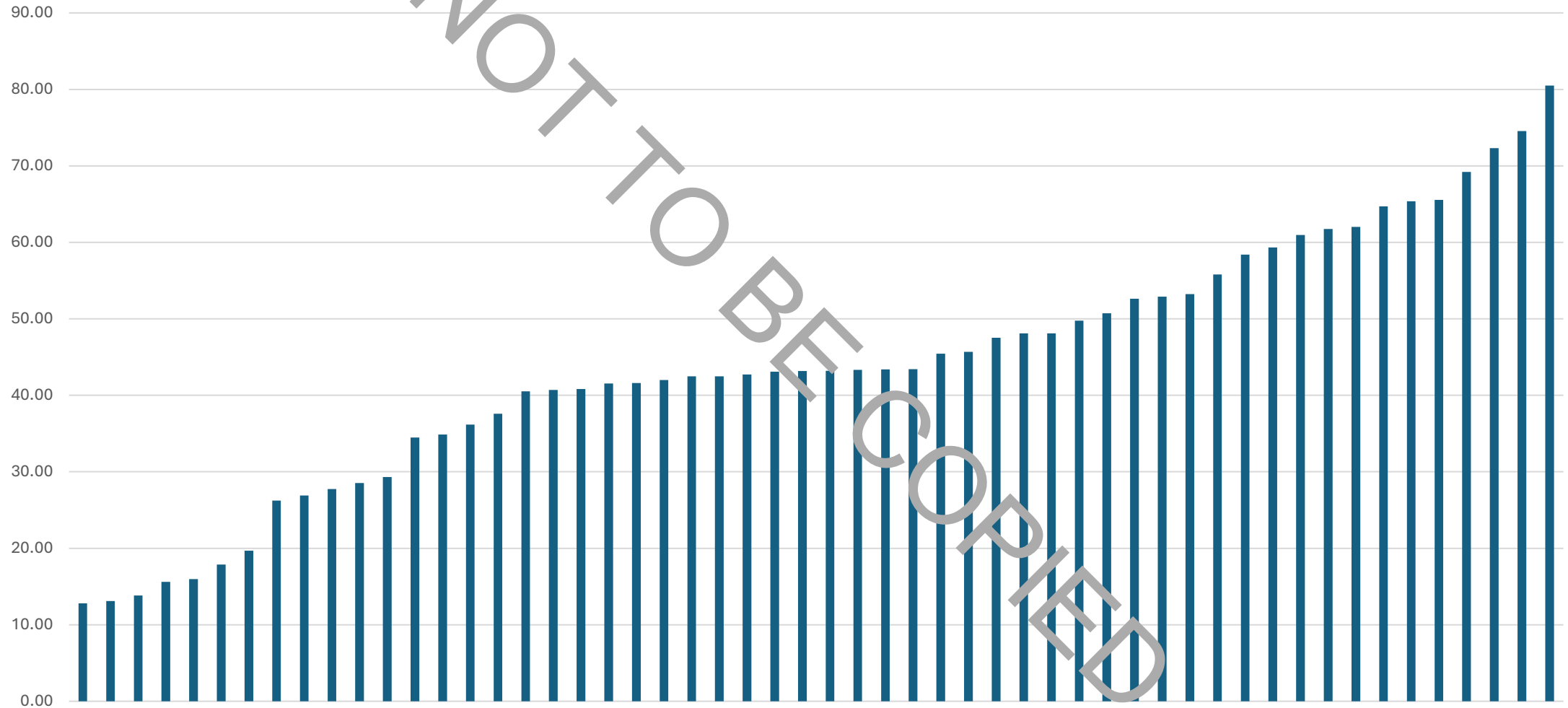
# All-Wales Care Processes

Type

Type 2



CAVUM Practice Level All 8 Care Processes Type 2 Diabetes March 2026



# Opportunities

EMIS templates

uACR

Education

Nudge texts

GMS Contract  
changes access  
to practice level  
data

Foot check  
training for HCAs

QIPs – CKD/CVD  
in current cycle



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Tackling Diabetes Together Programme

From insight to action; empowering change together

16/04/26

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# Tackling Diabetes Together Programme

## Working in partnership to deliver...

- **CPD-accredited** (in progress) **8 Care processes** online event to share best practice and strengthen skills in clinical coding, foot checks and ACR kidney checks - **2 July 26**
- User informed **digital diabetes resource hub** for clinicians, patients and carers, hosted by the Strategic Clinical Network for Diabetes – **May 2026**
- **'Once for Wales' Type 2 Point of Diagnosis pack** - one for patients, one for clinicians. Behaviourally informed and co-designed with patients and clinicians. In partnership with Diabetes UK Cymru to make a diagnosis diabetes easier most effective – **May 2026**
- **Type 2 Diabetes Communications and Engagement Campaign** in partnership with Diabetes UK Cymru, designed to increase risk awareness, promote action and signpost to support, while reducing inequalities – **May 26 onwards**



GIG  
CYMRU  
NHS  
WALES

Iechyd Cylhoeddus  
Cymru  
Public Health  
Wales



Datrys Diabetes Gyda'n Gilydd  
Tackling Diabetes Together

## THE EIGHT CARE PROCESSES: BUILDING BETTER DIABETES CARE IN WALES

- ▶ **Event on 2<sup>nd</sup> July 12:30-14:30**
- ▶ **To register your interest please email:  
[PHW.TacklingDiabetes@wales.nhs.uk](mailto:PHW.TacklingDiabetes@wales.nhs.uk)**

# Prevention of T2D

- AWDPP
- 30 min one to one intervention from HCSW under direction of dietitian
- 23% RRR of progression to T2D (similar to NHSE DPP results)
- Excellent attendance where the service has been offered
- Sadly not cross Wales and likely to require HB funding going forwards
- GP Contract pre diabetes details still tbc...

BBC Sign in Home News Sport Weather iPlayer

## NEWS

Home | UK | Elections 2026 | World | Business | Culture | Politics | Health | Tech | InDepth | BBC Verify

Wales | Wales Politics | Wales Business | North West | North East | Mid | South West | South East | Cymru

### Diabetes scheme reduces risk of condition by quarter



Rachel Burr from Diabetes UK Cymru says funding prevention schemes will be more cost effective in the long-term, as well as a huge benefit to patients

The image shows a woman with glasses and a dark patterned top sitting in front of a blue sofa. A white bucket with 'THANK YOU!' written on it is visible in the foreground.

- ▶ Pregnancy in Diabetes
- ▶ HCL
- ▶ Pre-Clinical T1 dm
- ▶ Levemir withdrawal
- ▶ Resources

NOT TO BE COPIED



# Pre- pregnancy care

The three pillars of preparing women for pregnancy with pre-existing diabetes are:

- Good glucose control (HbA1c)
- High dose folic acid 5mg
- Stopping harmful (teratogenic medicines)

How do we do?

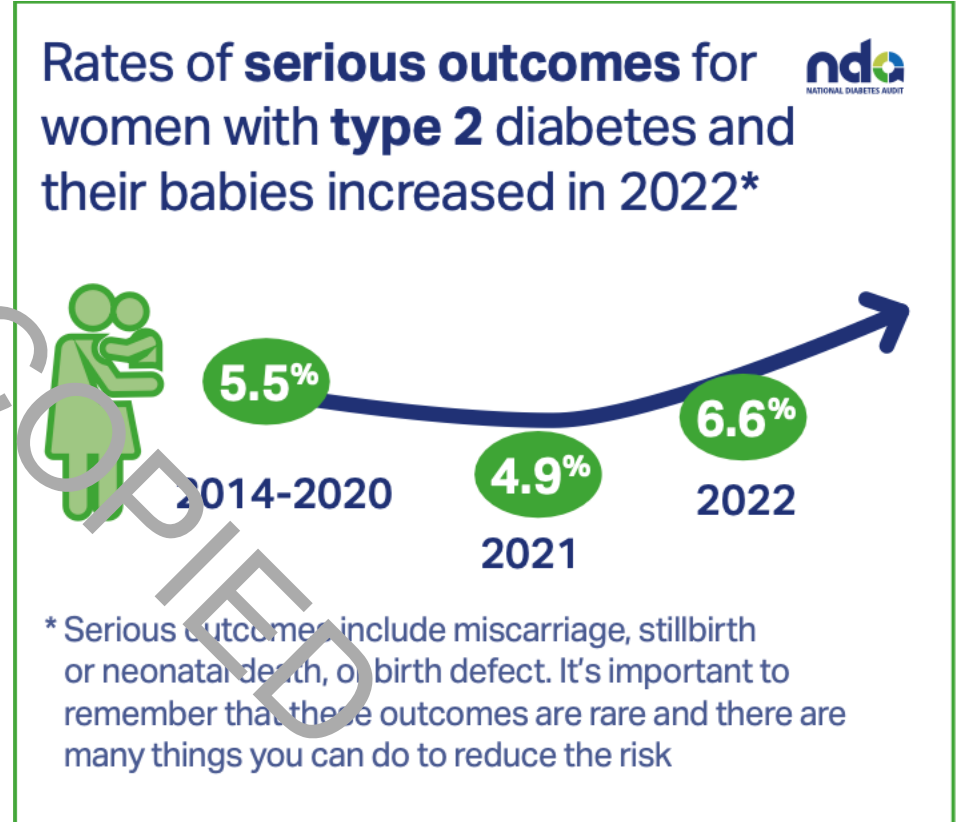
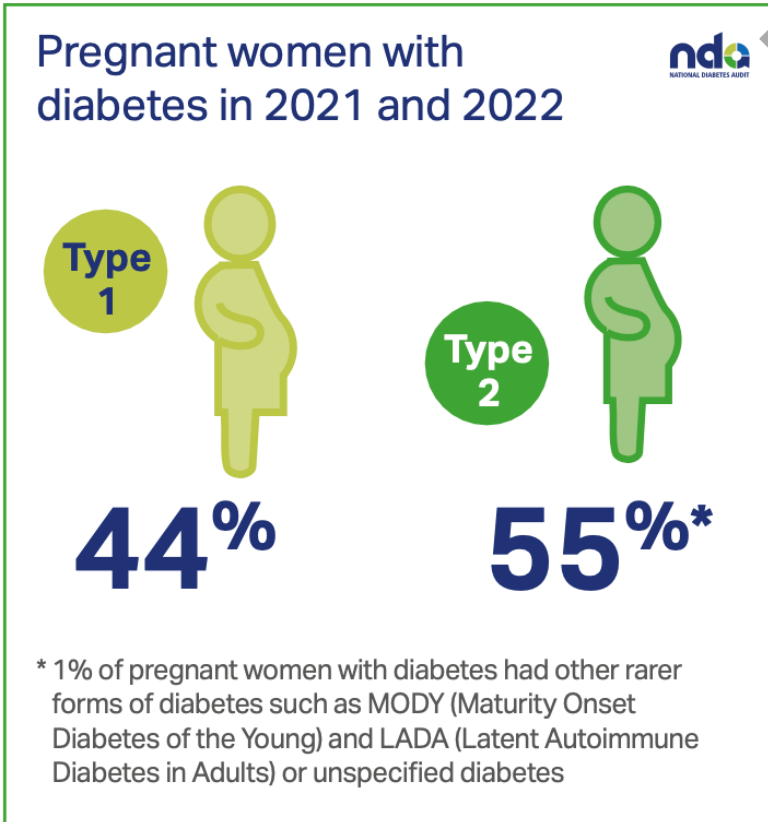
Can we explore opportunities for meaningful improvement?

# Pregnancy & Diabetes

- [National Diabetes Audit dashboards - NHS England Digital](#)
- England & Wales Data



# Type 2 Diabetes in Pregnancy



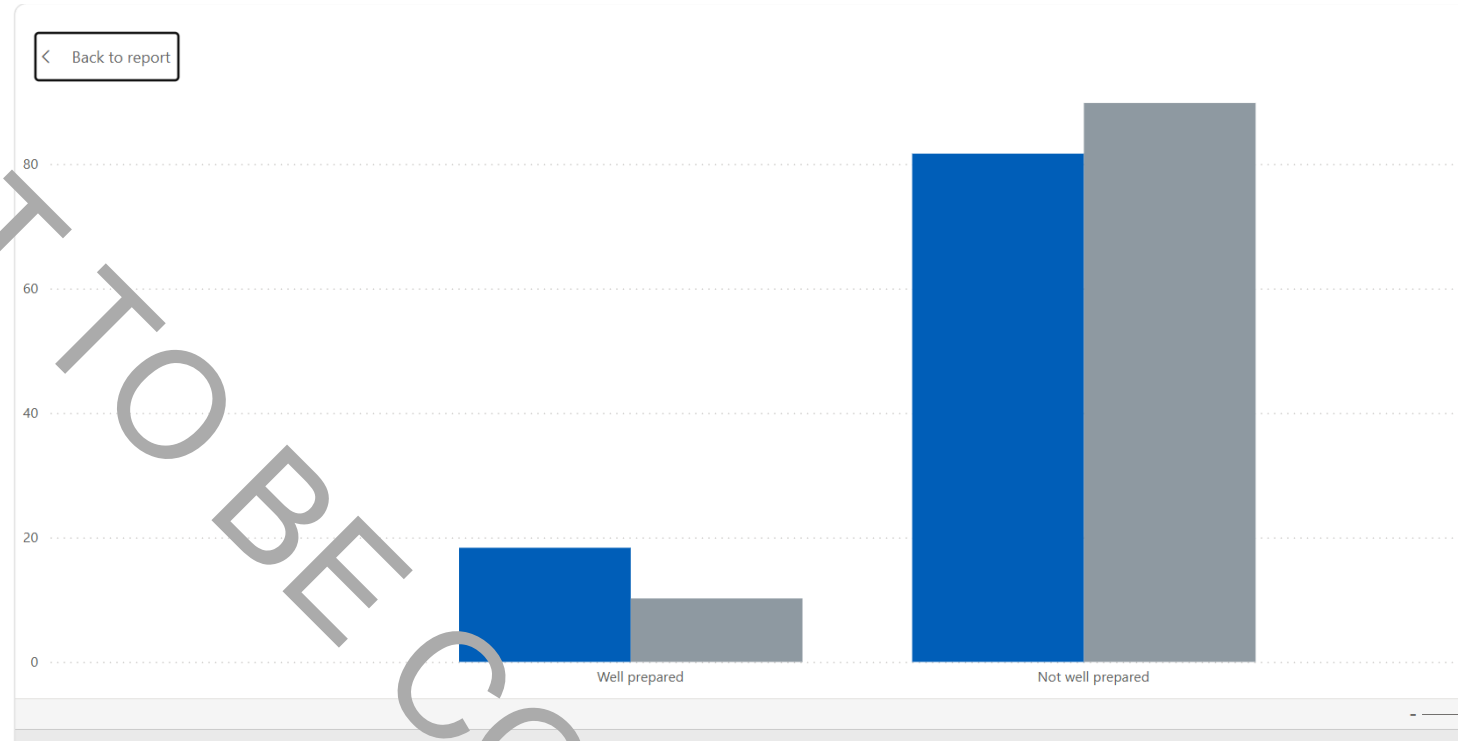
**The increasing prevalence of pregnancies complicated by early-onset type 2 diabetes continues.**

During 2024, there were 3,520 (60.2%) recorded pregnancies in women with type 2 diabetes (46.9% in 2014), and 2,240 (38.3%) pregnancies in women with type 1 diabetes (51.5% in 2014).

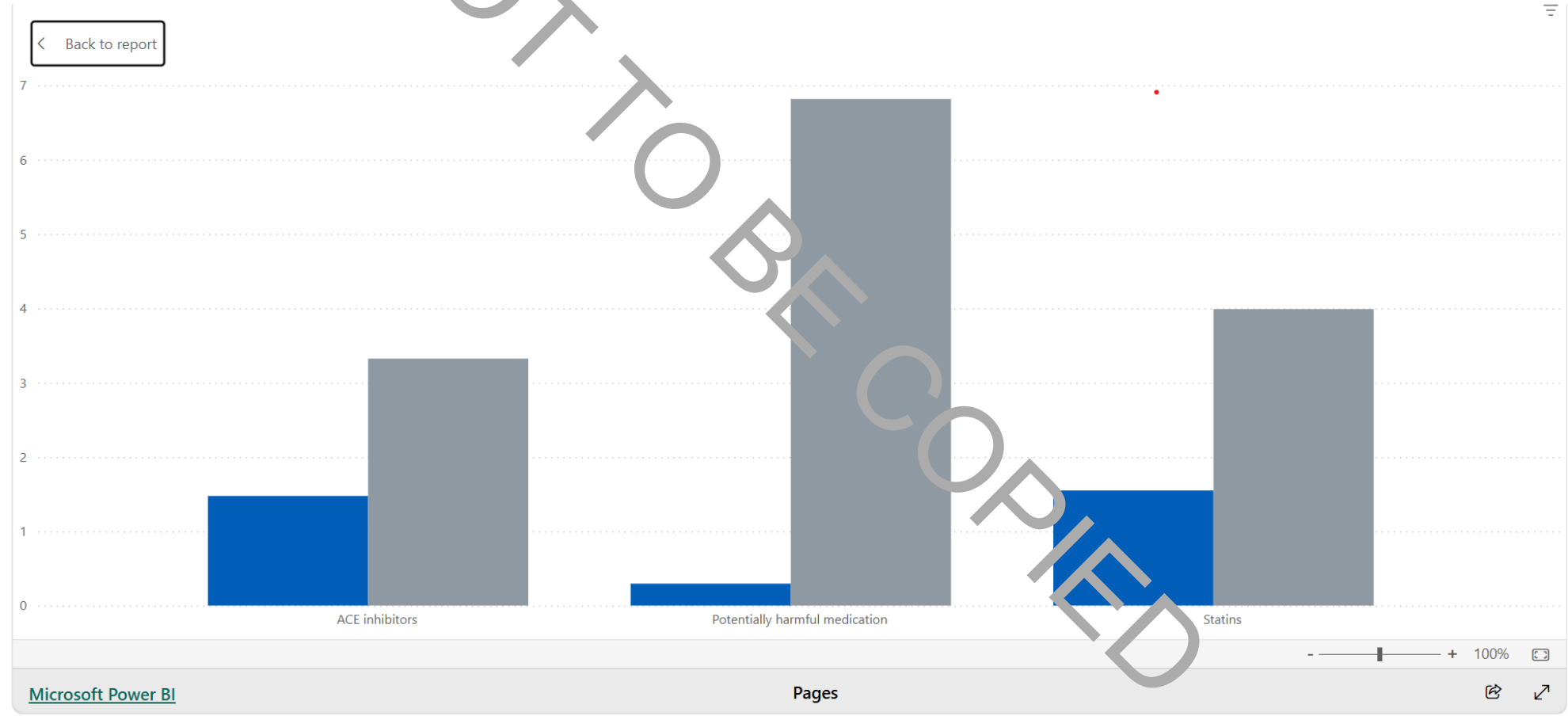
Pregnancy preparation has improved in type 1 diabetes without improvement in type 2 diabetes.

Pregnancy preparation has improved in type 1 diabetes (12.7% in 2014-18 compared with 18.5% in 2024) without improvement in type 2 diabetes (12.0% in 2014-18 compared with 10.2% in 2024).

# NPID 2024 Preparation for Pregnancy in Diabetes

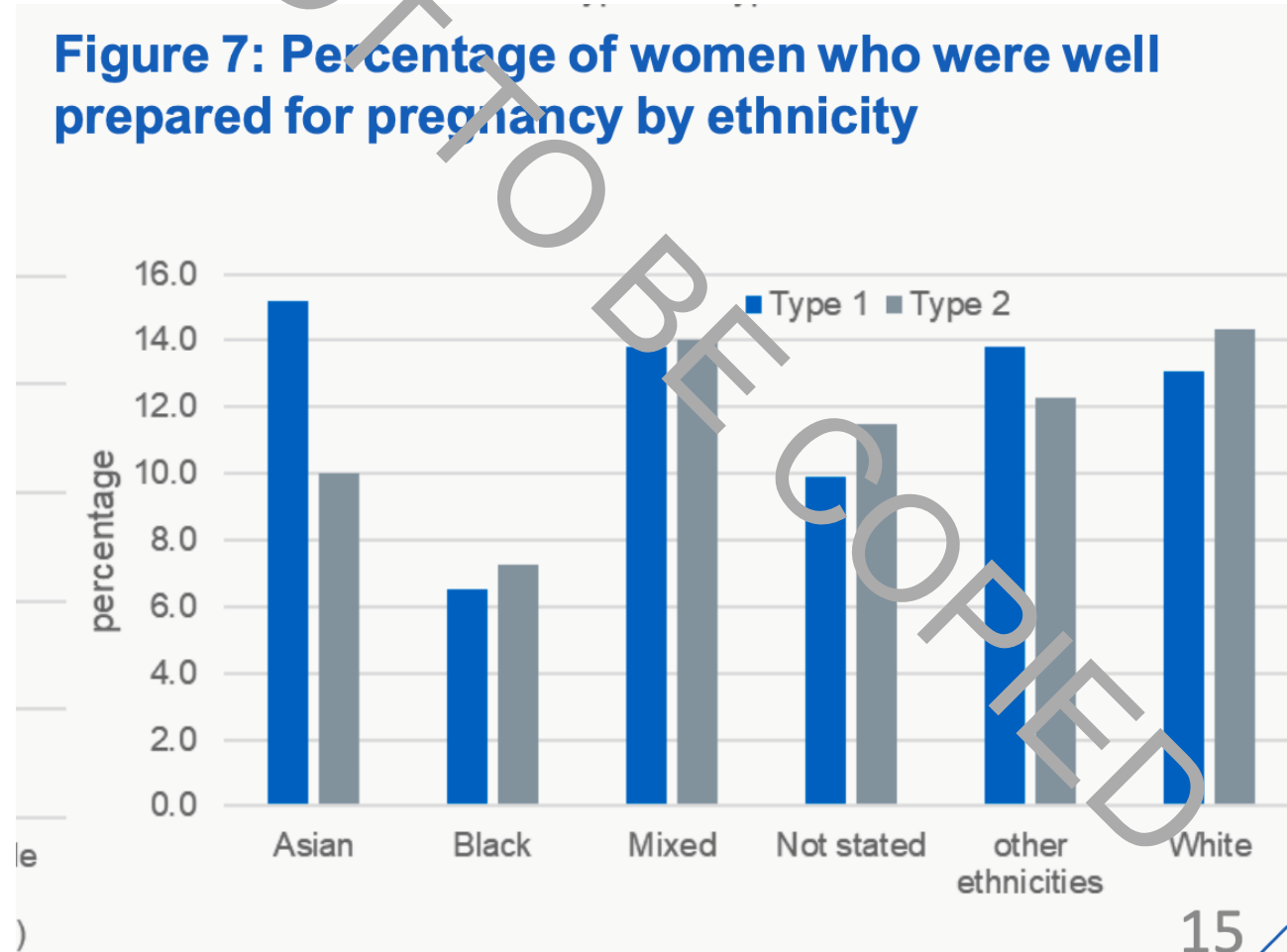


# NPID 2024: Harmful medication @LMP



# Percentage of Women Prepared for Pregnancy by Ethnicity:

**Figure 7: Percentage of women who were well prepared for pregnancy by ethnicity**



# Gestational Diabetes

- Typically estimates 5% of UK pregnancies
- Common & clinically significant (National Gestational Diabetes Audit 2024-25)
- Increase due to:
  - More cases. Better detection / changing criteria
  - Demographic & Living behaviours
    - Rising obesity rates – strongest link
    - Older maternal age
    - Strong inequalities ( in deprived and ethnic minority groups)
- Post-natal & annual follow up is emphasised. Testing + Lifestyle/Prevention advice
- Follow up improving, but 40+% not receiving diabetes screening after GDM
- 10.8% develop pre-diabetes within 5yrs
- 15.2% develop T2dm within 10 yrs.



# Pregnancy & Diabetes

- Many pregnancies are unplanned
- HbA1c targets not met early
- High dose folic acid not taken pre pregnancy
- T2dm and GDM pregnancies are increasing significantly

The standout outcomes tend to come from planned pregnancies with strong pre-conception care:

Ripe for QI approach.

# Hybrid Closed Loop for Primary Care

- NICE TA recommends HCL for type 1 diabetes with HbA1c > 58, pregnancy or planning, young people – around 70%



Prescribing



What to do if they present with high / low gluceses



What to do if they present with broken pump



Finding the lost tribe

# Hybrid Closed Loop: Performance in Wales

5 year Implementation plan. Prioritising:

- Children & Young people
- Diagnosed with T1dm since Covid
- Pre pregnancy / pregnancy in T1dm
- Hypoglycaemia

# Hybrid Closed Loops

---

- NICE TA 943
- 21% of eligible people in Wales now on HCL
- Ahead of England! but still significant challenges...
- Fully closed loop system: available soon!

# Hybrid Closed Loop for Primary Care - Prescribing

- They will need 10ml vials of quick acting insulin (e.g. novorapid)
- They will need back up pens e.g. both basal and quick acting insulins in case of pump failure or problems
- They will need a back up meter in case of sensor failure
- They will need ketone strips
- Sensors traditionally have come from secondary care. Increasingly the pumps can connect to prescribed Freestyle Libre devices.

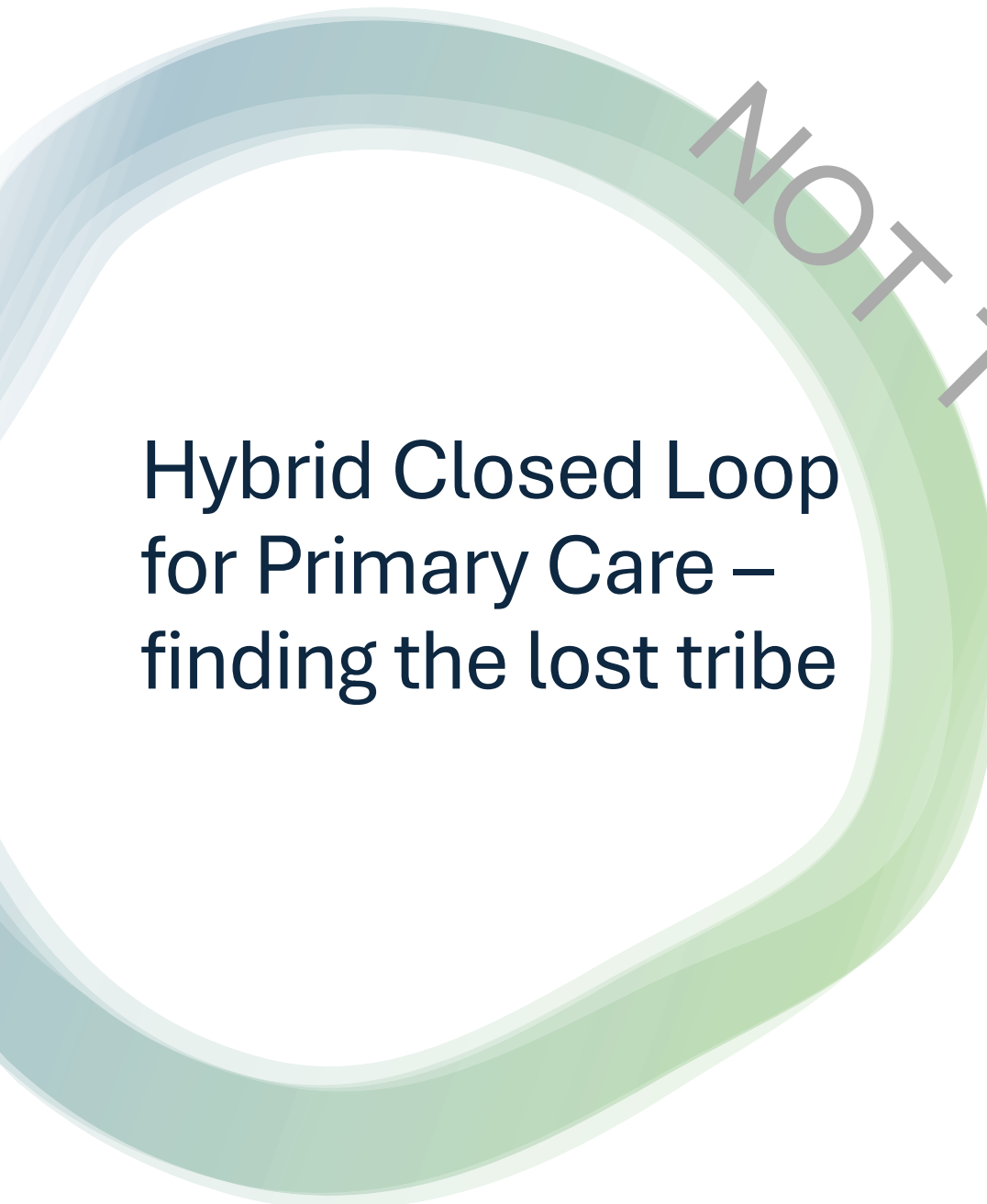
## Hybrid Closed Loop for Primary Care – What to do if high or low?

- Only short-acting in pump so any blockage or pump issue can quickly lead to DKA
- If glucoses are high they should
  - Check ketones
  - Give a bolus via a pen
  - Draw up new insulin, re-site the pump
- If significant ketones – bigger bolus / hospital
- Hypos – 10g and no need for long acting CHO. For them to contact team if a recurrent problem

# Hybrid Closed Loop for Primary Care – What to do if pump breaks

- Revert to injections (backup pens)
- Give 55% of total daily dose as long acting insulin split into 2 injections
- Keep carb counting for the short acting
- Advise to phone the company asap – will replace within 24-48 hours
- [Hybrid Closed Loop \(HCL\) System: Information Leaflet | The Association of British Clinical Diabetologists](#)





## Hybrid Closed Loop for Primary Care – finding the lost tribe

- Around 30% type 1 diabetes not in secondary care
- Often people from the most deprived areas and minority ethnic backgrounds
- Literacy and education level not a barrier. Don't need DAFNE
- Better results if they CHO count but if not possible we can use “small”, “medium” and “large”
- Encourage re-engagement with the specialist team & whenever possible: REFER in



## On the horizon: Detecting / treating Pre-clinical type 1 diabetes

- Move to detect type 1 diabetes before a clinical problem / dysglycaemia with antibody testing
- Benefits:
  - No DKA/ hospital / panic at diagnosis
  - Use of immunotherapies such as teplizumab to delay onset approx 2 years
- Much to be worked through in terms of follow up of those with positive antibodies (and negative antibodies)

- ▶ National Research, Screening & Pathways
  - ▶ Prior preparation intends to reduce the emergency diagnosis of T1dm
  - ▶ Annual screening for those who are antibody +ve
  - ▶ In future, those with 2+ antibodies may be eligible to receive treatment that delays onset of T1dm
  - ▶ Wales Pathways for CYP & Adults are poised to support

#### Adult and Children Screening Studies

- ▶ [T1DRA](#)
- ▶ [The ELSA Study](#)

#### NICE:

- ▶ [Project information | Teplizumab for delaying the onset of stage 3 type 1 diabetes in people 8 years and over with stage 2 type 1 diabetes \[ID6259\] | Guidance | NICE](#)

# INNOVATIVE PATHWAYS OF CARE: PRE CLINICAL TYPE 1 DIABETES

- ▶ Offer screening via ELSA and T1DRA otherwise too big to handle!
- ▶ Can commence anytime (posters and flyers in clinics).
- ▶ Establishing a Navigator service in Wales and they will then follow the 1 and 2 antibody positives.
- ▶ All teams ( both CYP and adults) are keen to do the infusions.
- ▶ For Adults, Cardiff will start. BCUHB have commenced training A home infusion service will take over after the first 5 days in hospital.
- ▶ CYP still working through as most want to do and are looking at whether this is possible. Practically speaking it is likely to start in Cardiff as they have trial experience.
- ▶ The ELSA Study is screening 20,000 children aged 2-17 in England and Wales for type 1 diabetes. Find out more about the ELSA Study and [sign up to receive your blood test kit.](#)
- ▶ The Type 1 Diabetes Risk in Adults (T1DRA) Study is testing blood samples from adults aged 18-70 in the UK to assess their risk of developing type 1 diabetes

## CURRENT PRE CLINICAL T1DM SCREENING PROGRAMMES

# Levemir withdrawal

- Will be discontinued by December 2026
- Joint guidance form PCDOS and ABCD. [PCDOS Webinar coming soon!](#)
- **New packs will warn of discontinuation**

Alternative Insulin Options (further outlined below):

[\(see example worked patient scenarios for overview of suggested treatment options\)](#)

Insulin type	Brand name and devices	Compatible re-usable cartridge pen device
Insulin glargine U100 (Long acting)	Abasaglar® (Kwikpen® / cartridges) <b>(Not available for switching)</b>	HumaPen-Savvio® <b>(Not available for switching)</b>
	Lantus® (Solostar® / cartridges)	AllStar® PRO (1 unit increments) JuniorSTAR® (½ unit increments)
	Semglee® (pre-filled pens)	N/A
Insulin glargine U300 (Ultralong acting)	Toujeo® (Solostar® / Doublestar®)	N/A
Insulin degludec (Ultralong acting)	Tresiba® U100 (cartridges)	NovoPen 6® (1 unit increments)
	Tresiba® U200 (FlexTouch®)	NovoPen Echo Plus® (½ unit increments)
Human isophane insulin (intermediate acting) <i>NPH insulin</i>	Humulin I® (Kwikpen® / cartridges) <b>(very limited availability for any switching)</b>	HumaPen Savvio® <b>(very limited availability for any switching)</b>



Association of  
**British Clinical  
Diabetologists**



**Primary Care  
Diabetes & Obesity  
Society**

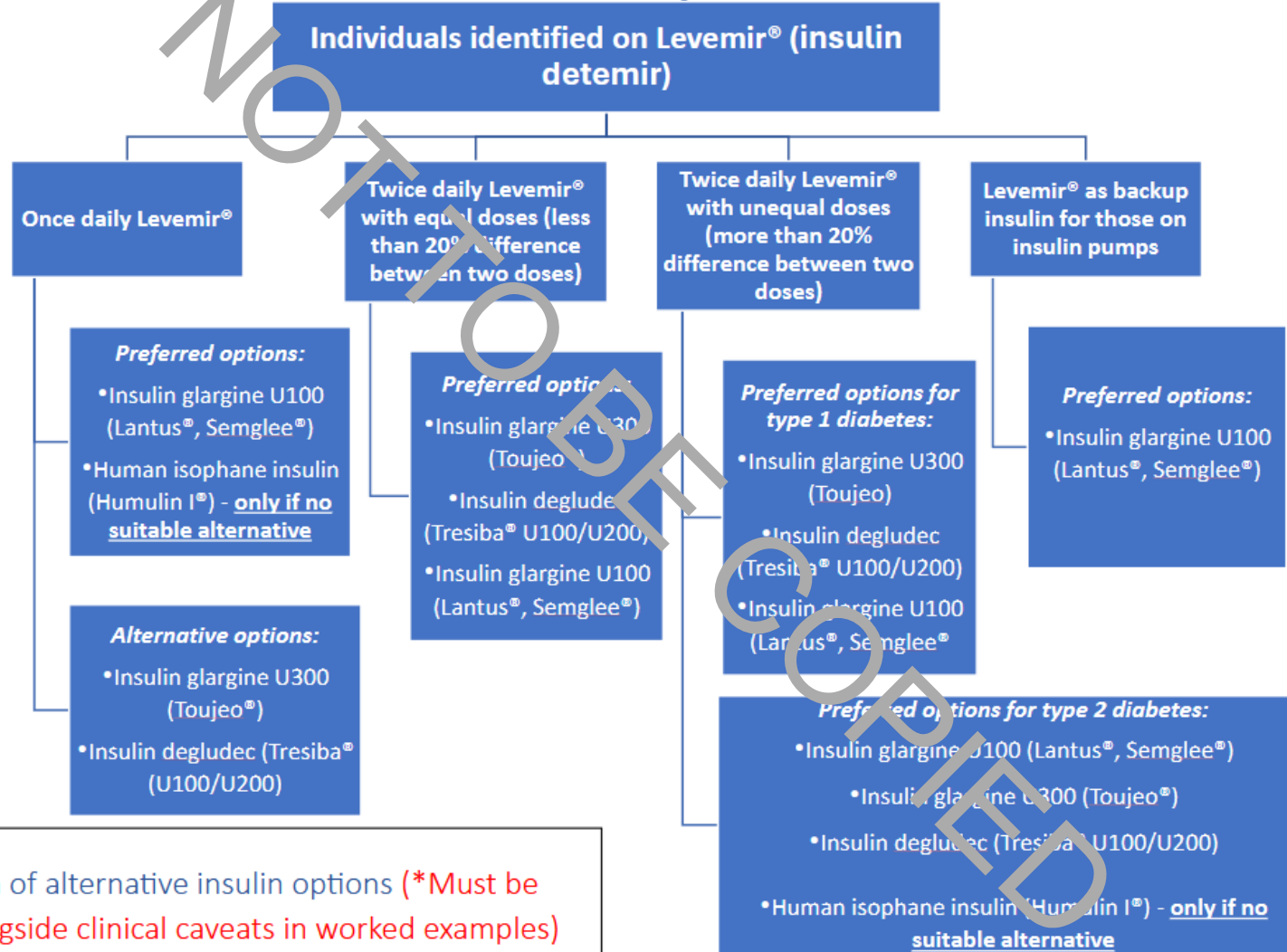
## Discontinuation of Levemir® (Insulin detemir) Flexpen® and Penfill® Clinical Guideline – Version 2 (27/05/2026)

Guidance from the Primary Care Diabetes & Obesity Society (PCDOS) and Association of British Clinical Diabetologists (ABCD)

### Authors

Philip Newland-Jones<sup>1</sup>, Hannah Beba<sup>2</sup>, Naresh Kanumilli<sup>3</sup>, Beth Kelly<sup>4</sup>, Robert Lindsay<sup>5</sup>, Fulya Mehta<sup>6</sup>, Nicola Milne<sup>7</sup>, Julia Platt<sup>8</sup>, Mas Tanir<sup>9</sup>, Ketan Dhatariya<sup>10</sup>

<https://www.pcdosociety.org/guidance/levemir-discontinuation>



Algorithm of alternative insulin options (\*Must be used alongside clinical caveats in worked examples)  
NB. Please see [example patient scenario section](#) below for full details and clinical caveats.

# Supporting Self- Management & HCP Education

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At Diagnosis:

# 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 other people living with diabetes



## 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.

## Pocket Medic Films

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



[www.medic.video/w-type2](http://www.medic.video/w-type2)  
[www.medic.video/w-bame](http://www.medic.video/w-bame)

## 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.



## 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](http://www.diabetes.org.uk/learningzone)

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

# Supporting Every Newly Diagnosed Person with Type 2 Diabetes

NHS Wales · Supported by Diabetes UK



GIG  
CYMRU  
NHS  
WALES

Supported by  
**DIABETES UK**  
KNOW DIABETES. FIGHT DIABETES.

Two complementary resources - one for the clinician giving the diagnosis, one for the person receiving it.



## FOR CLINICIANS

### Type 2 Diabetes Point of Diagnosis Pack

A structured clinical aid covering the full consultation - from naming the diagnosis to safety-netting, medicines and handover.

- ✓ Point-of-diagnosis checklist
- ✓ Language Matters guidance
- ✓ Essential care processes
- ✓ Secondary care handover template
- ✓ Appendices A–D (letter templates)



## FOR PATIENTS

### Living Well With Type 2 Diabetes

A free take-home guide giving newly diagnosed people clear next steps, lifestyle advice and trusted sources of support.


- ✓ What usually happens next (timeline)
- ✓ Understanding HbA1c and essential checks
- ✓ Food, activity and easy wins
- ✓ Emotional wellbeing support
- ✓ Easy to share digital delivery



Give the patient pack to the person and keep the clinician pack for the consultation.



Will Soon be available in Welsh



**LIFESTYLE**

**trend. UK™**

# TYPE 2 DIABETES: WHAT TO DO WHEN YOU ARE ILL

**➤ WHY IS THIS LEAFLET FOR YOU?**


Everyone has days when they are not well. If you have diabetes, being unwell can affect your blood glucose control so it is important that you know how to manage this. This leaflet will give you essential information on:

- How illness affects your blood glucose levels
- Looking after yourself
- What to eat and drink
- Managing your medication
- When to seek help

**NAPP**  
DIABETES

UK/DIA - 18080(s)  
March 2020

The content of this leaflet was generated independently by TREND-UK. Printing and distribution was funded by Napp. Napp have reviewed the content for factual accuracy only.



**LIFESTYLE**

**trend™**  
DIABETES

# DIABETES: SAFE DRIVING AND THE DVLA

**➤ WHY IS THIS LEAFLET FOR YOU?**

Having diabetes does not mean that you need to give up driving. It does mean that you have a responsibility to inform certain organisations of your condition and plan before you drive or set off on a trip.

This leaflet will help you ensure that your driving is safe for yourself and other road users. It also includes information on:

- The law: Your responsibilities
- Do I need to notify the DVLA?
- Other circumstances
- What if I have an accident?
- Safe driving

Trend Diabetes – The heartbeat of diabetes nursing



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Doctor/Nurse: \_\_\_\_\_



## Diabetes and high HbA1c

### Information prescription

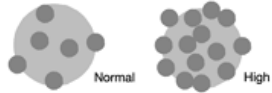
Your last two HbA1c results are \_\_\_\_\_

Managing your blood glucose is important to reduce your risk of the long term complications of diabetes. Discuss and agree with your doctor or nurse your ideal target for HbA1c.

My recommended target HbA1c is: \_\_\_\_\_

#### What is HbA1c?

It tells you your average blood glucose for the last two to three months. HbA1c measures how much glucose is stuck to your red blood cells. A finger-prick test shows you a snap-shot of your glucose at a moment in time, whereas HbA1c acts like a film recording how your glucose levels have changed.



#### When is high HbA1c a problem?

High levels of blood glucose over a long period of time can damage blood vessels, putting you at higher risk of the long term complications of diabetes such as sight loss, kidney damage and heart attack or stroke.

#### How can I lower my HbA1c?

Your HbA1c will change for many reasons including: being unwell, stress or depression, change in lifestyle or because of other medicine such as steroids. The actions you take to reduce your HbA1c will depend on whether you have type 1 or type 2 diabetes and your overall health. The next column has three main areas for you to consider.

Some people with type 2 diabetes have put their type 2 diabetes into remission (when blood sugar levels are below the diabetes range for at least 3 months), by losing a substantial amount of weight – 15kg (or 2 stone 5lbs) – safely and as quickly as possible following diagnosis. Remission of type 2 diabetes means glucose lowering medication is no longer needed. Ask your healthcare team for more information.

#### Agreed action plan

##### My personal goal is:

##### To be achieved when:

##### The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

- 1
- 2

#### 1 Education:

You should be offered education to help you manage your diabetes and help you understand what affects your blood glucose. Ask what's on offer in your area.

#### 2 Medication:

It may be time for a review by your health care team of your medication to be sure it's best for your individual needs.

#### 3 Lifestyle:

Discuss what changes can lower HbA1c:

##### Keep to a healthy weight

- Work with your healthcare team to find a weight loss plan that you enjoy and fits in with the rest of your life.

##### Eat a healthy balanced diet

- Choose healthier sources of carbs such as wholegrains, fruit and veg, unsweetened milk and yogurts. All carbohydrates affect blood glucose levels so you may need to eat less.
- Cut down on free sugars, red and processed meats and choose healthier fats.
- If you drink, keep your weekly alcohol intake to 14 units or less.
- Aim for at least two portions of oily fish a week.

##### Get more active

- Ideally, aim for at least 150 minutes a week of moderate intensity activity. This could be done by doing at least 30 minutes of activity five times a week. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

##### Stop smoking

- If you smoke ask for your free NHS local Stop Smoking Service for help giving up.

Menu

Donate

## Ramadan 2026

We've got lots of information and advice for managing diabetes during Ramadan.

Take a look

TYPE 1

TYPE 2



## Type 2 Diabetes



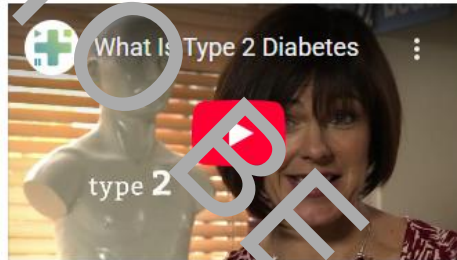
Search conditions ...



### At Risk of Type 2 Diabetes

It's not always that easy to make the changes that you need to make. Maybe you know what you need to do but "how" you do it is quite difficult. Psychologist Dr Bethan Lloyd recognises the challenge involved and talks about ways of moving forward.

blood sugar, glucose, at risk, type 2 diabetes,



### What is Type 2 Diabetes?

Dr Jane Gilbert describes the symptoms and causes of type 2 diabetes.

what is type 2 diabetes, diagnosis, HbA1c, self-management,



### Jill's Story

Jill talks about how she manages her weight, diet and medication.

what is type 2 diabetes, diagnosis, food, metformin,

TOPIC OF THE MONTH:  
Insulin Safety



# CDEP Modules:

Sign up **NOW** to get a year of access



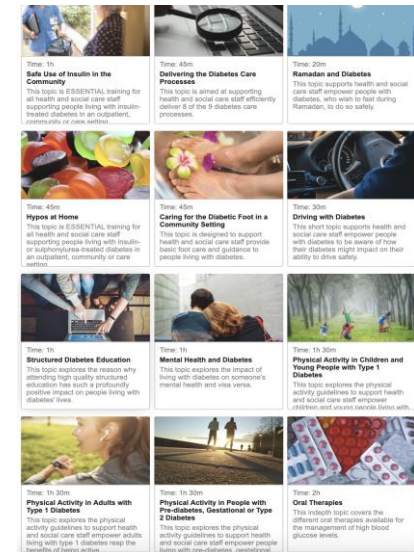
## How to register:

1. Go to CDEP's website at [www.cdep.org.uk](http://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.



## TOPIC OF THE MONTH



# Learning Disabilities Autism and Diabetes



This topic is designed to raise awareness of the impact of living with a learning disability, autism and diabetes.

 [VIEW TOPIC FLYER](#)

[Sign in or register](#)



▶ 1:48





Free to access on line learning course

[Course — EDEN: Early Onset Type 2 Diabetes](#)

### The Changing Landscape of Type 2 Diabetes

This is a short (30 minutes) introductory video exploring the rising numbers of individuals being diagnosed with type 2 diabetes under the age of 40.

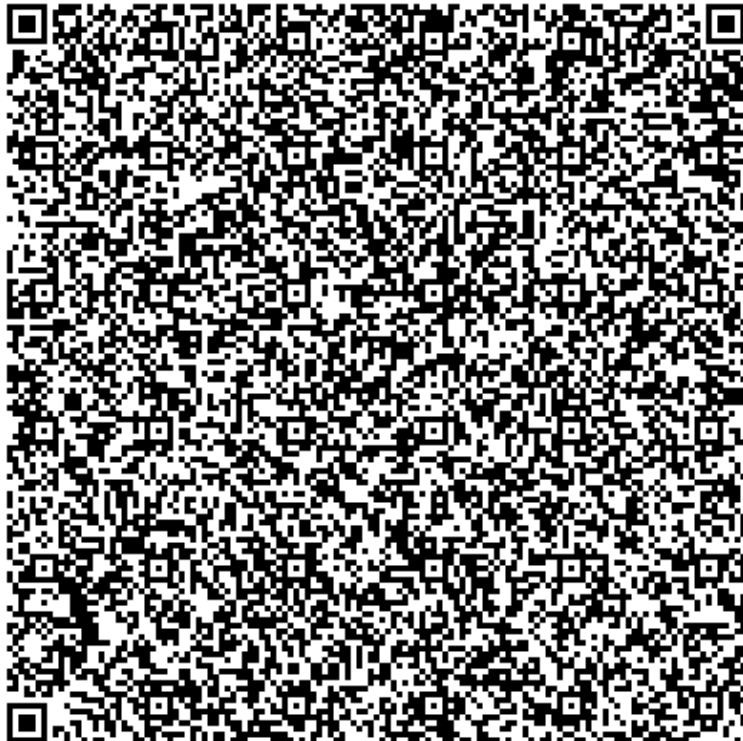


The Changing Landscape of Type 2 Diabetes - July 2024

# Wales Diabetes Network webinars

[Microsoft Loop](#)

Link here: [Diabetes Webinar Homepage.loop](#)



## Available Webinar Recordings

⊞ ↓ ↑ ≡ ↔ ...

	Webinar Topic	Presenter	Link
1	Diabetes Matters More: Diabetes Ketoacidosis in Children and Young People	Dr Ambika Shetty	<a href="#">Diabetes Matters More DKA Webinar</a>
2	Diabetes Matters More: Improving Diabetes Care Through Transition - Key Findings	Sara Crowley	<a href="#">Diabetes Matters More Improving Diabetes Care Through Transition - Key Findings</a>
3	Diabetes Matters More: The Foot in Diabetes – Screening and Management	Vanessa Goulding	<a href="#">Diabetes Matters More The Foot in Diabetes – Screening and Management</a>
4	Diabetes Matters More: Troubleshooting with HCL Therapy	Dr Akhila Mallipedi	<a href="#">Diabetes Matters More Troubleshooting with HCL Therapy</a>
5	Diabetes Matters More: Preparing the Patient for HCL therapy	Meg Phillips and Cath Perry	<a href="#">Diabetes Matters More Preparing the Patient for HCL therapy</a>
6	Diabetes Matters More: Interpreting an HCL Download to Optimise Care	Dr Richard Chudleigh	<a href="#">Diabetes Matters More Interpreting an HCL Download to Optimise Care</a>
7	Diabetes Matters More: Type 2 Nice Guideline Update	Dr Sarah Davies	<a href="#">Diabetes Matters More Webinar NICE Guidelines Update</a>

**Diabetes Distilled: Greater reductions in HbA1c ACHIEVED with orforglipton versus oral semaglutide 14 mg**

Greater efficacy at the cost of more adverse events in this developmental oral GLP-1 receptor agonist.

2 Apr 2026



FREE CPD MODULE  
**Obesity**  
4-part series now available

Start module

In association with: Diabetes on the net.

This series of educational modules was produced by the PCDO Society and funded by an arm's-length sponsorship from Lilly. The sponsoring company has reviewed the modules for technical accuracy but had no control or input into the educational content of this programme. Editorial and content decisions remain the sole responsibility of the PCDO Society.

EARLY VIEW ARTICLES

**Supporting adherence in diabetes care**

The importance of medication adherence, and how to assess and support it.

26 Mar 2026

**PCDO Society National Conference 2026: Request for poster abstracts**

Poster abstract submissions are invited for the 22<sup>nd</sup> National Conference of the PCDO Society, which will be held on 1...

25 Mar 2026

**Diabetes Distilled: Weight regain after stopping newer weight management drugs is faster than anticipated**

Weight returns to baseline levels an estimated 1.5 years after stopping semaglutide or tirzepatide.

23 Mar 2026

FREE CPD MODULE  
**Lipids management**  
5-part series now available

Start module

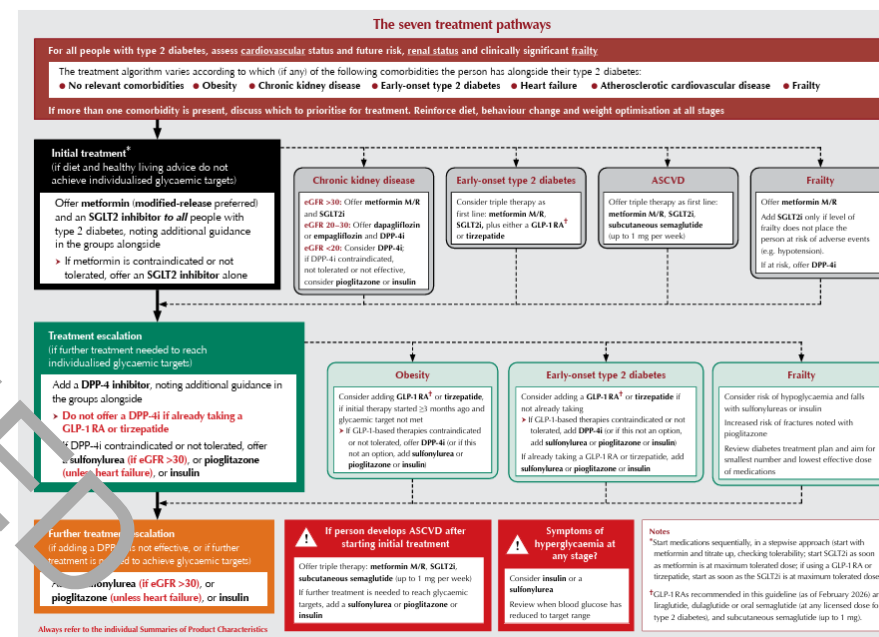
In association with: Diabetes on the net.

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Issue: Vol:28 | No:01

**The NICE NG28 type 2 diabetes guideline. Major update – what's new?**

6 Mar 2026  
Pam Brown, Jane Diggle





Thank you!

NOT TO BE COPIED

