

# Some positives to look forward to in 2022

Welcome to this first editorial of 2022. As we face unprecedented service delivery challenges going into this new year, I want to focus on some positive things to look forward to.

Firstly, we are eagerly awaiting the final NICE guidance for glucose monitoring for both type 1 and type 2 diabetes. With this new guidance we are expecting to be able to offer flash glucose monitoring for all those with type 1 diabetes, as well as real-time CGM for an increasing number. This is a very welcome position indeed and I am sure it will be life-changing for many. The expected date for publication for this guidance is 31<sup>st</sup> March.

Also within this NICE proposal there is expected to be the recommendation to offer flash technology to those with type 2 diabetes who are on insulin (multiple daily injections). This, I am sure you will agree, is a very welcome situation but it does raise a significant need for training in the [interpretation of the data](#) across the whole of primary care if we are really to reap the full potential of this technology to help our patients achieve improved control.

Secondly this year, we await the outcome of the NHS trial for the closed-loop insulin delivery systems and, with it, the hope that NICE recommendations will follow to allow this significant advance in the management of type 1 diabetes to become more mainstream. In time, I am convinced we will look back and wonder how we ever managed to monitor diabetes control with the use of fingerprick capillary glucose monitoring – much as I remember the development of blood glucose monitoring to replace urine monitoring or filter paper series!

## NG28 updates

We now have the long-awaited update to NG28, the NICE guideline on the management of type 2 diabetes. This has just been released, and a very brief review of it shows a definite position

change for the SGLT2 inhibitors, placing the class very much as the second-line option for the vast majority of people. This brings NICE far more in line with the ADA/EASD Consensus Report (Buse et al, 2020). Surprisingly, however, NICE has not followed the same path with the GLP-1 receptor agonist class, leaving these in an unchanged position of a fourth-line option after the failure of three oral agents. This does seem a little disappointing.

I started this editorial by saying that we were all facing service delivery challenges. To comment further on this point, as we focus on the recovery from the pandemic, all sectors of healthcare are facing an enormous task. How to prioritise our service delivery is critical, and we are all looking at how this can be achieved in the most effective manner. I am certainly seeing that the referrals to our service, an intermediate service, are increasingly in need of urgent assessment and often require rescue treatment options with the use of short-term insulin therapy. It is reassuring to see this as a clear recommendation in NG28. Although it has always been an option to us, I have never had to employ this treatment choice as frequently as I do now. This unprecedented need is no doubt multifactorial in cause; however, it is something I am sure we will all be seeing in our practice.

More detailed reviews of the new guidance will follow, I'm sure. Once we have all had the opportunity to fully digest the complete document, a summary of all the 2021/22 amendments will be reported in the Journal. Until then, [the guidance can be found here](#).

## Continuing Professional Development

This year we are also looking forward to the reinstatement of some face-to-face training and conferences. The provision of hybrid options at these events will be very interesting to see develop as the year goes on. We really must maintain the



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benefits of the far reach that remote learning has afforded to us, but at the same time we do not want to lose the additional learning and networking that we all found so valuable when we could spend productive time with our colleagues from around the country.

In addition to the upcoming events, I am pleased to introduce some new e-Learning modules from the Primary Care Diabetes Society. We have two new additions to the PCDS Mental Health hub: [Diabetes and Emotional Wellbeing](#) covers diabetes distress and burnout, while [Mental Health and Diabetes](#) covers the two-way link between severe mental illness, including major depression and psychiatric disorders, and diabetes. Both of these new resources feature educational videos, modules and supplementary resources, and are each accredited for 1 hour of CPD.

In the [Obesity in Focus](#) series of modules, GPs and secondary care specialists discuss the approaches to obesity management within England, Scotland, Wales and Northern Ireland. Each takes place as a discussion and incorporates case studies to best illustrate the patient journey from primary, secondary and community services; the management options available; and, importantly, insights on how to best approach obesity with the patient during the consultation.

So we have some exciting things to look forward to amidst the current pressures we all face. Maybe this year we can also, finally, look forward to a summer holiday! ■

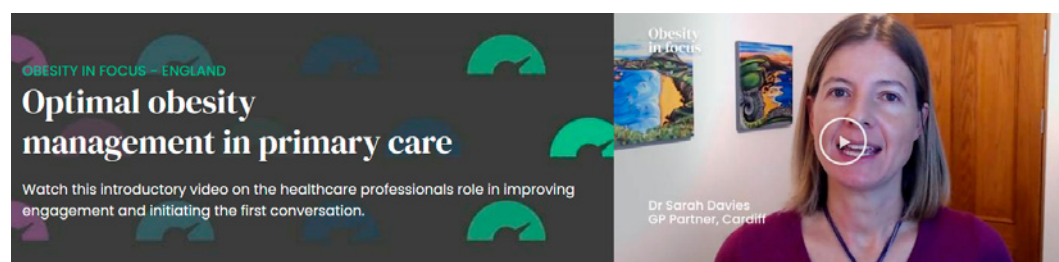
Buse JB, Wexler DJ, Tsapas A et al (2020) 2019 update to: management of hyperglycemia in type 2 diabetes, 2018. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care* 43: 487–93



**VIDEO**  
Watch this video to better understand diabetes distress and burnout, the bi-directional link with mental health and how to support individuals using consultation skills and engagement



**VIDEO**  
Watch this video to see how early identification and tailored treatment reduces diabetes risk in people with severe mental illness



**OBESITY IN FOCUS – ENGLAND**  
**Optimal obesity management in primary care**  
Watch this introductory video on the healthcare professionals role in improving engagement and initiating the first conversation.

