

Supporting people with diabetes through life's journey

This year's first issue is packed with a wide variety of incredibly interesting reading, with subjects spanning the age continuum from pregnancy to care homes. Along this continuum, we also focus on the challenges of those with diabetes who are homeless and note the fascinating results from the National Diabetes Experience Survey.

So, I will begin, in my usual fashion, by tying the threads together and providing my thoughts and experiences to these topics. Starting with one of my favoured subjects, I welcome the much-needed comment piece from Prof Alan Sinclair addressing the need to [enhance care](#) for those with type 1 diabetes in the care home setting. I have alluded to the need for improved recognition and service planning for this growing population in recent editorials.

The National Advisory Panel for Care Home Diabetes has, for many years, produced guidance and raised awareness of good diabetes care delivery in this sector. Their position statement on the practicalities of providing care for those with type 1 diabetes is a welcome addition, and presents a much-needed framework for local services to consider. This population warrants the provision of coordinated, collaborative working across sectors, and the statement presents a blueprint for this.

Pregnancy and pre-conception care has also experienced growing attention in recent years, with the inclusion of pregnancy as one of the key categories in the phased rollout of the hybrid closed-loop recommendations from the NICE technology appraisal (NICE, 2023). The articles in this issue cover a slightly wider aspect of antenatal care, including practical ideas on the set-up of the CamAPS FX system. These [top tips](#) also highlight the very necessary steps to be taken following the birth, and the reduced insulin need during the breastfeeding stage.

We also have a very useful table looking at the [pre-pregnancy preparation](#) needed, depending

on diabetes type. This is a great resource for those working in primary care in particular, where the vast majority of those with type 2 diabetes receive their complete care package. The wide-ranging implications of a pregnancy for those with pre-existing diabetes, and the amount of careful preparation needed prior to conception, can never be stated enough, so to have a quick-reference guide is especially useful.

Whilst we consider the role of the primary care healthcare team in the management of our child-bearing age cohort with pre-existing diabetes, it is of equal importance to raise the awareness of the post-delivery management for all those who have experienced gestational diabetes (GDM). [Cathy Jones](#), Diabetes Technology Specialist Midwife, highlights that 50% of those who have experienced GDM will progress to type 2 diabetes within 5 years of the birth. This is a startling statistic, and one that has risen exponentially over the past few decades. It is imperative these women are not only checked post-delivery for diabetes, but that they are also offered educational support and knowledge to try and prevent the development of diabetes. All should be referred to a diabetes prevention programme, in addition to receiving an annual HbA_{1c} test, owing to their heightened risk.

In this era of advancing technology and our growing utilisation of continuous glucose monitoring, we are rapidly adapting our practice to look at data in a different format. The ambulatory glucose profile (AGP) provides us with a vast amount of detail that capillary glucose monitoring could not hope to. However, the significance of the different facets of this new data is still in the learning phase for many. Over the next few years, I am sure we will see a growing evidence base for the different sections of the AGP, and guides as to what and how we should use this data in our consultations. The article from [Adrian Heald and colleagues](#) highlights the significance of glucose



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“All women who have experienced previous gestational diabetes should be referred to a diabetes prevention programme, in addition to receiving an annual HbA_{1c} test, owing to their heightened risk.”

variation and post-prandial glucose excursions, and provides an insight to the link between these factors and both micro- and macrovascular complications. A very worthy read and certainly a space to watch in the future.

A tenuous link between technology and the next article is one of access to care. We can all bemoan that local access to technology is moving much slower than most of us would hope for, but I urge you to consider what we offer to the much harder-to-reach groups in our localities. The exceptional work of [Lynne Wooff and Samantha Dorney-Smith](#), which has featured previously in this journal, to improve the diabetes care offered to people experiencing homelessness is commendable. In this issue, they return not only to inform us of the outcomes from their project, but also to provide us with resources in the form of an e-learning module, clinical guidance and leaflets. A massive “well done” to both you and all involved in this project.

Finally, it is with great interest that I read the findings of the [National Diabetes Experience Survey](#). Within the data you can drill down to integrated care board level and reflect on the responses from your own areas. I have been very fortunate to have been part of a European-wide survey exploring the experiences of those with type 1 diabetes (Penfornis et al, 2025). For me, the reality of reading the shared experience and survey findings is that they echo not only across this

country, but across our European neighbours too. They demonstrate where we still need to improve our services, while absolutely highlighting where we are doing well.

On this note, I will sign off and look forward to writing my next editorial reflecting on the Diabetes UK Professional Conference. Sadly, this year I will not be in attendance, as I will be on the other side of the planet enjoying some much-needed sunshine!

Tribute to a friend and diabetes role model

Since this editorial was written, I have learned with great sadness of the passing of June James, on Sunday 23 February. June enjoyed a long and varied nursing career, during which she made huge contributions to the development of diabetes care and education in a range of important roles.

Although she will be hugely missed, the positive impacts that her vision and determination have had on the lives of people with diabetes will continue to be felt. June was also a peer reviewer and contributor to this journal, and we will be paying tribute to her in our next issue.

NICE (2023) *Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes*. NICE, London. Available at: <https://www.nice.org.uk/guidance/ta943> (accessed 28.11.25)

Penfornis A, Down S, Seigne A et al (2025) European survey on adults with type 1 diabetes and their caregivers: insights into personal experience and needs for improving diabetes care. *Diabetes Ther* **16**: 471–84