Diabetes education in Wales: Time to turn the tide



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Association of the British Pharmaceutical Industry, Diabetes UK, Ask About Medicines (2006) The Diabetes Information Jigsaw. Available at: http://bit.ly/MgGlq6 (accessed 15.05.12)

Currie CJ, Gale EA, Poole CD (2010) Diabet Med 27: 938-48

Harrison J (2012) High Impact Service Changes. Abertawe Bro Morgannwg University Health Board, Port Talbot

Hex N, Bartlett C, Wright D et al (2012) *Diabet Med* **Apr 26** [Epub ahead of print]

NHS Wales (2003) National Service Framework for Diabetes in Wales. Delivery Strategy. Welsh Assembly Government, Cardiff. Available at: http://bit.ly/Mgy/ZD7 (accessed 15.05.12)

NICE (2003) Guidance on the Use of Patient-Education Models for Diabetes. NICE, London. Available at: http://bit.ly/9rjNpi (accessed 15.05.12)

NICE (2009) Type 2 Diabetes. The Management of Type 2 Diabetes. NICE, London. Available at: http://bit.ly/gTXtrG (accessed 15.05.12)

Stratton IM, Adler AI, Neil HA et al (2000) *BMJ* **321**: 405–12

Welsh Government (2012) *QOF* 2010–11: Diabetes prevalence. Welsh Government, Cardiff

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Between 1997 and 2007 the mean number of primary care consultations across the UK for people with type 2 diabetes rose from 5.4 to 11.5 per annum – an increase of 112% accompanied by an 79% rise in prescribing costs (Currie et al, 2010). The result? A measly 1.1 mmol/mol (0.1 percentage point) reduction in mean HbA_{1c} level. More face-time with doctors and higher prescribing costs resulted in no real impact on health.

It is a pattern that is recurring across the health service. We are spending ever-growing, eye-watering sums on treating diabetes, only to see incidence of the condition continue to burgeon. Last month, a report in *Diabetic Medicine* (Hex et al, 2012) predicted that the UK NHS annual diabetes spend would increase from £9.8 billion to £16.9 billion in the next 25 years. Here in Wales, we have seen 7000 new cases diagnosed every year since 2008, and it is estimated that diabetes costs the NHS approximately half a billion pounds per year. What is to be done?

The nub of the problem for many of those who have diabetes is poor blood glucose management, which drives up the rates of complications (Stratton et al, 2000) such as amputations, retinopathy and stroke. These account for 79% of the health service spend on the condition (Hex et al, 2012). Better management would result in healthier people with fewer complications and a lower cost to the NHS. So how can diabetes be better managed? More time visiting GPs in surgery doesn't seem to cut the mustard, so what does?

There is a massive deficit in individual understanding of diabetes. Surveys reveal that 65% of people with diabetes do not take medicines as prescribed, 60% do not understand their diagnosis or medication and, worst of the lot, 50% do not know that diabetes can reduce life expectancy (Association of the British Pharmaceutical Industry et al, 2006).

A problem on this scale needs a bold government response in line with historic interventions on AIDS and swine flu. We are talking about a major public education campaign that tells people that they are living

through a diabetes "epidemic", and that type 2 diabetes is dangerous, never "mild" or an inevitable feature of ageing. Above all, this campaign must explain diabetes in terms that everyone can understand.

Governments also need to take heed of and implement their own policy advice. NICE (2003; 2009) guidance recommends that health authorities should provide structured diabetes education. The National Service Framework for Diabetes in Wales (NHS Wales, 2003), and the recent Welsh Assembly Government paper *High Impact Service Changes* (Harrison, 2012) recommend exactly the same. But a recent survey that Diabetes UK carried out with the All Wales Diabetes Forum shows that the provision of structured education currently stands at a miserable 2% in Wales (freedom of information request made to Welsh Government in August 2010).

GPs have a key role to play in driving up provision of structured education. Doctors need to become X-PERT and know their DESMONDs from their DAFNEs and stress how vital it is for their patients to access these courses as soon as they are diagnosed. Only when demand is overwhelming will pressure be brought to bear on governments to make the provision that their own policy guidelines dictate. Only then can we truly start making headway against the rising tide of diabetes and lessen its toll on both the NHS and individuals.

Diabetes UK Cymru has just printed 200 000 leaflets outlining the standards of care that people with diabetes should expect. Copies have been sent to every GP surgery in Wales asking practice nurses and GPs to give a copy to the people with diabetes they see, at their next appointment. The leaflet, *The Care You Should Receive*, can be downloaded from the Diabetes UK website (http://bit.ly/MgDEVv) or obtained from the charity.

¹ Hex et al (2012) estimates that £10 billion is spent annually in the UK on diabetes. This equates to 10% of the total NHS budget. The Welsh population stands at 3.1 million people (5% of the UK population). Assuming uniform diabetes prevalence and spending across the UK, 5% of the total NHS spend on diabetes would equate to an annual diabetes cost of £500 million for NHS Wales.