

Cutting costs now means stacking up problems for years to come



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As healthcare professionals in the NHS, we are all acutely aware of how we need reduce the cost of healthcare to ensure that we have an NHS in the future, but the challenges are enormous. People are living longer but becoming increasingly frail and with the UK now part of the European community, demand on the NHS is even greater.

The incidence of diabetes is rising at an alarming rate in the UK but we are treating more people each year with a near static budget. The Commissioning for Quality and Innovation payment framework encourages us to prescribe the cheapest drugs to treat abnormal blood glucose levels and we are also encouraged to ration blood glucose monitoring strips.

Impact of cutting costs: What does this mean for people with diabetes?

Sadly, little consideration seems to be given to the impact of these directives on people with diabetes. An example of this is the decision that people taking oral medication do not need to check their blood glucose levels and therefore blood glucose monitoring strips need not be supplied. Each clinical commissioning group could potentially save hundreds of thousands of pounds by enforcing this directive and many do.

Diabetes UK recently published their report *Access to test strips - A postcode lottery?* (Diabetes UK, 2013). In this report, Diabetes UK expresses concern that people with diabetes are experiencing restrictions in their access to test strips and meters, which are essential to self-management. They conducted a survey to further investigate the situation following an increase in calls to the Diabetes UK care line and advocacy teams about this issue. The survey found that 39% of respondents had either been refused a prescription of blood glucose test strips or had their prescription restricted, many in the last year. Of those who had experienced restrictions, 58% had type 1 diabetes and 40% had type 2 diabetes. The restrictions had a considerable impact on the ability of people with diabetes to manage their diabetes and

people were concerned for their immediate safety and future health. The report suggests that nearly a quarter of people who had restrictions had been told by their GP that this was due to policies issued by local health managers. This is supported by analysis by Diabetes UK that shows widespread variation on guidance for prescribing test strips (Diabetes UK, 2013).

A short-term solution

Rationing blood glucose test strips because of financial constraints is unacceptable. This is a short-term solution that could be putting people's health at risk and is also storing up long-term costs as diabetes complications are extremely expensive to treat. Baroness Young, Diabetes UK states:

"Rationing test strips to save money does not make any sense, because it is putting people at increased risk of complications that are hugely expensive to treat. Diabetes costs the NHS around 10 billion annually, and 80% of this spend goes on treating complications."

All healthcare professionals need to be aware that people with type 2 diabetes who are on glucose-lowering medication, such as sulphonylureas or insulin, could be at risk of hypoglycaemia. Therefore they should test their blood glucose levels, especially if they drive. Guidance says that anyone taking glucose-lowering medication, which can potentially cause hypoglycaemia, should check their blood glucose before driving (DVLA, 2013). If the blood glucose level is less than 5 mmol/L, they should have a snack before driving. This illustrates how important it is to ensure that these strips are available. How can we expect people to self-manage if we deny them the tools to do it safely and efficiently? ■

Diabetes UK (2013) *Access to test strips - A postcode lottery?* Diabetes UK, London. Available at: <http://bit.ly/16Wglpf> (accessed 29.08.13)
Driver and Vehicle Licensing Agency (2013) *At a glance: Guide to current medical standards of fitness to drive.* DVLA, Swansea. Available at: <http://bit.ly/16SMvW2> (accessed 29.08.13)