

Equality and access to diabetes services: Are some services more “equal” than others?



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The concept of rationing healthcare and unequal access to healthcare is commonly debated, and causes concern for diabetes services. The recent statement from the Institute of Diabetes for Older People (IDOP), which urges more support for older people with diabetes (IDOP, 2013a), echoes these themes and reminds me of George Orwell’s classic, *Animal Farm*, where some animals were more equal than others. Applying this to diabetes, I wonder if some people with diabetes are more “equal” than others, for example, the worried well, the articulate, the mobile (socially and physically), whereas other groups, travellers, the housebound and the older, frail person appear less “equal” to me.

This should concern us all, as we do not have the resources to manage every person with diabetes as well or as frequently as we would like. This is commonly due to the rise in the diabetes population not being matched with investment in diabetes services. Continual changes in healthcare, such as the switching of providers, is leading to greater fragmentation and more gaps and duplications of care.

It is also compounded by the rise in expectations of healthcare services and rights of access to new therapy. But what happens if you cannot represent your healthcare needs and/or you do not have access to diabetes clinicians to enable you to make your best choices?

Access and advocacy for older people

Many older people have access and advocacy issues, and are consequently incredibly vulnerable and less able to navigate the stormy seas of the NHS. The IDOP statement came ahead of National Older Person’s day on the 1st October (how many of you realised there was such a day?). In the statement, Professor Alan Sinclair, Director of IDOP recommended that this group be better protected amid these far-reaching changes in health services.

The background to his recommendation is based on the first ever national *Care Home Diabetes*

Audit, which was published on 4th October (IDOP, 2013b). This research was undertaken by IDOP in partnership with the Association of British Clinical Diabetologists and other key collaborators, and identified how older people in care homes are especially vulnerable. As many as 27% of care home residents have diabetes and there is an increasing amount of evidence suggesting that the quality of diabetes care that they receive is substandard. The aim of linking this audit with National Older Person’s Day is to highlight these and other concerns, because older people in care homes may need protecting.

Jenny Hirst, co-chair of the InDependent Diabetes Trust (IDDT), highlighted the effects of under-funding in care homes, as well as the lack of staff training, having detrimental influences on the care of these older people. Cuts in frontline services suggest that the NHS is starting to turn its back on this vulnerable group.

Passports for people in care settings

Earlier this year, the IDDT, in partnership with IDOP and the English Community Care Association, launched a passport for people with diabetes in care settings. The intention is that these passports are used to provide carers with vital information about the needs of people with diabetes in their care.

It would be interesting to know how many of us knew about this initiative, had used the passports and how any evaluations had been acted upon. If you have any views on this perhaps you could email the journal, as whilst there are many great initiatives in diabetes, my concern is that when we are so busy, we do not spot them and our patients could be missing out on simple solutions. ■

Institute of Diabetes for Older People (2013a) *Diabetes community urges more support for older people*. IDOP, Bedford. Available at: <http://instituteofdiabetes.org/news> (accessed 09.10.13)

Institute of Diabetes for Older People (2013b) *Care Home Diabetes Audit*. IDOP, Bedford. Available at: <http://bit.ly/17iYuLv> (accessed 09.10.13)