Diabetes care: Do you have postcode envy?

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How many times have you looked around an area and thought how nice it would be to live in a village or town like that? Does location make a difference to quality of life? Most people would assume that living in a "des res" certainly does, but it's not necessarily so.

Postcode lottery

In mid-December, when we were all busily preparing for the festive season, Diabetes UK published its *State of the nation* report for England (2013). According to this report, it certainly does make a difference where you live as to how well your diabetes care is delivered. The report has highlighted huge regional variations in people's ability to access quality integrated diabetes care, from GP care to hospital treatment.

This postcode lottery means that people with diabetes in the best-performing areas are four times more likely to have the annual checks they need to manage their condition than in the worst performing area. In the best performing area, 28% of people with diabetes have their condition under control, which is defined as meeting targets for blood glucose, blood pressure and cholesterol. In the worst-performing areas, this is just 17%. In the best-performing areas, about half of people newly diagnosed with diabetes are offered structured education but in many areas almost no one is offered it.

The report reveals some alarming facts – the diabetes diagnoses increased 38% from 2001 to 2013, 10% being diagnosed with type 1 and 90% diagnosed with type 2 diabetes. It is predicted that the number of people within the UK with diabetes will exceed five million by 2025. By 2030 it is predicted that, in some local authority areas, up to 14% of the population will have diabetes (Diabetes UK, 2013).

How can the NHS hope to provide adequate care for this number of people? Currently 10% of the NHS budget is consumed by the provision of diabetes care but we know that the larger portion of this is used to manage the consequences of poor management (Diabetes UK, 2013). Unless we change the way we commission diabetes care in the future and focus on outcomes, I fear we are doomed.

Have you had chance to read this report? Do you know how well your local area is doing in achieving the Diabetes UK 15 healthcare essentials? Does it matter that not all 15 are included within the Quality and Outcomes Framework (QOF)? And are those in the QOF more likely to be completed?

Structured education

One of the major items on the list is education to support self-management skills. I know that the referral rate for structured education within my own locality rose considerably after April 2013. The major factor in influencing this upward trend was the fact that structured education became a QOF indicator. For 2013/14, it is sufficient for a person with type 2 diabetes to be referred for structured education to gain the important QOF points regardless of whether they attend or not. Hopefully, this will change in 2014/15, so the points are only achieved if the person actually attends the education session.

I am currently working closely with our Public Health department, who have just commissioned a structured education project to provide better access for people with type 2 diabetes living in Enfield. We have sessions available in English, Turkish and Somali. After three months we will evaluate the success of the project but success depends on many things, including people with diabetes taking responsibility and embracing the opportunity to take more of an active part in managing their condition. ■

Diabetes UK (2013) *State of the nation.* Diabetes UK, London. Available at: http://bit.ly/Kxuohp (accessed 08.01.14)