

# Emerging areas of diabetes care: What are the costs?



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Just when you think you know everything there is to know about diabetes, something new comes along to remind you that you don't know as much as you thought you did! Remember a couple of years ago when the connection between diabetes and obstructive sleep apnoea (OSA) emerged? Well, in a similar vein, pancreatic enzyme insufficiency (PEI) is now emerging as a new complication to consider.

A few months ago, a colleague asked me what I knew about PEI and I had to admit "Not a lot". I then posed the same question to a few of my peers and their answers were the same as mine. It became clear that it was a subject that had alluded most of us. I "Googled" it and found it was actually not a new subject and that it affects people with both type 1 and type 2 diabetes, but little is known about it, especially by our colleagues in primary care.

Diabetes care has never been simple. However, with the emerging comorbidities such as OSA and now PEI, treating diabetes is much more complex, yet we are pushing more and more patients back into primary care to keep up with the Government agenda. Individualised care is the mantra for the new NHS, but it is incredibly difficult to achieve this with more patients, less time and increasing complexity of disease. How can you diagnose these problems if you don't know they exist?

In this issue, we have an article by Professor Mike Cummings from Portsmouth outlining PEI, its links with diabetes, signs and symptoms and treatment. Learning about PEI made me instantly think of a few people with diabetes that I have looked after in the past where I can now see that PEI may have been the problem. The good news is it can be treated and outcomes can be improved, but it means more medication for people who are already struggling to cope with the burden of polypharmacy as well as increased spending in diabetes for the NHS.

The Health and Social Care Information Centre

(HSCIC) published a report on prescribing practices in diabetes that highlights that £2.2 million a day is spent on diabetes in primary care in England. The report, *Prescribing for diabetes, England*, covers prescribing by GPs, nurses, pharmacists and others in England and provides the latest trends for diabetes medicines prescribed in primary care from April 2005 to March 2014 (HSCIC, 2014). The key information from the report highlights that in 2013–14:

*"The total diabetes medicines spend is up to £803.1 million, representing a 5.1% increase from £764.1 million in 2012–13. Due to the increase in the number of people with diabetes, the overall spend per person will be less than 2012–13."*

I wonder what our "medicines management" colleagues will think about this emerging area of diabetes care and its costs? We have to think about diabetes treatment costs in the long-term; initial outlay can give huge savings in years to come. Maybe "values-based commissioning" may change the way clinical commissioning groups field short-term budgets. Values-based commissioning aims to challenge the status quo. It takes a step back to see what kind of services should be commissioned and why, with service users and carers working with commissioners to lead commissioning decisions. Instead of looking only to quantitative, evidence-based research and clinical experience as a form of reference, a more qualitative approach, making reference to patient and carer experience and perspective is used (Dent, 2013). Well, that's the theory!

Professor Cummings has kindly agreed to speak on the subject of PEI at the 4<sup>th</sup> TREND Conference in October. You can find details of the conference at: <http://bit.ly/1moK5Eg>. You can find his article on page 320. Please have a read and see what you think. Any comments would be gratefully received. ■

Dent E (2013) The real value of values-based commissioning. *Health Service Journal*, 7 June 2013. Available at: <http://bit.ly/1vkR5aM> (accessed 21.08.14)

Health and Social Care Information Centre (2014) *Prescribing for Diabetes, England*. HSCIC, London. Available at: <http://bit.ly/YCTSRZ> (accessed 21.08.14)