

Diabetes UK Professional Conference 2014

5–7 March 2014, ACC Liverpool, UK

Genetics and pancreatic beta cell function in T2D

Prof Guy Rutter, Imperial College London, was awarded the Dorothy Hodgkin Lecture to present his group's work on the genetics of T2D. Their aims include providing insight into the glucose-sensing mechanisms of beta cells, and how these may go wrong in people with diabetes.

Another aim is to identify genetic loci that may provide novel therapeutic strategies that prevent or reverse the loss of functional beta cell mass in diabetes. Prof Rutter explained how current T2D drug therapies do not target the underlying aetiology of diabetes (e.g. the loss of efficient beta cell function), so focussing efforts to find therapies that target the condition at the genetic level could be the way forward.

Mary McKinnon lecture: Respect. Engage. Change?

In the first Mary McKinnon Lecture since her passing in 2013, Prof Partha Kar, Portsmouth Hospitals NHS Trust, delivered his presentation at the Diabetes UK conference in Liverpool, sharing his thoughts on how to optimise the delivery of diabetes care in the UK.

He gave a motivating, inspiring and uplifting lecture that encouraged healthcare professionals to respect one another's specialities in the field, to network with one another, and to not shy away from sharing ideas and initiatives that have been successful elsewhere in the UK.



DAWN2™ study: Emotional impact of diabetes on patients and their families

Prof Richard Holt, University of Southampton, and Prof Melanie Davies, University of Leicester, presented results from the DAWN2™ (The Diabetes Attitudes, Wishes, and Needs) international survey, sponsored by Novo Nordisk. The aim of the DAWN2™ study is to come closer to understanding the physical, financial and emotional problems and unmet needs of people with diabetes around the world, as well as the problems and unmet needs of their family members and healthcare providers. The results revealed that people with diabetes in the UK were above the international average for experiencing feelings of depression and emotional distress. The DAWN2™ survey also found that, in the UK, 13% of patients, 19% of family member and 15% of healthcare professionals (HCPs) felt there was discrimination present in society against people with diabetes.

Dr Jessica Browne, University of Wollongong, New South Wales, Australia,

presented research from the Diabetes MILES (Management and Impact for Long-term Empowerment and Success) study on the emotional well-being of people with diabetes in Australia.

The research presented showed that people with T1D and T2D have shared experiences of stigmatisation and discrimination towards their diabetes, including feeling stigmatised by the media, HCPs, family and friends. Those surveyed also felt that health organisations and the media promoted fear-based messages when raising awareness of T2D, and HCPs contributed to the stigma surrounding diabetes by giving the impression that disease progression was a failure, overlooking positive efforts of the individual, and their own setting of unrealistic targets and expectations for the individual.

Dr Browne concluded, "I would encourage people with T1D and T2D to unite and work together to reduce the stigma of diabetes."

Children with T1D in Sunderland achieve improved health outcomes

The health of children with diabetes in Sunderland has greatly improved thanks to a Government initiative (the Paediatric Diabetes Best Practice Tariff), which has allowed more money to be invested in their care, according to research presented by Dr Emma Peters, Senior House Officer at Sunderland Royal Hospital. The Children and Young People's Diabetes Service in Sunderland examined the long-term blood glucose measurements recorded for young people in their care over a 6-year period. In 2011, only 13% of young people achieved their target blood glucose levels. In 2013, after the tariff was introduced, this had risen to over 26%. This measure is now better than the national average reported in the 2011 National Paediatric Diabetes Audit.

The tariff criteria include offering access to specialist healthcare professionals, regularly monitoring blood glucose levels, screening for complications and offering tailored emotional support. Having successfully met these standards in the first year of the tariff being in place, the Sunderland service was able to reinvest the money they were awarded.

This additional funding has allowed expansion of the team, which provides clinical care to the children and young people with diabetes in the area, to include diabetes specialist nurses, consultants and dietitians. The tariff funding has also allowed the service to appoint an in-house psychological therapist to support children and young people with diabetes and the team.

QOF indicators: Structured education, dietitian referrals and medicines management

Dr Marian Carey, Leicester Diabetes Centre, Martin Jones, Central London Community Healthcare NHS Trust, and Jennifer Bartlett, South Manchester CCG, presented practical advice on three different aspects of diabetes care in relation to Quality and Outcomes Framework (QOF) indicators.

QOF points are awarded to the practice when an individual with T2D is referred to a structured education (SE) programme, regardless of whether the individual attends the programme. Dr Marian Carey said, "QOF is the invitation for SE to become an integral part of patient care" and the referral is an incentive because other QOF targets (i.e. lower HbA_{1c}, blood pressure and depression) are then more likely to be met. SE is cost-effective as Dr Carey went on to explain that, if SE was not available in the first place, the money spent on therapeutic agents and diabetes complications would be more than that spent on SE.

The dietitian to patient ratio in the UK

(1:6000) is well above the recommendation made by the British Dietetics Association in 2009 (1:3000). Martin Jones, a London dietitian, advised a co-ordinated, integrated working among different healthcare professionals, SE and reliable resources for individuals to access to dispel the eating myths for people with diabetes.

Jennifer Bartlett, a medicines manager, gave a talk explaining what she and her team have done to reduce the costs of diabetes medication, including retraining diabetes specialist nurses and setting up the Greater Manchester Medicines Management Group drug formulary. More specifically, they reduced costs by using cheaper insulin analogues, blood glucose meters and needle choices. The CCG also stopped repeat prescriptions of blood glucose strips as people with diabetes were stock-piling them and, as a result, were often using strips that were out of date. The CCG hopes to go from "medicines management to medicines optimisation".



The importance of diabetes specialist nurses in the UK

Sonya Smith, a community Diabetes Specialist Nurse (DSN) from Wolverhampton, presented her research findings on the importance of the DSN specialist position at the Diabetes UK Professional Conference.

Sonya Smith, who has worked as a DSN for 7 years, reviewed clinical and policy literature to evaluate the importance of the role, surveyed local people with diabetes and carried out a cost analysis.

In total, 99% of people felt listened to by their DSN and 96% felt more confident in managing their condition as a result of their appointments.

She also found that: involving individuals in their own care is crucial to improving their understanding of diabetes and to helping them manage their condition independently; multidisciplinary working by healthcare professionals is essential for supporting people with diabetes; and there are potential savings to be made by the NHS through maintaining Community DSNs.

The study highlights the need for clinical data to be properly recorded in order to measure the impact and value of healthcare professionals.