

# Making every penny count: Ensuring good diabetes care despite austerity measures



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We are all acutely aware of the lack of financial investment in the NHS now and for the next few years. A growing population, caused by people living longer and an increase in the number of migrants coming to the UK, means the NHS has less and less money to spend. Remarkably, however, a new report about diabetes care in Europe, *Euro Diabetes Index*, suggests that the UK is not doing too badly (Health Consumer Powerhouse, 2014)

The report outlines a number of factors that describe a good diabetes care system, including a transparent healthcare system, which uses a national care plan agreed by both people with diabetes and healthcare professionals. It also emphasises the importance of having specialist professionals, such as DSNs and dietitians, as well as ensuring primary care staff are well trained and up to date with diabetes care. Other features of good diabetes care include multidisciplinary and patient-centred care, with access to structured education and regular reviews in order to reduce secondary complications. Finally, the report suggests a national registry is important to combine the efforts of a multidisciplinary team tackling diabetes. Registries allow long-term collection of data, which promotes comparison and sharing of information for best practice.

## Fourth place

In this report, the UK came fourth behind Sweden, The Netherlands and Denmark. This is because the UK, in lieu of a national registry, has

a National Diabetes Audit for England and Wales and a Scottish Diabetes Survey. Their data is annually updated with open access for the public. Northern Ireland, however, is yet to develop a national registry. A separate audit of paediatric diabetes is carried out for England and Wales by the Royal College of Paediatric and Child Health. These audits collect information on the outcomes of diabetes care based on the National Standard Framework (NSF) and the management of diabetes based on NICE guidance.

I guess fourth in Europe is not bad considering that the other three countries spend much more on diabetes healthcare per head than we do in the UK (International Diabetes Federation, 2012). For example, in 2012 Denmark had a prevalence of 7.5% whereas the UK's prevalence was 7.4%. That year, Denmark spent \$6964.6 per head in the diabetes population whereas the UK only spent \$4237.5. You can probably do much more for someone with diabetes with an extra \$2727.1 per annum; although Denmark came third, so perhaps not! I'll leave you to ponder on that.

Whatever the figures, we know that the number of people with diabetes will continue to grow in the UK without any extra funding, so we need to make every penny count. ■

Health Consumer Powerhouse (2014) *Euro Diabetes Index 2014*. HCP, Täby, Sweden. Available at: <http://bit.ly/1ryIMtq> (accessed 02.10.14)

International Diabetes Federation (2012) *Diabetes at a glance, 2012*. IDF, Brussels, Belgium. Available at: <http://bit.ly/1ufH9R7> (accessed 02.10.12)

## Erratum

Wallymahmed M (2013) Encouraging people with diabetes to get the most from blood glucose monitoring: Observing and acting upon blood glucose patterns. *Journal of Diabetes Nursing* 17: 6–13

In this article published in January 2013, there was an error under the heading "Regulation of blood glucose." The original sentence was "Glucagon is secreted by beta-cells in response to low blood glucose levels." This has now been corrected to read "Glucagon is secreted by alpha-cells in response to low blood glucose levels."