

Diabetes in Wales 2023

JULIA PLATTS, NATIONAL CLINICAL LEAD FOR DIABETES IN WALES

Declarations

Julia Platts has received honoraria from many pharmaceutical companies and technology companies involved in diabetes care for talks and advisory services.



Content

- ▶ The Diabetes Delivery Plan
 - The successes and future plans
 - ▶ The failures and future plans
- The chief challenges and future plans



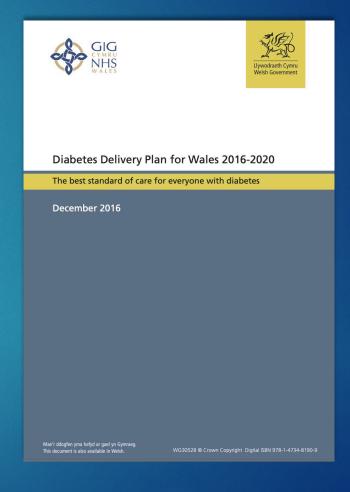
Diabetes Delivery Plan

A refreshed diabetes plan

89 key actions

Challenging however significant progress towards the majority

To start with the successes and the plans:



Success: Prevention of Type 2 Diabetes

- Wales for many years had no service
- Pilot service in Afan Valley which demonstrated a brief intervention had clinically-effective and cost-effective results
- Won a QiC award 2020
- Much campaigning followed...
- The All Wales Diabetes Prevention Programme was developed after funding was announced in March 2021
- Still much to be done but steady progress



Where will the AWDPP be available in 2022-23?

HDUHB: Planned activity in 7/7 clusters

AWDPP Fund x2:

South Ceredigion & North Ceredigion Active Clinics: From

Jan 2023

Other funding x 5:

HB fund x5: Active Clinics: From Jan 2023

SBUHB: Planned activity in 8/8 clusters

AWDPP Fund x2:

Upper Valleys & City Health Active Clinics: From

Sept 2022

Colour Key:

Partial HB

cover HB wide cover

Other funds x 6

SPPC fund x3 & HB fund x3: Active clinics in 1x

cluster from Sept 22

2nd cluster from Jan 2023

Other 4x clusters: TBC

Health Board Health Board Powys THB Hywel Dda UHB Aneurin Bevan UHB BCUHB: Planned activity in 2/14 clusters **AWDPP Funded x2:**

Anglesey: Active Clinics: From Aug-Nov

22 then placed on hold

Meirionnydd: Active Clinics: From Jan

2023

Other funding: None

PTUHB: Planned activity in 3/3 clusters **AWDPP Funded x2:**

Mid Powys: Active Clinics: From Oct

2022

North: Active Clinics: From Nov 2022

Other funding x1:

SPPC fund: South Powys: TBC

ABUHB: Planned activity in 2/11 clusters

AWDPP Funded x2:

Caerphilly North Active Clinics: From July 2022

Blaenau Gwent West Active Clinics: From

Oct 2022

Other funding: None

CTMUHB: Planned activity in 8/8 clusters **AWDPP Funded x2:**

Merthyr: Active Clinics: placed on hold Nov

Bridgend West: Active Clinics: From Nov

2022

Other funding x 6: SPPC fund x6: TBC

CVUHB: Planned activity in 5/9 clusters

AWDPP funded x2:

Cardiff & Vale UHB

Central Vale Active Clinics: From July 2022

City & South Active Clinics: From November 2022

Other funding x3:

Cluster fund South East: Active Clinics: From April 2022

Canolfan Datblygu ac Arloesi Gofal Sylfaenol a Chymunedol Datblygu Gofal Sylfaenol yng Nghymru Developing Primary Care in Wale:

Primary and Community Care Development and Innovation Hub









Success: Remission of Type 2 Diabetes

- Pilot services started in 4 Health Boards March 2020, just as pandemic struck
- Successful intervention remotely
- The challenge now is to roll this out to become a routine intervention.





Wales Remission Service v DiRECT Demographics

Inclusion & Exclusion Criteria mirrored the DiRECT study

INCLUSION:

- Age 18-75yrs
- BMI: 27-45, may include exceptions if clinically suitable.
- Duration of T2D 0- 6 years

Baseline	Wales Diabetes Remission Cohort (n=101)	DiRECT Trial Intervention group (n= 149)
Sex		
Male	47 (47%)	83 (56%)
Female	54 (53%)	66 (44%)
Age (years)	51.8 (11.6)	52.9 (7.6)
Weight, kg	107.9 (18.9)	101.0 (16.7)
Mean BMI, kg/m²	37.7 (5.5)	35.1 (4.5)
Mean HbA1c, mmol/mol	65.9 (14.2)	60 (13.7)
Time since diabetes diagnosis		
<6yrs	98	mean 3 yrs
>6 years	1	
Number of antidiabetic medications		
NA	17 (16%)	0
0	14 (14%)	38 (26%)
1	40 (40%)	65 (44%)
>=2	30 (30%)	46 (31%)

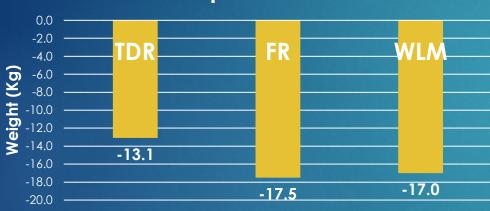


101 patients screened & eligible

Wales Remission Results

44 patients completed 12m

Mean weight loss at end of each phase



Intervention Phase

Primary outcomes and remission of diabetes in relation to weight loss at 12 months.







Change in HbA1c at 12 months HbA1c > 48HbA1c >48 HbA1c Same NA <48mmol but lower but higher than than baseline baseline

Key Outcome

Patients with two HbAlc results available at 12 months,
87% had an improvement in their diabetes control from baseline.
Remission was achieved in 69%



Success: Education and Empowerment

My Type 2 Diabetes



Local Peer Support Groups

Are run face to face or virtually by volunteers and



offer people
with diabetes a
chance to share
experiences with to
other people living
with diabetes.



MyDESMOND

MyDESMOND: is a self-directed learning online interactive selfmanagement programme for people with type 2 diabetes.



NHS Group support

Self-management is an essential part of Type 2 diabetes care. There are a number of programmes available to help you learn about and look after your diabetes. These are available in person or group video consultations.



Pocket Medic Films

Watch these short film clips that help you



that help you to understand the demands of Diabetes care.



Where can I get support?

Diabetes UK newly diagnosed resources are designed to



give you some initial advice until you are able to attend one of the group sessions.



Type 2 Diabetes and Me

This fun and easy online guide is designed to help you understand and start managing your



www.diabetes.org.uk/learningzone

If you would like more information or do not have access to digital technology, please contact your local Health Board on:

Design / Peckrifts Ltd / 029 2046 [02]

Pocket Medic Films

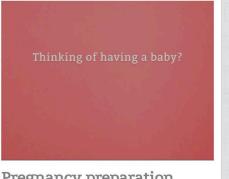




Introducing X-PERT



Introducing Remission



Pregnancy preparation



Simon's story

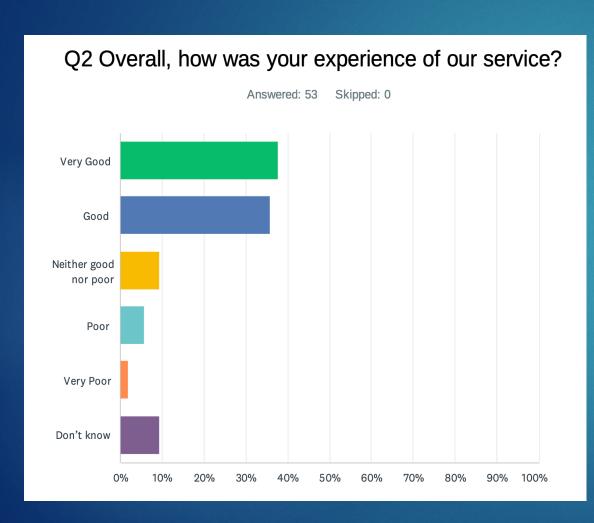
43 commissioned films on phone or tablet

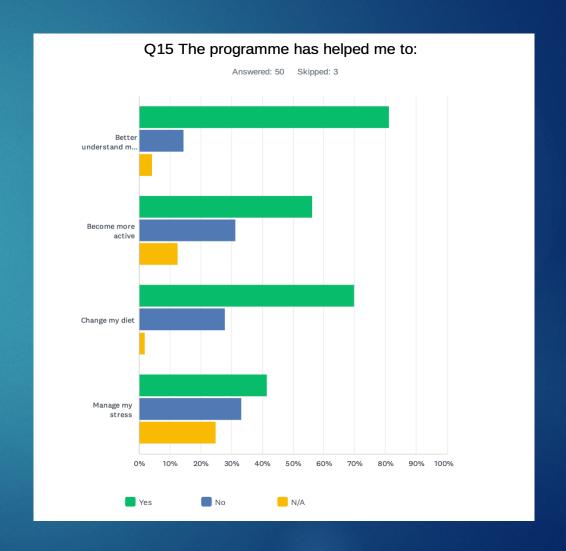
5 - 10 minute bite-sized information
The brain processes film much faster
than written word
Welsh and English but many subtitled
or available in multiple languages
Viewing the type 2 films is associated
with a drop in HbA1c





DESMOND in Wales Feedback





Take control of your

Type 2 diabetes

GIG

These sessions are to help you live well with your diabetes.

If you have had diabetes for many years or are newly diagnosed these programmes can help you! Check in your area if available in person and /or by group video consultations.

Explore new ways to live with diabetes in a relaxed environment



Identify how you can







Introduction to Diabetes (newly diagnosed)

- 2 hour standalone session
- Delivered by Dietitians or trained educators
- Introduction to what is diabetes. how food affects blood glucose levels & to support the first steps to managing your diabetes.
- Signposting to additional support such as X-PERT. DSMP

X-PERT Diabetes for people living with type 2 diabetes on diet only and or medication

- Weekly 2 ½ hour group sessions over
- Delivered by Dietitians, Diabetes Specialist nurses or diabetes educator.
- Nutrition based programme to support diabetes
- Sessions include: what is diabetes.
- Different dietary
- approaches. Carbohydrate
- awareness Psychology of eating.
- Food labels
- Preventing complications

X-PERT Insulin for people living with type 2 diabetes taking insulin

- Weekly 2 ½ hour sessions over 6
- Delivered by Dietitians and/or Diabetes Specialist nurses.
- Nutrition based programme to support diabetes management and reduce insulin requirements.
- Sessions include:
- What is diabetes. Dietary approaches
- Know your carbohydrates
- Monitoring, assessing trends carb counting. activity & insulin

Diabetes Selfmanagement programme (DSMP)

for anyone with Type 2 Diabetes (NOT on insulin)

- Weekly 2 ½ hour sessions over 6 weeks, either face to face or group video consultations.
- Delivered by trained people living with or who are affected by T2 Diabetes.
- Sessions include: Monitoring and managing your
- Diabetes Preventing complications
- Dealing with difficult emotions
- Relaxation techniques

The challenge for structured education is to ensure it is offered to all in a manner that enables people living with diabetes to understand the advantages (and disadvantages), the central role of self-management in diabetes and helps a person to be empowered to choose.

If you would like more information or do not have access to digital technology, please contact your local Health Board on:

DAFNE

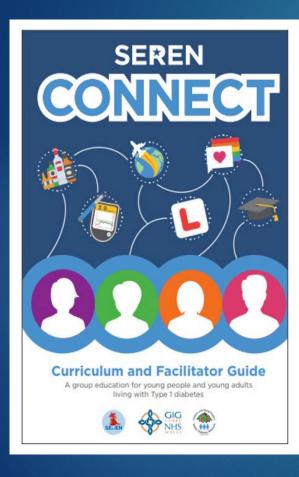
- ▶ 5 years ago all Health Boards in Wales were creating their own education programmes for type 1 diabetes but without an accreditation structure.
- DAFNE is now the gold standard across all Health Boards
- Delivered remotely as well as face to face
- Embedded in pathways that all newly diagnosed with type 1 diabetes should be offered within first year

Success: Transitional Care

- Such importance given to the need to improve this in Wales that we appointed a Transition Co-Ordinator
- Standards written
- Pathways written
- An empowerment and education programme written for delivery age 16 to 18 – Seren Connect
- Age-appropriate literature on important aspects of life
- Youth workers appointed to some services
- Diabetes UK Cymru currently has a focus in this area



SEREN Connect



SEREN Connect is split into four group education sessions over two years: (ideally one every six months)



The activities rely on facilitated discussion within each group, allowing the day to day practicalities of living with Type 1 diabetes to be discussed in a safe space, to acknowledge the struggles, the frustrations, the small victories and sharing experiences through peer support, alongside guidance from diabetes healthcare staff.

Group education sessions with four modules Ideally 16 to 18 year-olds but also up to 25 Elements of peer support Elements of mentoring Good place to get to know the new team

Age-appropriate resources



Success: Preconception care



Grŵp Gweithredu Diabetes Diabetes Implementation Group

FREE pre-conception advice and support available All Wales

Do you have diabetes?

Would you like to have a baby?



For more information or advice by phone call, text or email

07870 873 903 | Alison.J.Ellis@wales.nhs.uk

Gestational Diabetes

- New pathway published
- Designed to improve outcomes and reduce staff time

Future plans:

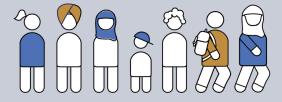
- A focus on automated follow up after delivery and annually
- ▶ Focus on prevention of type 2 diabetes



Success: Care Homes

- Chris Cottrell had led the development of DEIR
- Web-based education programme for care home workers and domiciliary carers
- Easy reference to find the right sections quickly Future plans:
- ► There is ongoing work on standards for care home insulin administration
- Work on training and guidance for using flash monitoring in cared-for patients
- Work on the HCSW role and insulin administration





DIABETES
EDUCATION &
INFORMATION
RESOURCE

Contents

Introduction

O7 Glucose
Testing & Targets

02 What is Diabetes?

08 Ketone Testing

Symptoms of Diabetes

Point of Care Testing (POCT)

Common Types of Diabetes

Complications & Management of Diabetes

05 Diagnosing Diabetes

Psychological and Cognitive issues in Diabetes

06 Glucose Monitoring

2 Short Term Complications

Long Term
Complications

Food and Nutrition

15 Looking after Feet

16 Diabetic Retinopathy & Eye Screening

Medications to Manage Diabetes

18 End of Life Care

Partial success: Type 1 Diabetes Peer Review

Interrupted by COVID after 5 services reviewed, Plans for re-launch with scaled down criteria



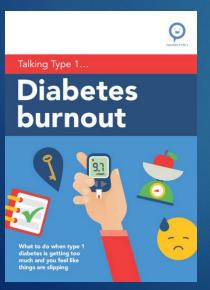
Common themes for improvement:

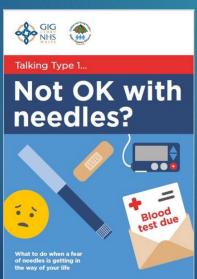
- Specialist DSNs numbers, roles, support, succession
- Specialist dietitians
- Psychology often absent
- Falling essential care processes
- Lack of official pathways

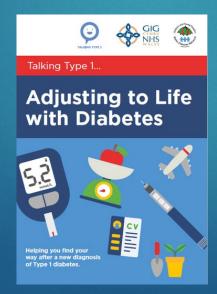
- Variation in different parts of Health Board
- Long waits for structured education
- Reduced education for non-specialist staff
- Low pump numbers

Success: Talking Type 1 Diabetes

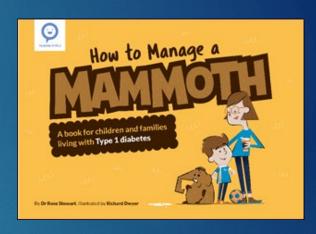
- Diabetes Burnout & Not OK with Needles Highly commended in 2020 QiC awards
- Digibete animation of Mammoth book
- The world's biggest diabetes psychology intervention?

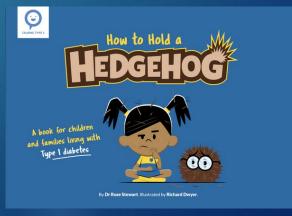












Children's books: a secret psychology intervention

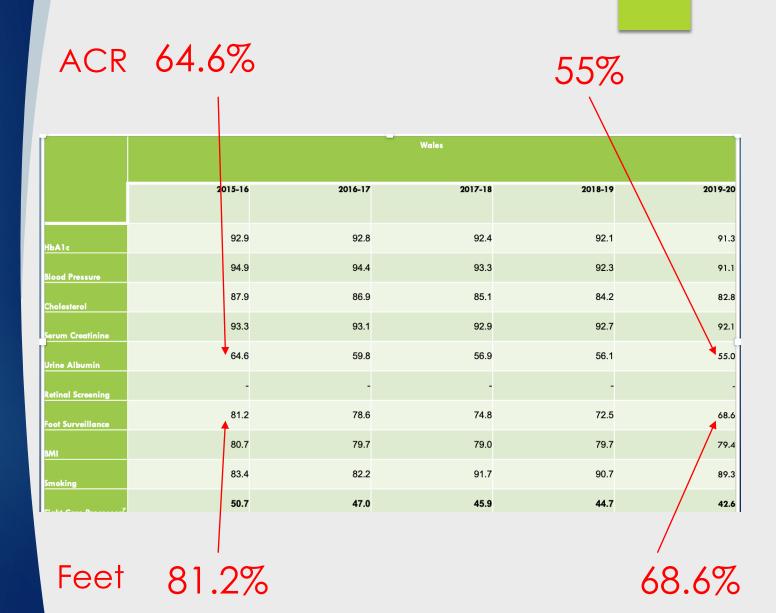




And then the not so good.....



Care Processes in Wales have shown a steady decline from 2015 to 2020



Falling Eight Essential Care Processes

- Due to inactivation of care processes from QOF
- Replaced by a Diabetes Enhanced Service for which there were ambitious aims but the lack of performance management led to it being ineffective in improving care process completion
- Four parameters have now been reactivated on QOF
- Care process improvement is a key priority and a core part of the NHS Wales Performance Framework
- Introducing near-patient ACR testing pilot

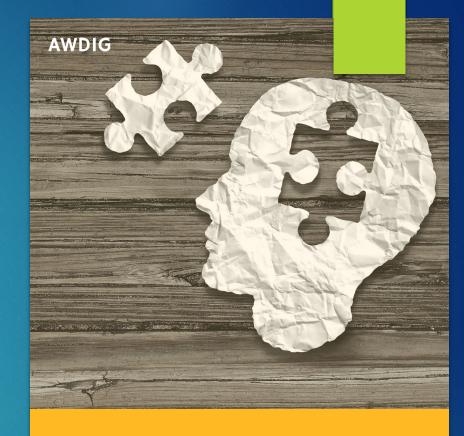
Main Issues and challenges going forward:

- Mental Health support
- Reducing Inequality
- Workforce Issues
- ▶ Inpatient Issues
- Moving resources upstream



Mental Health Support

- Diabetes UK Cymru surveyed people with diabetes in Wales and found 81% had struggled with their mental health associated with diabetes
- Most find support difficult to access
- Focus of Diabetes Cross-Party Group



From missing to mainstream



A values based action plan for Diabetes Psychology in Wales

Taken from Missing to Mainstream:



CDEP Modules:



Time: 1h

Mental Health and Diabetes

This topic explores the impact of living with diabetes on someone's mental health and visa versa.



Time: 1

Safe Use of Insulin in the Community

This topic is ESSENTIAL training for all health and social care staff supporting people living with insulintreated diabetes in an outpatient, community or care setting.



Time: 45m

Delivering the Diabetes Care Processes

This topic is aimed at supporting health and social care staff efficiently deliver 8 of the 9 diabetes care processes.



Time: 20m

Ramadan and Diabetes

This topic supports health and social care staff empower people with diabetes, who wish to fast during Ramadan, to do so safely.



Time: 45m

Hypos at Home

This topic is ESSENTIAL training for all health and social care staff supporting people living with insulinor sulphonylurea-treated diabetes in an outpatient, community or care setting.



Time: 45m

Caring for the Diabetic Foot in a Community Setting

This topic is designed to support health and social care staff provide basic foot care and guidance to people living with diabetes.



Time: 30m

Driving with Diabetes

This short topic supports health and social care staff empower people with diabetes to be aware of how their diabetes might impact on their ability to drive safely.



Time: 1h

Structured Diabetes Education

This topic explores the reason why attending high quality structured education has such a profoundly positive impact on people living with diabetes' lives.



Time: 1h

Mental Health and Diabetes

This topic explores the impact of living with diabetes on someone's mental health and visa versa.



Time: 1h 30r

Physical Activity in Children and Young People with Type 1 Diabetes

This topic explores the physical activity guidelines to support health and social care staff empower children and young people living with



Time: 1h 30m

Physical Activity in Adults with Type 1 Diabetes

This topic explores the physical activity guidelines to support health and social care staff empower adults living with type 1 diabetes reap the benefits of being active.



Time: 1h 30m

Physical Activity in People with Pre-diabetes, Gestational or Type 2 Diabetes

This topic explores the physical activity guidelines to support health and social care staff empower people living with pre-diabetes, gestational



Time: 2h

Oral Therapies

This indepth topic covers the different oral therapies available for the management of high blood glucose levels.

Free CDEP Modules:



How to register:

- 1. Go to CDEP's website at www.cdep.org.uk
- 2. Click on the link in the top right corner: SIGN IN/REGISTER
- 3. Under NEW CANDIDATE REGISTRATION, enter your EMAIL address and click CREATE ACCOUNT.
- 4. Complete the rest of the registration form and you are all set to start CDEP!

For FREE access, please don't forget to enter the REGISTRATION KEY CODE: WALES

*If this code is not entered, you will be automatically passed to CDEP's payment page.

If this does occur, please contact CDEP for support.

Inequality Issues - Example

- The draft NICE Technology Appraisal is likely to recommend hybrid closed loops to everyone with type 1 diabetes with an HbA1c > 8%
- Pump services have a high inequality level (for deprivation and ethnicity)
- ▶ 16,500 with type 1 diabetes in Wales
- > 3,900 HbA1c > 9%, 2,000 HbA1c > 10%, 5000 unknown
- Very limited staff resources
- Those with lower HbA1c are easier and safer for staff to on board

Inequality Issues - Example

- ► Higher HbA1c much more challenging, more risk in terms of potential adverse events, more staff resources to reduce risk
- Lower health literacy in more deprived groups, less IT equipment
- ▶ The higher the starting HbA1c the much greater the benefit

Planning Question: Where to start?
The lower HbA1c people, most likely to have success, more on boarded per staff resource

Or

The high HbA1c people with greater risks, more staff resources needed, greater potential gain



Inequality Issues – Example 2

People of South Asian origin have a lower rate of screening for chronic kidney disease but a much higher incidence of disease

We are starting a project with Kidney Research UK and

Diabetes UK to introduce peer educators

and peer co-ordinators to increase the rate of screening and preventative intervention Looking for primary care collaborators



Workforce Issues

- Need to invest in workforce in all professional groups and grades
- Lack of DSNs in Wales
 - ▶ Lack of career structure and progression
 - Lack of succession planning (at least 10% retired and returned)
- How to allow everyone to perform at the top of their license?
- How to introduce effective (and staffed) community models

Inpatient Issues

- Improving inpatient care has been difficult but remains a key unmet need
- Tried various initiatives but hindered by the lack of inpatient teams
- Largest hospitals in Wales participated in the DCAP pilot
 - Swansea Bay (Morriston and Singleton)
 - ▶ The Grange
 - Cardiff and Vale (UHW ad UHL)
- Developing clear action plans for improvement with senior management buy-in



Moving Resources Upstream

- A proportion of type 2 diabetes may be prevented
- ▶ 50% of type 2 diabetes may be put into remission
- Good effective EARLY control reduces complications (legacy effect)
- Most resources are currently spent on complication management.
- How to break the cycle? How to enable a longterm approach to diabetes?



Strategic Diabetes Network

- From April 1st 2023 a new structure for chronic disease management in Wales
- A new Diabetes Strategic Network
- A Quality Statement for Diabetes due to be published June 2023
- Pathways written for diabetes (best practice)
- Performance parameters to be selected



Value Based Healthcare and Diabetes

Traditionally had a quality model in diabetes

Looking at outcomes that matter to people with diabetes

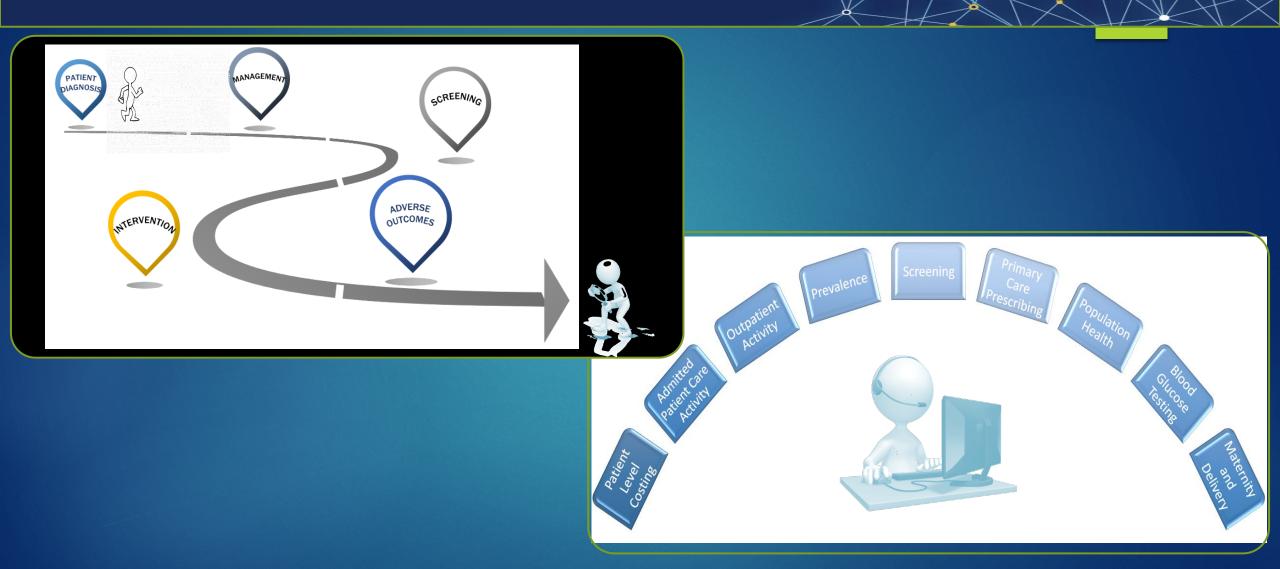
Started with

- Amputation
- Vision loss
- Pregnancy harm

Trying to find what else we can do to reduce harm



Diabetes Insights and Variation Atlas



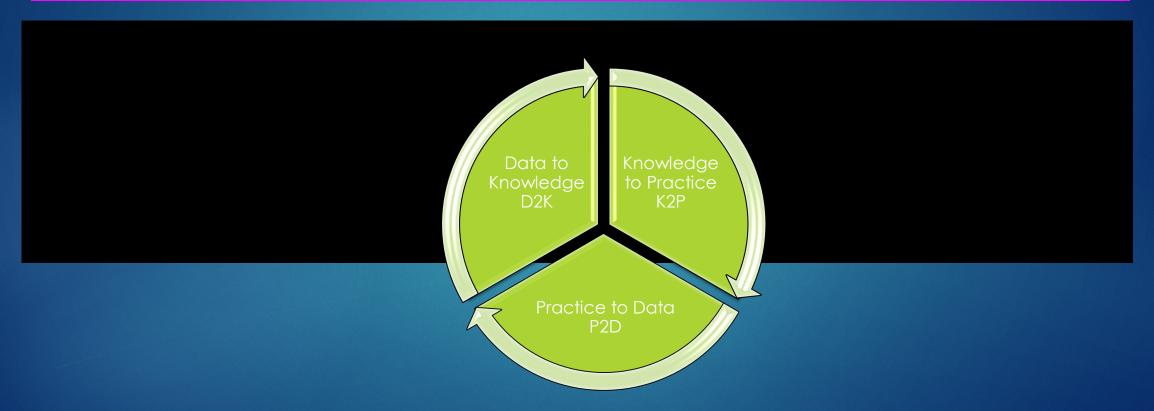




Diabetes

Improvement through change

The aim of DIVA is to gain knowledge from our data and put this into practice rather than doing the same thing and expecting different results







To Conclude

- We have come a long way but still have a long way to go
- We have some of the best people working in Wales who have made the journey much easier

