





Diabetes: The National Perspective

An update from the NHS Diabetes Programme

Professor Jonathan Valabhji, OBE National Clinical Director for Diabetes and Obesity February 2019





The NHS Long Term Plan

For diabetes, the NHS Long Term Plan sets out a range of improvements for those at risk of Type 2 diabetes and living with Type 1 and Type 2 diabetes; many of which we have already started to implement with our partners across the health system.

For obesity, there are a range of actions outlined, comprising a significant program of work.



Type 2 diabetes prevention



- Prevention is at the heart of the NHS Long Term Plan
- The programme is already the largest undertaking of its kind in the world and over 100,000 people have already benefited since its introduction in 2016.
- In many areas demand has outstripped supply, and it has proven highly effective. More capacity means more people can receive support and delay or hopefully prevent developing Type 2 diabetes.
- One of the key commitments is to double, to 200,000 people per year, the scale of the NHS Diabetes Prevention Programme over the next 5 years.
- The main observable health inequalities in diabetes relate to who develops diabetes and therefore focusing on prevention, at greater scale forms a key part of our strategy to tackling emerging inequalities.





- Over 2017-18 and 2018-19 we have invested £28.7m of transformation funding in establishing 71 new or expanded multi-disciplinary footcare teams and diabetes inpatient specialist nursing teams.
- For those who need secondary care support these teams deliver significant improvements to recovery and reduce lengths of stay in hospital.
- Funding in 2019/20 to support sites to their actual 2 year commencement anniversary. Some sites have local balances to take them to end of 2019/20.
- The LTP proposes that all hospitals provide access to these services. Estimated 24 hospitals need a MDFT and 16 hospitals needs DISNs.
- 2019/20 to be preparatory year. Project management funding to support sites to be ready to commence services from April 2020





- Over 2017-18 and 2018-19 we have invested c£21m of transformation funding in expanding the availability of structured education in 130 CCGs and c£27m in improving achievement of the treatment targets in 99 CCGs.
- Continue to offer tapered funding in 2019/20, with some sites locally carrying balances to add to funding.
- The LTP commits expanding availability of structured education and enabling more people to achieve treatment targets.
- Expand services to 9 additional CCGs who are currently Red for structured education and/or treatment targets in the CCG Improvement and Assessment Framework and are not currently funded.
- As with MDFT/DISN, 2019/20 to be preparatory year, for commencement from April 2020.





Type 1 Diabetes - specific actions

- Providing patients with type 1 diabetes who meet clinical recommendations access to flash glucose monitors, ending the variation in some parts of England.
- In addition, by 2020-21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.





Achieving Type 2 Diabetes Remission - Low calorie diets

- Medical research has shown that some people with type 2 diabetes can achieve remission through adoption of low calorie diets. The DiRECT and DROPLET trials have recently published with promising results and the potential to allow some people to stop taking anti-diabetic drugs and still achieve non-diabetic range glucose levels.
- Plans to test an NHS programme supporting low calorie diets for obese people with type 2 diabetes are outlined in the NHS Long Term Plan. We are currently in the early stages of planning and gathering insight from local areas and providers on approaches currently being implemented to inform our pilot approaches.
- If you have an example of implementing an approach which involves low calorie diets/total diet replacement, please email us at england.diabetestreatment@nhs.net.







- The Diabetes team has been harnessing the power of digital across its workstreams for a number of years. The Long Term Plan outlines strategies to continue this work including:
 - Digital access within the NHS Diabetes Prevention Programme for those who decline or drop out of face-to-face interventions – particularly relevant for those of working age.
 - Rolling out HeLP Diabetes nationally: an online self-management tool for those with type 2 diabetes
 - Test Bed Programme £2m invested for a specific challenge around selfmanagement and support for people with Type 2. Three Test Beds:
 - Greater Manchester
 - South West London
 - North East Hampshire and Farnham



Obesity



- Tier 1 supporting national and local government and public health teams in their actions:
 - Actions on NHS premises action already has reduced the sale of sugar-sweetened beverages across the NHS, from 15.6% in July 2017, to 7.4% in June 2018.
 - The next version of hospital food standards will be published in 2019.
 They will include substantial restrictions on HFSS foods and beverages.
 All trusts will be required by the NHS standard contract to deliver against these standards.
- Tier 1/2 brief advice / making every contact count
 - Together with the professional bodies and universities we will ensure nutrition has a greater place in professional education training.
 - Making sure staff on the frontline who are in contact with thousands of patients a year feel equipped to talk to them about nutrition and achieving a healthy weight in an informed and sensitive way



Obesity



- Tier 2
 - The NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs.
 - 20 CCGs with the worst rates of obesity
- Tier 3
 - By 2022/23, we also expect to treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health. These services will prevent children needing more invasive treatment.
 - Some expansion in adult tier 3 services, again targeting areas of highest need

