



Direct Dial/Ext: 01622 694196
Fax:
e-mail: tristan.godfrey@kent.gov.uk
Ask for: Tristan Godfrey
Your Ref:
Our Ref:
Date:

Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 8 MARCH 2013

I am now able to enclose, for consideration at next Friday, 8 March 2013 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
6	<u>Services Overview: a) Diabetes Services; and b) Ophthalmology.</u> (Pages 1 - 2)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Sass', is written over a light blue horizontal line.

Peter Sass
Head of Democratic Services

This page is intentionally left blank

Executive Summary on Services Overview for Diabetes and Ophthalmology

Item 6 HOSC 8.3.13

Dr. Abraham P. George

Diabetes

The proportion of the population diagnosed with diabetes in England more than doubled from 1994 to 2009. Approximately 2.9 million people in the UK have diabetes of which 850,000 are undiagnosed cases. This is expected to grow to 3.8 million by 2020.

Diabetes can result in a number of complications such as heart disease, stroke, eye problems such as retinopathy, kidney disease, foot problems, sexual dysfunction, miscarriage and stillbirth. Life expectancy for people with type 1 diabetes is reduced by 20 years on average and 10 years for those with type 2.

The cost of caring for people with diabetes is vast, increasing and threatening to present an unsustainable challenge to healthcare services within the next 20 years, and the vast majority of the cost goes on treating diabetes complications.

Well established clinical guidelines and standards of care for the primary and secondary prevention of diabetes are available from NICE and Department of Health respectively.

In Kent the recorded prevalence of diagnosed diabetes among people aged 17 years and older for Kent is 5.8%, varying from 5.1% in West Kent CCG to 6.8% in Thanet CCG. Deprivation appears to be associated with this variation and thus an important population health inequality.

Information from the NHS Comparators site suggests that the total number of diabetes admissions into secondary care for Kent in terms of activity for 2011-12 was 1,330 of which more than 80% were emergency costing £2,132,061, relatively higher than the national average.

Three models of service delivery are currently being used in West Kent, DGS and East Kent & Swale CCGs. The models are roughly based on the 14 standards prescribed by NICE guidelines which are:

1. Structured education for diabetes patients and their carers
2. Nutrition and physical activity advice

3. Care planning
4. Regular review of glycaemic control
5. Medication review
6. Insulin therapy and dose titration
7. Preconception care for women planning pregnancy
8. Annual assessment of complications
9. Assessment of psychological problems
10. Regular foot care review
11. Urgent medical attention for foot problems
12. Inpatient care by specially trained staff and access to specialist diabetes team
13. Educational and psychological support for Diabetic ketoacidosis inpatients at time of discharge
14. Specialist team referral for diabetes patients with history of hypoglycaemia

New and emerging evidence shows a small proportion of complex diabetes patients with other underlying long term conditions have a much more profound impact on health care services particularly urgent care. The national QIPP LTC model of care programme advocates an multidisciplinary multi agency approach to integrated care management. This will help optimize the provision and quality of services and ensure the equitable distribution of tertiary level specialist services such as podiatry, dietetics and psychology services.

A recent health equity audit on Diabetic Retinopathy screening services has showed variation in uptake across different practices.

The roll out of Health Checks will have a significant impact of **primary prevention** for diabetes and may help substantially improve the detection of undiagnosed diabetics. Referral of at risk patients to lifestyle and behavioural change interventions such as the Change 4 Life / Healthy Passport programmes to promote healthy living, diet and exercise.

Greater integration with the Healthy Weight care pathway for adults and children will ensure appropriate referrals to the right services such as weight management programmes provided by district authorities.

Ophthalmology

Ophthalmology services attract the high rates of referrals compared to other specialties due to the complex nature of the sub specialties within the service, changes to NICE guidelines for eye conditions and an ageing population. With age related eye conditions the main focus is intervention for conditions that are usually more effectively treated at an early stage to ensure the vision impairment is kept to a minimum. Many ophthalmology departments are seeing increases in referrals for all sub specialties of eye care, mainly due to the increasing life expectancy of patients and the related conditions.

In Kent, there is a general trend of acute activity reducing as more local based clinics are commissioned to provide better access for local patients. These clinics will offer the same quality service but will enable patients to choose care closer to home. These local clinics will also help to ensure that only those patients who really need acute care or choose to go to the main hospital site will need to go there.