

Diabetes – Local Health Economy Position – July 2008

1. Introduction

This briefing describes the following areas:-

- National Perspective
- Local Health Needs Assessment
- Local priority

2. National Perspective

Diabetes is a metabolic disease which is characterised by hyperglycaemia (raised blood glucose concentration). This results from defects in insulin secretion or insulin action, or both.

In 2007 the estimated prevalence of diabetes, (diagnosed and undiagnosed), was 4.82% of population of England (2,465,000 persons). People living in deprived areas are about 40% more likely to have diabetes compared to those living in less deprived neighbourhoods.

2.1 Obesity

Being obese and having a sedentary lifestyle significantly increase the risk of developing diabetes. The National Audit Office suggests that 47% of Type 2 diabetes can be attributed to obesity. Body Mass Index data from the Health Survey for England indicates that the proportion of obese adults has risen dramatically since 1991. A linear extrapolation of this trend indicates that 29.4% of men and 28.6% of women may be obese by 2010.

By the year 2010, diabetes prevalence is forecasted to be 5.05% of the population of England. This means there will be a 15% increase in prevalence between 2001 and 2010, (6% increase due to ageing population and 9% due to increasing obesity).

2.2 Mortality and morbidity

It is estimated that global excess mortality attributable to diabetes was 2.9 million in 2000. This equates to 5.2% of world causes of mortality, making diabetes the fifth most common cause of death. Deaths from diabetes in upper and middle income countries are predicted to increase by 80% between 2006 and 2015.

3. Local Health Needs Assessment

A local needs assessment for the population of Eastern and Coastal Kent is currently being undertaken which is pivotal in agreeing commissioning priorities for the future.

In 2006/2007, approximately 28,913 people were diagnosed with Type 1 and Type 2 diabetes in the Eastern and Coastal Kent area. It is estimated that this equates to approximately 94% of people with diabetes, therefore 6% remain undiagnosed. Eastern and Coastal Kent has a diabetes prevalence of 3.8%, compared to 3.55% nationally.

Evidence suggests that the prevalence of diabetes is closely linked to social deprivation. 22% of the Eastern and Coastal Kent population live in areas classified amongst the 20% most deprived nationally. Only 2.6% of the local population reside in wards in the most affluent national deprivation quintile. Deprivation is highest in urban areas, particularly in Thanet, Sheppey, Dover, Folkestone and parts South Ashford.

The highest prevalence rates of diabetes appear to be largely along the North Kent coast, notably in Thanet, Herne Bay and in Sheppey. Other concentrations are immediately to the West of Ashford Town, with further high prevalence in the Romney Marsh area and Hawkinge. Rural areas around Canterbury, Ashford and to the North-West of Shepway have the lowest prevalence rates.

Prevalence of diabetes increases in those who are obese, have a poor diet, lack of exercise and those with a family history of the disease. 23% of people in the local area are estimated to be obese.

The percentage of local prescribing spent on drugs used in diabetes in the 2007 calendar year was 7.39%. Costs are likely to rise at least in line with population increase, ageing population and obesity levels

4. Local Priorities for the Diabetes Service Improvement Group

Following the formation of Eastern and Coastal Kent PCT in 2006, the Local Health Economy Diabetes Service Improvement Group was established. This group is undertaking a complete review of diabetes services across the whole of the East Kent and Swale area. This involves all diabetic service providers for both adults and children.

National drivers such as the Diabetes National Service Framework and NICE guidance will inform many of the key priorities for the forthcoming year. In addition to addressing top priorities, the Diabetes Service Improvement Group will be updating the diabetes strategy to address longer term goals, ensuring that services commissioned for diabetes are of a world class standard.

Key priorities for 2008/09 are described below.

4.1 Care pathways

The current diabetes care pathway was agreed in 2005/6 and needs to be reviewed in the light of new evidence-based practice and national guidance. This will also be informed by the local needs assessment. The pathway will span the initial GP intervention through to the specialist involvement within secondary care. The revision of the care pathway will include how patients' needs are met and care delivered, wherever possible, closer to home. Priority areas are foot care provision and access to insulin pump services.

4.2 Patient and Public Involvement

The diabetes Healthcare Commission service review focused on Patient and Public Involvement and was timed to make maximum use of the National Diabetes Patient Survey. The results published in July 2007, scored the PCT as 'fair' for the following elements:

- Adults with diabetes feel supported to self care through care planning, information and education
- Adults with diabetes have key tests and measurements carried out
- Adults with diabetes are looking after their condition

The priority areas of work and new investments are addressing these findings to improve the patients' experience.

4.3 Patient Education

The PCT continuously aims to empower patients and encourage them to become actively involved in making choices that will improve their level of well being. Education is key to this and Eastern and Coastal Kent PCT has commissioned two areas of education for diabetes both Type 1 and Type 2:

DAFNE – This stands for Dose Adjustment for Normal Eating. It is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin. DAFNE usually involves attending a 5-day training course plus a follow-up session around 8 weeks after the course and yearly half-day top-up sessions. The structured teaching program is delivered by dieticians and diabetes specialist nurses to groups of 6-8 participants.

So far there has been good attendance at the sessions provided by Eastern and Coastal Kent Community Services, with positive patients' reports.

DEREK – This stands for Diabetes Education and Review in East Kent and is based on the national DESMOND programme for type 2 diabetes. It fulfils all of DESMOND criteria and extends it to include education related to exercise and podiatry.

4.5 Diabetic Retinopathy

The PCT commission the Paula Carr centre, located at the William Harvey Hospital in Ashford, to deliver the retinal screening programme and the target of 100% is now being achieved. This service applies to people over the age of 12 years. They will be screened annually or given a 6 monthly follow up if concerns are identified. If further problems are identified they will be referred onto the appropriate Consultant.

The residents of Swale currently access Medway Foundation Trust and it is proposed that the Paula Carr will be commissioned to provide services for Swale from 1st April 2009 to enable equitable access across the PCT area.

4.6 Insulin Pumps

Additional investment has been made to support services for Type 1 diabetics who require insulin pumps this service aims to increase patient choice, improve clinical care and reduce health inequalities. This will ensure that patients receive a local service as currently the service is provided by Kings, London.

4.7 Specialist Interventions

Additional investment has been made for dietetics and diabetes specialist support to address the inequalities across the local health economy. This addresses the inequity of service for patients across East Kent as per aims of the white paper, 'Our Health, Our Care, Our Say' which clearly states that "services should be designed around the individual rather than the needs of the person being forced to fit around the service that already exists" and "the need to have more support for patients with long term conditions within the community".

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