

STATE OF THE NATION 2016

Time to take control of diabetes

Northern Ireland

DIABETES.

**IT'S FAR
MORE
SERIOUS
THAN
PEOPLE
THINK.**

DiABETES UK
NORTHERN IRELAND

Contents

PAGE

3	Foreword	15	Structured Diabetes Education
4	The 15 Health Care Essentials	16	Access to diabetes specialists
6	Introduction	16	Flu vaccinations
7	The Diabetes Strategic Framework	17	Inpatient care
8	Blood Glucose	18	Sexual problems
9	Blood Pressure	18	Smoking
10	Cholesterol	19	Pregnancy care
11	Eye Screening	19	Children and young people
12	Foot checks and diabetes foot care	20	The Prevention Challenge
13	Kidney function	21	References
14	Individual Dietary Advice		

About Diabetes UK

We provide care, support and information to help people with diabetes manage their condition. We campaign for better care and treatment for everyone with diabetes to make sure they can live a long and healthy life. Our researchers are leading the way in understanding diabetes.

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Foreword



Diabetes remains one of the biggest challenges faced by society with the potential to overwhelm and bankrupt our health service. Diabetes UK has been saying this for some time.

The number of newly diagnosed cases is increasing here in Northern Ireland at over 3,000 people each year as recorded in this State of the Nation Diabetes Report. There has been a 65% increase in cases of Type 2 diabetes across England, Scotland, Wales and Northern Ireland in the last ten years.

We estimate over 100,000 people are living with diabetes in Northern Ireland, that is 6% of the population with either Type 1 or Type 2 diabetes. Type 1 cannot be prevented, but developing its worst complications can with the right care and medication. One in 4 adults are already at increased risk of developing Type 2 diabetes and 2015 saw the highest ever diagnosis of children and young people with Type 1 diabetes. Diabetes UK continue with others to fund research for a cure. We have the evidence that up to 58 per cent of Type 2 diabetes cases can be delayed or prevented through a healthy lifestyle. With all types of diabetes, we know that complications can be reduced or delayed by good quality care and effective interventions.

For that reason, Diabetes UK Northern Ireland has welcomed the announcement that the Department of Health are to move forward with the implementation of a new Diabetes Strategic Framework, which has been, and will continue to be, developed through partnership with patients and their representative groups from November 2016. The challenge set out in the Health and Wellbeing 2026: Delivering Together Strategy is an important opportunity to see delivery of improved diabetes outcomes. We have been impressed with the new emphasis to work together with people to improve health outcomes in the current reforms announced by the Minister and the direction of the Bengoa Report to get delivery.

The 15 Healthcare Essentials outlined in our State of the Nation Report 2016 reflect the complexity of diabetes and the challenge to make a measurable improvement in outcomes for people living with diabetes. Alongside this is the need for an effective prevention strategy to reduce the risk of others developing Type 2 and gestational diabetes in the years ahead.

Onward to implementation and delivery.

A handwritten signature in black ink, reading 'D Chaney'.

Dr David Chaney

National Director Diabetes UK Northern Ireland

15 Healthcare Essentials for everyone with diabetes

Everyone with diabetes needs to receive vital care and services, regardless of their age, ethnicity, where they live and whether they have Type 1 or Type 2 diabetes. Diabetes UK's 15 Healthcare Essentials set out the care that all people with diabetes should expect to receive from their healthcare team. They include the nine care process checks recommended by NICE and provide a starting point for ensuring everyone gets high quality and effective care. Care planning enables people to make the most of the 15 Healthcare Essentials and involves collaborative working between people with diabetes and their healthcare teams to develop and achieve individual goals.

1 Get your blood glucose levels measured

You should have your blood glucose levels measured and reviewed at least once a year. An HbA1c blood test measures your overall blood glucose control over the previous three months and helps you and your diabetes healthcare team set your own target.

This long-term picture is different from home blood glucose monitoring (self-monitoring) your blood glucose levels, which indicates your blood glucose level at the time of the test. Not everyone needs to self-monitor, but if you do you should have access to test strips and the equipment you need.

2 Have your blood pressure measured

Your blood pressure should be measured and recorded at least once a year, and you should agree a personal target that is right for you.

3 Have your blood fats measured

You should have your blood fats (such as cholesterol and triglycerides) measured every year. Like blood glucose levels and blood pressure, you should have your own targets that are realistic and achievable. Working towards and reaching your targets for blood glucose, blood pressure and blood fats is an important part of managing your diabetes and should be reviewed at least once a year as part of your check-up. Your healthcare team is there to offer advice and support to help you reach your targets and reduce your risk of developing long-term complications.

4 Have your eyes screened for signs of retinopathy

Your eyes should be screened for signs of retinopathy every year by your local diabetic eye screening service.

5 Have your feet and legs checked

The skin, circulation and nerve supply of your feet and legs should be examined by a healthcare professional at least once a year. You should be told if you are at risk of foot problems, how serious they are and if you need to be referred to a specialist podiatrist or foot clinic.

6 Have your kidney function monitored

You should have two tests to measure your kidney function every year: a urine test for protein (a sign of possible kidney problems) and a blood test to measure kidney function.

Get individual, ongoing dietary advice

7 You should receive ongoing dietary advice from a healthcare professional with appropriate expertise in nutrition and be referred to a dietitian for tailored advice if necessary. You should have the opportunity to check your weight and get the support and information you need to manage your weight.

8 Get emotional and psychological support

Diabetes can be hard, whether you've just been diagnosed or have lived with the condition for years. It's important that you are able to talk about your issues and concerns with specialist healthcare professionals, so that they can support and advise you.

9 Be offered a group education course in your local area

You should be offered a diabetes education course when you are diagnosed, or as part of a yearly refresher, to help you understand and manage your diabetes. If you are unable or don't wish to attend a group course, you should be offered a suitable alternative.

10 See specialist diabetes healthcare professionals to help you manage your diabetes

Diabetes affects different parts of the body and you should be referred to specialist professionals when needed, such as a diabetes specialist nurse, dietitian, ophthalmologist, pharmacist or podiatrist.

11 Get a free flu vaccination

You should get a flu vaccination every year from your GP. People with diabetes are at greater risk of severe illness, such as pneumonia, if they get flu. You should also be given a personal care plan telling you what steps to take if you are ill.

12 Receive high-quality care if admitted to hospital

If you have to stay in hospital, you should still receive high-quality diabetes care from specialist healthcare professionals, whether you have been admitted due to your diabetes or not.

13 Have the opportunity to talk about any sexual problems

Diabetes increases the risk of sexual dysfunction in both men and women. You should have the opportunity to talk to your healthcare team about any sexual problems you may be experiencing, or concerns you may have. You should be assessed and given support and education and be referred to an appropriate service if necessary.

14 If you smoke, get support and advice on how to quit

Diabetes increases your risk of heart disease and stroke, and smoking further increases this risk. If you smoke, you should be given the support and advice you need to help you quit.

15 Get information and specialist care if you are planning to have a baby

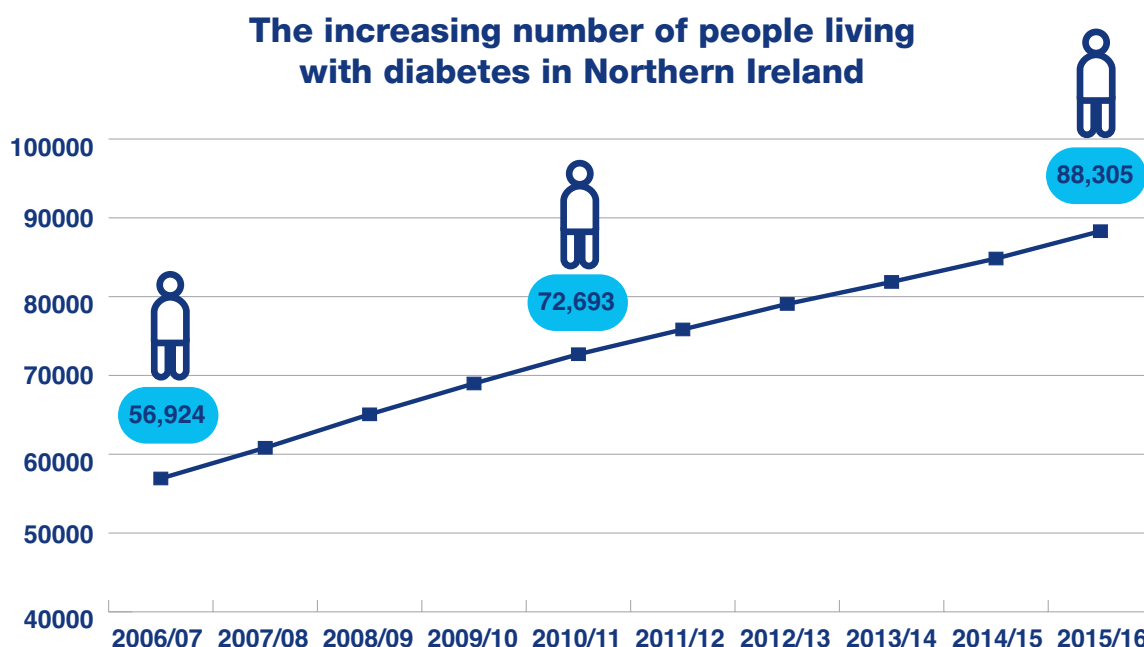
Your diabetes control has to be a lot tighter and monitored very closely before and during pregnancy. You should expect support from specialist healthcare professionals at every stage from preconception to post-natal care.

Introduction

There were 88,305 people over 17 years of age on GP registers in March 2016 ⁽¹⁾ with a diagnosis of diabetes, an additional 1,300 children and young people and a further estimated 12,000 people undiagnosed. These figures increase diabetes prevalence in Northern Ireland to over 100,000 or 6% of the population. The graph below shows how the number of people registered with GPs has increased and highlights the urgent need to begin to tackle the increased demand on primary and specialist care services in a planned and effective manner.

A redesign of services along the lines recorded in the Bengoa and previous reports is needed for prevention or early diagnosis to identify appropriate treatment and reduce the complications, harm and cost that can come with a diabetes diagnosis.

Fig.1 Number of patients on the QOF diabetes register 2006 – 2016.



Source: Payment Calculation and Analysis System

Diabetes UK has published regular reports on the State of the Nation across the UK, seeking to publish and comment on data where it is available, to measure improved outcomes and identify gaps in diabetes care. In Northern Ireland we have been critical of the lack of published data on health outcomes in diabetes which are already available in England, Wales and Scotland. Since our last State of the Nation report published in 2013 ⁽²⁾, there has been some acknowledgement that information does exist but is not collated, analysed or published. Data does exist which could improve the planning of diabetes care and through that achieve better potential outcomes to avoid or reduce the serious complications of diabetes. These complications include; heart disease; stroke; kidney disease; blindness; foot amputations and premature death. This was highlighted in the Donaldson Report in December 2014, 'The Right Time, The Right Place' ⁽³⁾, calling for meaningful data to measure improvement and gaps in care throughout the health and social care system in Northern Ireland.

It is recognised in 'Health and Wellbeing 2026 - Delivering Together' ⁽⁴⁾ and the Bengoa Report 'Systems, Not Structures' ⁽⁵⁾

The Diabetes Strategic Framework

In response to a Question in The Northern Ireland Assembly concerning the challenges diabetes poses to the Health Service in June 2016, the Health Minister, Michelle O'Neill responded:

“Diabetes continues to be one of the most challenging long term conditions, affecting more than 85,000 people across the north of Ireland. The number of people diagnosed continues to grow rapidly, with more than three thousand cases added annually. This poses a burden not only on the individual and their families but the wider Health and Social Care system. It is also estimated that approximately ten per cent of the Health and Social Care budget is spent on treating diabetes and its complications. A draft Diabetes Strategic Framework and accompanying Implementation Plan ⁽⁶⁾ was published in March 2016.

The draft Framework identifies a number of priorities in order to tackle the rising numbers of new diagnosed cases which include public health measures to help prevent Type 2 diabetes, improving access to structured education, building capacity and expertise in the workforce, improving services for vulnerable groups and encouraging innovation in care for people living with diabetes. A Consultation Report will be published in early autumn and a finalised Framework and Implementation Plan to follow soon afterwards subject to my approval.” ⁽⁷⁾

Diabetes UK Northern Ireland was involved in the initial Diabetes Review ⁽⁸⁾ in 2012/13 and then played an active part in the Diabetes Task Group led by the Chief Medical Officer's team in 2015/16. The Diabetes Task Group developed the Strategic Framework and Implementation Plan which the Health Minister refers to. We see significant potential for delivering better health outcomes by involving more people living with diabetes in the new structures proposed and new partnership working which we have evidence of through the Integrated Care Partnerships and the Department of Health implementation of the Institute for Health Improvement Triple Aim Framework. ⁽⁹⁾

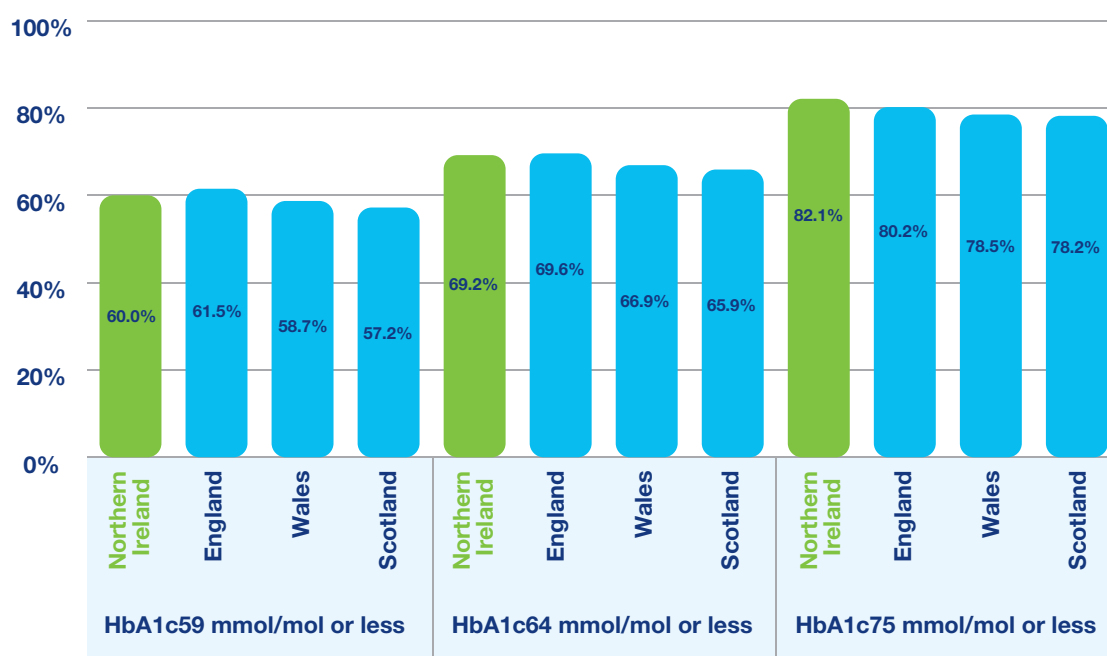
Implementing the Triple Aim Framework and Accountable Care Systems with Regionalised planning for specialist services are the first two recommendations of the Bengoa Report.

1 Blood glucose

2/3 of people living with diabetes have fair to poor blood glucose control

Good blood glucose control is essential for individual management of diabetes and to reduce the risk of serious complications developing. High blood glucose is associated with an increased risk of complications developing. In 2013/14 across the 5 Local Commissioning Group Trust areas, GP practices recorded: 46,000 patients or 58.2% achieving the target of 59mmol/mol or 7.5 HbA1c or less; 25,000 patients were not, and 8,000 were exempt from this indicator of the 79,072 people registered.

Figure 2: National comparison of achievement of HbA1c targets across UK 2013/14



In 2013/14, the percentage of people with diagnosed diabetes in Northern Ireland meeting the targets HbA1c of 59 mmol/mol or less and 64 mmol/mol or less was 60% and 69.2% respectively. These figures are similar to England but slightly higher than Scotland and Wales. ⁽¹⁰⁾

In 2014/15 the percentage here below 59mmol/mol was 65.6% similar to the percentages for England and Wales at 66.5% showing improvements.

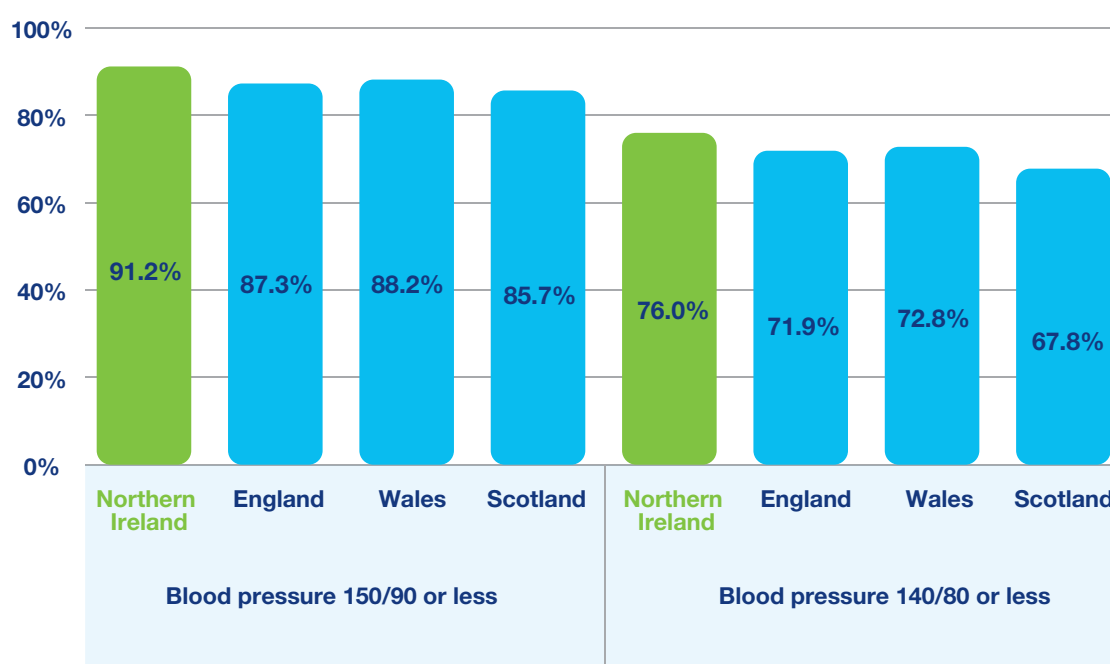
The above statistics demonstrate however a worrying lack of progress with achieving the NICE recommended treatment targets for HbA1c in ng17 published in 2015 and that a substantial proportion of people still have exceptionally high glucose levels.

2 Blood pressure

A quarter of people with diabetes do not meet recommended blood pressure targets – increasing their risk of complications

Poor blood pressure (BP) control puts people with diabetes at a significant increased risk of developing heart disease and the risk of a stroke. For people considered at a low risk of complications, a target BP of below 140/80mm Hg is recommended.

Figure 3: National comparisons of achievement of blood pressure and cholesterol targets across UK in 2013/14



In 2013/14 a greater percentage of people diagnosed with diabetes in Northern Ireland were meeting the above blood pressure targets than in England, Scotland and Wales. In Northern Ireland 91.2% of people had a blood pressure of 150/90 mm Hg or less and 76% had a blood pressure of 140/80 mm Hg or less. People are also more likely to have had cholesterol of 5mmol/mol or less at 81.7% compared to 72.3% in England, 72.6% in Wales and 72.6% in Scotland. ⁽¹¹⁾

In 2014/15 in Northern Ireland the percentage of people achieving the blood pressure target of 140/80 mm Hg was 77.5%, another step improvement. This is similar to figures for England and Wales in 2014/15 but shows that nearly 25% of people with diabetes are not meeting the NICE target set at 130/80mm Hg for those with kidney, eye or cardiovascular damage.

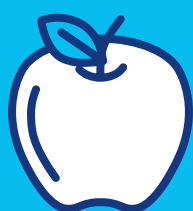
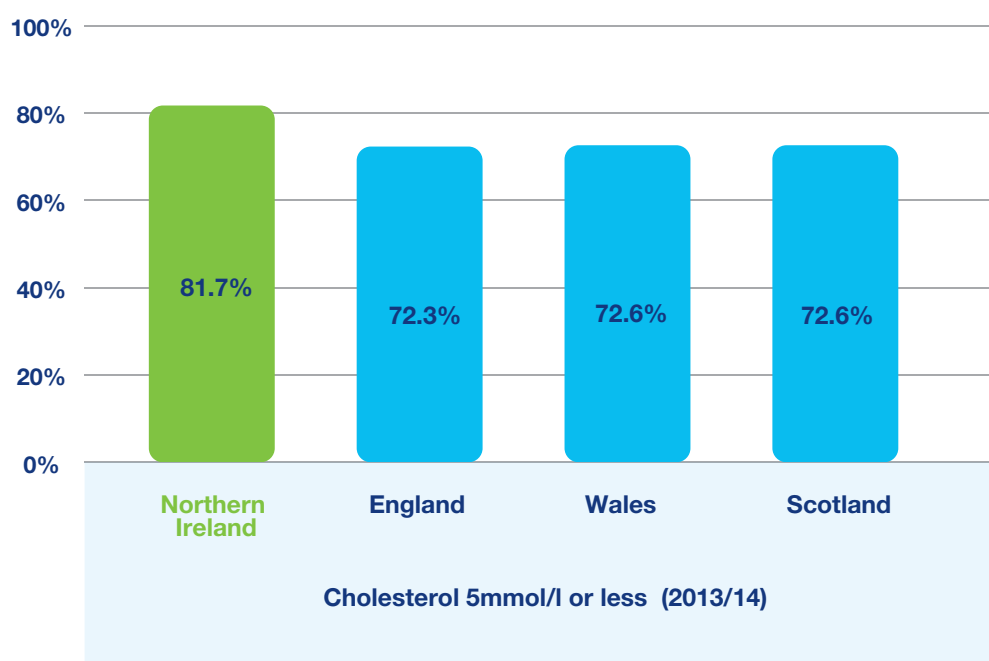
3 Cholesterol

Many people are not getting their cholesterol checked and are not meeting recommended targets

The principles of the current management of diabetes are to minimise symptoms and to reduce the future risk of developing complications and early mortality.

Overall there is little variation in the achievement of the Quality and Outcomes Framework targets across Local Commissioning Groups in Northern Ireland. The achievement of care processes and treatment target indicators is similar to or slightly better than the other countries in the UK as recorded in 2013/14. However, there is significant practice level variation. It is essential to understand the reasons for this variation in order to implement quality improvement initiatives that seek to improve care. ⁽¹²⁾ Northern Ireland is the only country in the UK that does not have a comprehensive on-going national audit programme for diabetes services which would provide this mechanism and is now supported in the new Diabetes Strategy from 2016.

In 2014/15 in Northern Ireland, 86% of people living with diabetes with a last measured cholesterol of 5mmol/mol or less represents a better outcome than for people living with diabetes in England and Wales at 76%.



Visit www.diabetes.org.uk for further information on healthy eating

4 Eye screening

Many people with diabetes are not having their eyes checked regularly and services for treating eye disease are fragmented

People with diabetes are at heightened risk of developing retinopathy which can damage their vision. In 2007, in line with and funded on a UK basis, the Department of Health for Northern Ireland initiated a Regional Diabetic Screening Programme (RDSP) with annual screening to be provided for all with a diabetes diagnosis over the age of 12. The aim is to reduce visual impairment caused by diabetic retinopathy (damage to the retina or 'seeing' part of the eye) by facilitating early diagnosis and treatment.

Diabetes is the second most common cause of blindness or visual impairment in people of working age in the UK and is also a major cause of blindness in older people. There is no cure for diabetic retinopathy so early detection and treatment is vital and regular eye checks are essential for identifying early signs. The best treatment is prevention which involves good control of blood sugar level and blood pressure, healthy eating, and exercise to help prevent or to delay retinopathy. In 2007 the RDSP was based in the Belfast and Social Care Trust with screening carried out across Northern Ireland at GP practices and alternative sites. This service is administered by the Public Health Agency (PHA) through a Programme Board.

The RDSP has had its problems and a Review published by the Regulation and Quality Improvement Authority in 2015 showed it only complied with 3 of 14 required standards. The RQIA made 40 recommendations for improvement and action with agreed timetables.

⁽¹³⁾ This is now being taken forward by a Modernisation Board.

Of considerable concern in the Report is that at least 25% of 12 – 17 year olds with diabetes are not known to the Screening Programme and that the screening interval target of 12 months for adults sits at 15 months in 2016.

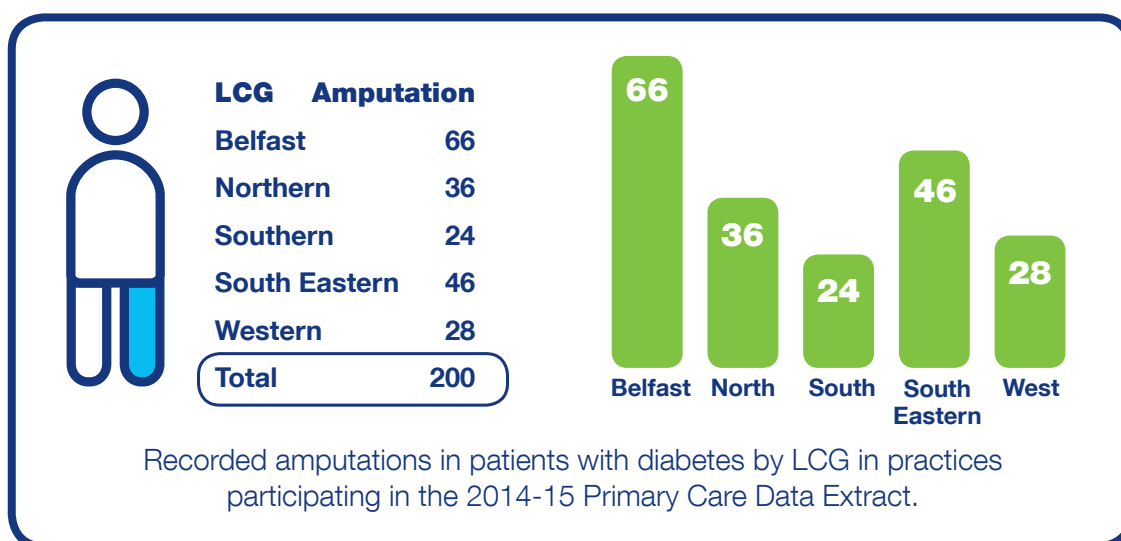
Diabetes UK Northern Ireland is working in collaboration with the RNIB and Assistance Dogs to help provide further support for those at risk of diabetic retinopathy?

What needs to happen now?

- **Eye screening services** should ensure that everyone with diabetes can access screening. This may mean offering appointments in evenings and weekends and in locations that are easily accessible.
- **GPs and opticians** should raise awareness amongst people with diabetes of the importance to take up their retinal screening appointment and ensure that people understand that this is in addition to a routine eye health check or sight test.
- **Commissioners** should ensure that there is a clear referral pathway from screening to treatment for those identified as being at high risk of sight threatening diabetic retinopathy and that all services required to deliver this are commissioned.

5 Foot checks and diabetes foot care

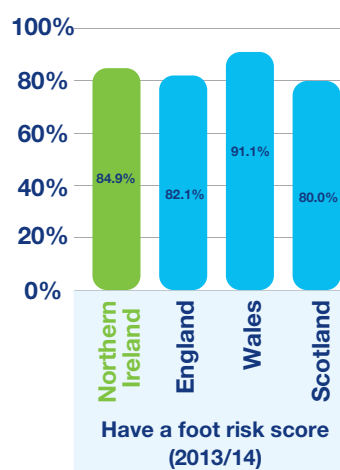
Diabetic foot disease is one of the most distressing and disabling complications of diabetes. It involves nerve damage, reduced sensation, and reduced blood supply to the feet. Even simple injuries like a blister can result in a foot ulcer. Experts estimate that four out of five amputations could be prevented as 80 per cent are preceded by foot ulcers, which are largely avoidable. NICE Guidance NG19 brings together and sets out what should be commissioned and provided to prevent and treat diabetic foot problems. ⁽¹⁴⁾



The percentage of people with diagnosed diabetes who had received a foot examination and their risk of diabetic foot disease identified in 2013/14 was 84.9%, higher than in England and Scotland but lower than in Wales. ⁽¹⁵⁾

Diabetic foot disease is the most common cause of diabetes-related hospital admissions as foot ulcers and amputations impact hugely on morbidity, mortality and quality of life for people with diabetes. ⁽¹⁶⁾ A Northern Ireland Diabetic Foot Working Group established in August 2014 has drafted a Regional Foot Care Pathway to provide early identification and intervention of active disease of the foot. There is an expectation that this work will be prioritised in the implementation of the new Diabetes Strategy to reduce the 4 amputations which occur each week in patients with diabetes in Northern Ireland.

EVERY WEEK IN NORTHERN IRELAND THERE ARE 4 LEG, FOOT OR TOE AMPUTATIONS CARRIED OUT ON PEOPLE WITH DIABETES, AND UP TO 80 PER CENT OF THESE COULD BE PREVENTED.



6 Kidney function

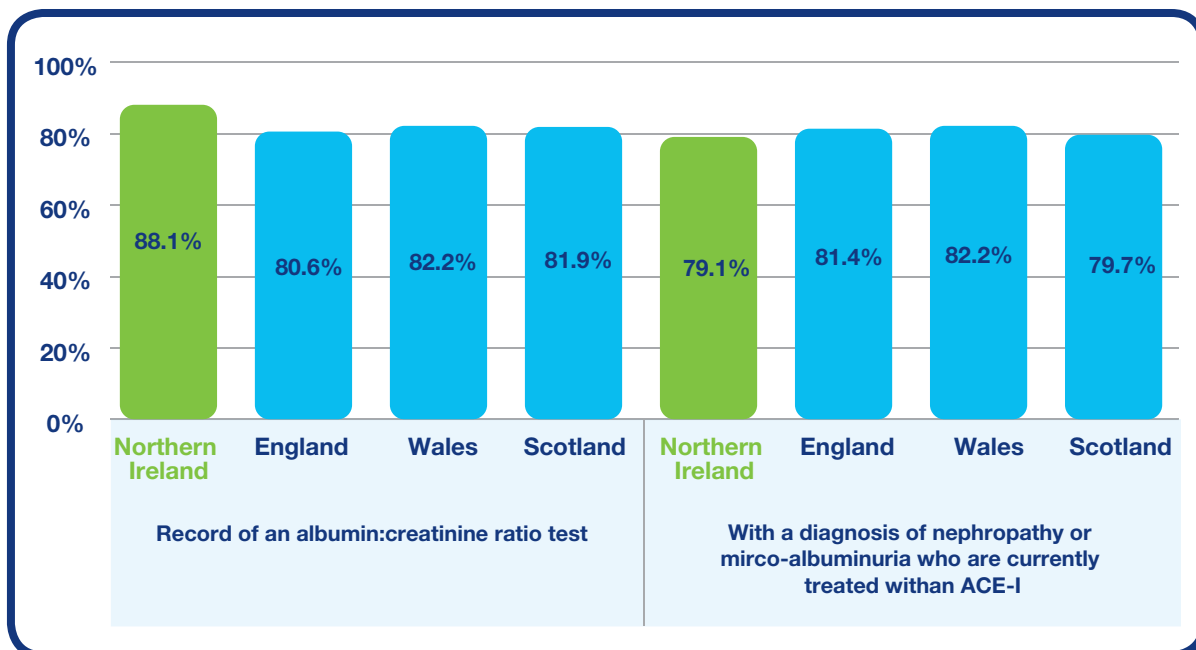
A quarter of people living with diabetes do not receive a vital screening test to identify their risk of developing kidney disease.

Kidney disease is one of the most severe and life threatening complications of diabetes. In the very early stages of kidney disease there are usually no symptoms, so testing kidney function is essential to picking up renal problems early when they can often be successfully treated. In 2012 there were more than 1,600 people recorded on the Regional Renal Database with advanced chronic kidney disease (CKD) and 1,500 patients with end-stage kidney disease (ESKD). Over 800 of these patients received renal dialysis with an annual 15% mortality rate in the diabetes dialysis population. ⁽¹⁷⁾

NICE recommends that people with diabetes take two tests to measure their kidney functions ^(NG 17, NG 28) every year: a urine test for protein receive two – which can identify early problems – and a blood test to measure kidney function. It is important that both tests are conducted, as early detection can have a positive outcome preventing the progression of renal disease.

It is significant to record that a greater proportion of those in Northern Ireland living with diabetes have had their kidney function tested than their counterparts in the rest of the UK. ⁽¹⁸⁾ The percentage albumin:creatinine ratio of those with a diagnosis of neuropathy or micro-albuminuria treated with an ACE inhibitor was similar to England, Scotland and Wales.

Figure 4: National comparisons of the identification and management of microvascular disease



Diabetes UK recommends measurement of kidney function every year as one of the 15 Healthcare Essentials.

7 Individual dietary advice

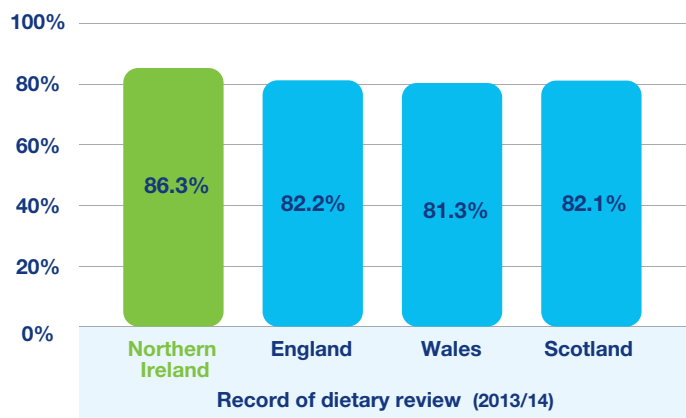
People with diabetes should have support to follow a healthy diet and manage their weight

Everyone with diabetes should aim to maintain a healthy weight. To achieve this goal, people living with diabetes should be supported to follow a healthy diet and manage their weight successfully.

In 2013/14, 86.3% of people in Northern Ireland with a diagnosis of diabetes had a dietary review compared with 82% in England Scotland and Wales. ⁽¹⁹⁾

Fig 5: National Comparisons of dietary review.

In Northern Ireland, the proportion of obese and overweight adults has changed only marginally from 59% in 2005/06 to 60% in 2014/15. ⁽²⁰⁾ The Public Health Agency has had the lead role to implement the 'Making Life Better' (MLB) and 'A Fitter Future for All' strategies for Northern Ireland to create the conditions to enable people to lead healthier lives.



Diabetes UK recommends that everyone with diabetes should see a registered dietitian at diagnosis, and then have regular reviews for specific advice on their eating habits.

For further information on healthy eating advice visit www.diabetes.org.uk

8 Emotional and Psychological Support

Diabetes is a relentless, challenging and progressive condition which doesn't just impact someone physically but also can have a detrimental effect on their mental health.

People living with diabetes must cope with the constant demands of self-management and the threat of serious complications. This also applies to young people and their families and carers. Not surprisingly the impact of a diabetes on emotional and psychological well-being can be profound.

Depression is twice as common in people with diabetes as in the general population, and around 40% of people with diagnosis of diabetes experience poor psychological wellbeing often directly related to living with diabetes. ⁽²¹⁾

As part of the Diabetes Review in 2012, each Trust in Northern Ireland was asked to indicate the level of access to psychological support. ⁽²²⁾

Diabetes UK believe psychological and emotional wellbeing of people with diabetes of all ages must be integral to diabetes care and delivered through good care planning and referral to specialist psychological services when required.

The Diabetes UK Helpline 0345 123 2399 provides specialist support and advice on all aspects of diabetes.

9 Structured Diabetes Education

In Northern Ireland before 2013, structured diabetes education was not available in all Trust areas. Diabetes UK has worked within the Integrated Care Partnership structures and Local Commissioning Groups to promote the value of early access to self-management programmes in diabetes with some success.

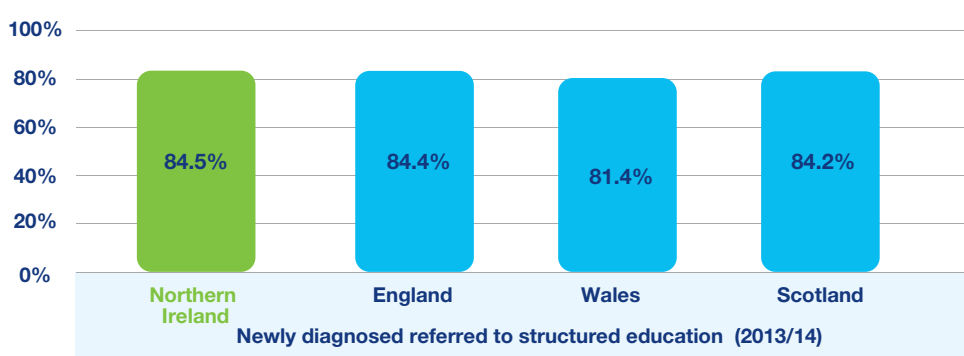
The CHOICE programme, available in every Trust area to families with newly diagnosed children and young people, has been widely supported and valued. This has moved from a Cross Border Project to mainstream funding in Northern Ireland.

The aim now is to have an adult programme suitable for newly diagnosed Type 1 or Type 2 and to catch up with people not offered an earlier opportunity. The new Diabetes Framework recognises that self-management has a central role in optimising personal health, well-being and quality of life for people living with diabetes.

It is intended that each Trust area will provide structured education for adults with newly diagnosed Type 1 and Type 2 diabetes as well as those already living with the condition.

Spend on Diabetes Education 2013/14 – 2015/16

HSC TRUST TOTAL SPEND	2013/14	2014/15	2015/16
Belfast HSC Trust	£22,967	£22,967	£301,431
Northern HSC Trust	£57,772	£57,772	£99,022
Southern HSC Trust	£65,104	£57,596	£47,023
South Eastern HSC Trust	£57,549	£57,549	£59,505
Western HSC Trust	£25,910	£56,931	£58,081



Taking Control is a UK wide Diabetes UK campaign to increase the availability of education and access to courses in new and also traditional formats. The progress in Northern Ireland in funding for DAFNE and DESMOND programmes is most welcome alongside CHOICE for young people and families. In Northern Ireland we have over 3,000 new diagnoses each year, the equivalent to 10 people every day. To meet this growing demand, people living with diabetes should have access to a local structured diabetes education programme delivered by trained staff. The March 2016 announcement by the Health Minister of additional funding for diabetes self-management programmes across Northern Ireland was most welcome. The Implementation Plan in the Draft Diabetes Strategic Framework calls for action on NICE Quality Standard 6 and agreement on a menu of quality assured Structured Diabetes Education Programmes for Northern Ireland. ⁽²³⁾

10 Access to diabetes specialists

Better access to specialist care can improve patient outcomes and save the Health Service money

Diabetes is a complex condition often requiring referral on a short or long term basis to a variety of specialists. Everyone with diabetes should benefit from the key role specialists provide in supporting them and skilling up local healthcare professionals; targeting the local primary care team, which is where most diabetes care takes place.

In Northern Ireland, such an approach was promoted as a principle of Transforming Your Care in 2012 but was neither resourced nor delivered. It remains the view of Diabetes UK that diabetes management should be delivered as an integrated model of care across primary, community and specialist services so people receive the right treatment in the right place at the right time.

Models and care pathways have been developed in the Integrated Care Partnerships with General Practitioners playing a leadership and clinical advisory role which has delivered measurable improvement in outcomes as a result for people living with diabetes. General Practice has been in the front line of the huge increases in the numbers of people being diagnosed with Type 2 diabetes and this has increased the workload for front line staff to ensure that the care processes required by NICE are delivered for every patient living with diabetes and reviewed and reported on annually. The 3,000 plus newly diagnosed people with diabetes annually are part of the crisis affecting general practice across Northern Ireland surgeries and the challenge remains as to how they will get best care.

Hospital and Community Consultants in diabetes care, diabetes specialist nurses, dietitians, podiatrists and psychologists are all part of the multi-disciplinary team who provide specialist care and support to people living with diabetes. The Draft Diabetes Strategic Framework 2016 proposes the development of a workforce plan for diabetes taking into account the need for an integrated, multidisciplinary approach to care. ⁽²⁴⁾

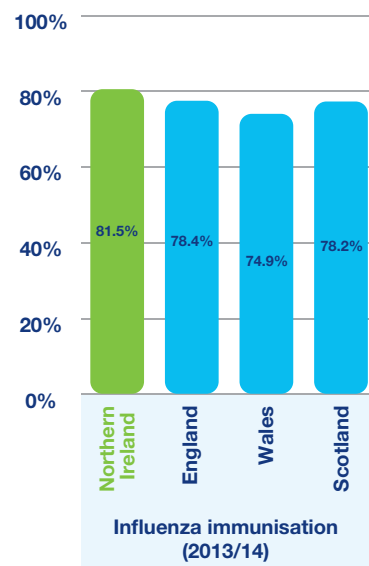
11 Flu vaccinations

People with diabetes are more at risk of complications from influenza and pneumonia

People with diabetes are at a greater risk of severe illness such as pneumonia, if they get flu. It may seem a simple statement but the risks include: loss of diabetes control resulting in coma or diabetic ketoacidosis which can be fatal if left untreated.

In Northern Ireland the percentage of people who received the influenza immunisation at 81.5% in 2013/14 is higher than across the other nations of the UK. ⁽²⁵⁾ Vaccinations against infectious diseases are amongst the safest and most reliable means of health protection available. Yet almost one in five people with diabetes did not receive the annual flu vaccination in 2013/14.

Diabetes UK encourages people living with diabetes to avail of their flu vaccine from the vaccination programme offered by their GP.



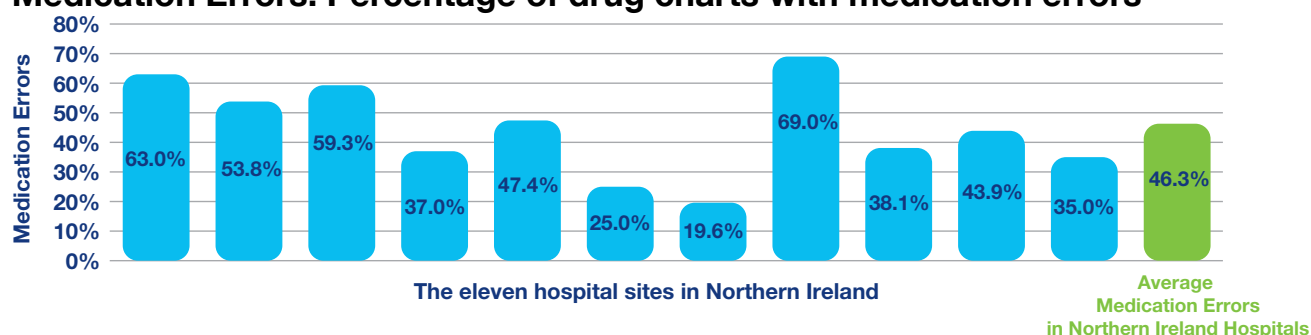
12 Inpatient care

People with diabetes need to receive specialist care and support when they are in hospital regardless of the reason for their admission. In an Inpatient Audit funded by the Health and Social Care Board and conducted across Northern Ireland Hospitals in 2013, the Audit provided a snapshot of diabetes care provision available during that time. It highlighted the importance of documenting if those admitted had diabetes and if this was the primary reason for admittance as only 5% of patient admitted were there because of their diabetes. This is essential to ensure that the diabetes is well managed as part of the treatment and care provided, to minimise the risk of unnecessary complications and to prevent patient harm.

The 2013 National Inpatient Audit showed that in England and Wales, while there had been some improvements in diabetes care since the previous audit:

- 37% of inpatient drug charts had at least one medication error
- 22% had at least one prescription error
- 22% had at least one medication management error
- In Northern Ireland 46.3% had at least one medication error where one site recorded 19.6% and another one of the 11 hospitals recorded 69% as below

Medication Errors: Percentage of drug charts with medication errors



In the Northern Ireland Inpatient Audit, being conducted on a first time basis, the following was also recorded:

46.3% of inpatient drug charts had at least one medication error, 34.6% had at least one prescription error, and 25.6% had at least one medication management error.

At the time of audit of the 11 hospitals in Northern Ireland in October 2013, people with diabetes occupied 16.5% of the hospital beds in a year when 4.5% of the adult population had a diagnosis of diabetes. The percentage of the 508 patients with diabetes in a Northern Ireland hospital on the day of audit and seen by a diabetes team was less than 30% or 150 patients.

Every Trust in Northern Ireland was given a copy of the Audit which provided comparative figures for the National Diabetes Audit (NaDIA) carried out across hospitals in England and Wales in 2013 with comparative staffing data and patient comments.

As we have come to expect, people with chronic conditions including diabetes, are most appreciative of our health service and the staff who are committed to working in it. The Audit recorded 90% or 450 patients thought staff were good/very good and were satisfied with their care.

The National Diabetes Audit 2015 in its sixth year of NaDIA showed important improvements in medication errors and particularly insulin errors with significant reduction in hypoglycaemic rates. It also pointed to evidence that greater investment in Inpatient Diabetes Teams could accelerate further improvements, reduce length of patients stay and reduce costs to the NHS. ⁽²⁶⁾ Diabetes UK supports National Diabetes Auditing and measurement because the purpose can enable improvement in patient care and outcomes.

13 Sexual problems

People with diabetes should have the opportunity to talk about any sexual problems they might be experiencing as a consequence of their condition

Diabetes increases the risk of sexual dysfunction in both men and women and can be caused by physical, emotional and lifestyle factors, or by medication. Sexual health problems have been shown to increase depression among men and women with diabetes and sexual function is more closely linked with depression than any other diabetes complications in men and women.

Erectile dysfunction (ED) is the most common type of sexual problem in men with diabetes. Women with diabetes are also at increased risk of experiencing sexual difficulties including low desire and bacterial infections. Testosterone deficiency can affect up to 50 per cent of men with Type 2 diabetes and National Guidelines recommend mandatory testing of testosterone levels in all men with ED. In 2013/14 in Northern Ireland 83.1% of men with diagnosed diabetes have been asked about erectile dysfunction and 89.1% of these have had an assessment of potential contributory factors. ⁽²⁷⁾

14 Smoking

Stopping smoking is one of the best things a person with diabetes can do to improve their health – they should be given the support and advice they need to help them quit

If you have diabetes, it is particularly important that you do not smoke. Smoking increases the risks of developing complications of diabetes, affects blood glucose control and increases insulin resistance. We do not know how many people with diabetes smoke are then referred to stop smoking services.

Progress is being made in reducing youth smoking and the transition to standardised packaging and banning of smoking in cars will support this trend.

As part of a regular survey of its members, Diabetes UK found that 64.1% of smokers had not received support or advice to quit. ⁽²⁸⁾

If you want help to stop smoking telephone the Smokers Helpline on 0808812 8000 or the NHS free smoking helpline 0800022 4332

15 Pregnancy care

Pregnant women with diabetes are at increased risk of complications compared to women who do not have diabetes

While women with diabetes can have healthy pregnancies and healthy babies, they face an increased risk of complications and adverse outcomes – including still births, miscarriage, neonatal death and congenital abnormalities.

Up to 5% of the 700,000 women who give birth across the UK each year have diabetes. This is either pre-existing diabetes or gestational diabetes, which develops in pregnancy. The incidence of both types of diabetes has been growing due to higher rates of obesity in the general population and more pregnancies in older women. The numbers of women and babies affected in Northern Ireland has risen dramatically here in the last 5 years. In 2003 there were 100 women who had diabetes in pregnancy. In 2013/14 there were 1,251 women with 1,270 infants born to those women making up 5.2% of all pregnancies. ⁽²⁹⁾

What needs to happen to improve care includes:

- Implementing initiatives to improve glucose control, use of higher dose folic acid and preparation for pregnancy; information about pregnancy into patient education; screening for complications; and consider the impact on services of women who will develop diabetes during pregnancy and need more intense support.

Children and young people

Everyone who spends time with children needs to be aware of the symptoms of Type 1 diabetes. Simply put, these are the 4 Ts: Toilet; Thirsty; Tired; Thinner. Type 1 diabetes cannot be prevented and tends to develop earlier in life. It is crucial therefore that Type 1 diabetes is identified early.

As many as one in four children are diagnosed with Type 1 diabetes when they are in diabetic ketoacidosis (DKA); a life threatening condition that requires urgent medical treatment.

The Diabetes UK 4Ts campaign was adopted by the 17 Integrated Care Partnerships across Northern Ireland in 2014. Awareness leaflets and posters were distributed to every GP surgery, hospital clinic and primary school. The incidence of diagnosis by DKA has fallen significantly but awareness needs to be sustained. The same year, 2014 also saw the highest ever number of children and young people under the age of 17 diagnosed with Type 1 diabetes.

Access to Insulin pumps for young people has improved with support from the Health Department and Commissioners but a Plan needs to be developed within the new Diabetes Strategy to increase access to insulin pumps.

COULD YOUR CHILD HAVE TYPE 1 DIABETES?



If your child is going to the toilet a lot, has increased thirst, is more tired than usual or is losing weight, it could be a sign they have Type 1 diabetes. If not diagnosed early enough, Type 1 diabetes can be fatal. Don't delay – if your child is experiencing any of the **4 Ts**, visit your doctor immediately for a test.

www.diabetes.org.uk/The4Ts

DIABETES UK
CARE. CONNECT. CAMPAIGN.

A charity registered in England and Wales (2151188) and in Scotland (SC234106).

The Prevention Challenge

Type 1 diabetes cannot be prevented, a significant proportion of Type 2 diabetes can. The increase in diabetes prevalence we are seeing across the world is largely due to the rise in Type 2 diabetes at the same time as Type 1 diabetes is also rising. Obesity is the most significant risk factor for developing Type 2 diabetes, accounting for 80-85 per cent of the overall risk of developing the condition. ⁽³⁰⁾

The 2009 Northern Ireland Audit Report Obesity and Type 2 Diabetes in Northern Ireland stated:

“Taken together physical inactivity and unhealthy eating are important preventable causes of chronic disease and their impact is increasing. The rise of Type 2 diabetes is one example of a chronic disease that is closely connected to these risk factors.”

The new Diabetes Framework gives the Public Health Agency the opportunity to give some leadership and it will need the resources to deliver meaningful outcomes to the population. The 2016 Childhood Obesity Strategy published for England was swiftly criticised as underwhelming and disappointing.

Diabetes UK has called for, and continues to support, the development of a coordinated plan to reduce obesity across the general population. The obesity epidemic is driving a significant part of the burden on the health services contributing to more cases of cancer, heart disease and Type 2 diabetes.

The Mc Kinsey Global Institute stated in their recent Discussion paper Overcoming Obesity.

“Based on existing evidence, any single intervention is likely to have only a small overall impact on its own. A systematic, sustained portfolio of initiatives, delivered at scale, is needed to address the health burden.”

Diabetes UK supports this view, and is therefore proposing a suite of reforms, each supported by local or international research, to create supportive environments for healthier living and subsequently reduce the risk of individuals developing Type 2 diabetes. This is set out in the Diabetes UK Position Statement of November 2015. ⁽³¹⁾

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A WORLD WHERE DIABETES CAN DO NO HARM

Diabetes UK's mission is that by bringing people together to work in partnership, we will support those living with diabetes, prevent Type 2 diabetes, make research breakthroughs in diabetes, and ultimately find a cure.

How we do this:

- We listen to and work with people with diabetes, healthcare professionals and many others to drive change.
- We develop, deliver and champion the most effective ways for people to manage their diabetes, or their risk, so they can live their lives with confidence.
- We build a strong community of support that finds and shares the knowledge needed to fight diabetes.

THE COMPLICATIONS OF DIABETES



Increase risk of **dementia**



Double risk of **depression**



A leading cause of **sight loss**



Double risk of **heart disease** and **stroke**



A key cause of **Kidney disease** and kidney failure



Increase risk of complications in **pregnancy**



Lead to 4 **amputations** every week in Northern Ireland



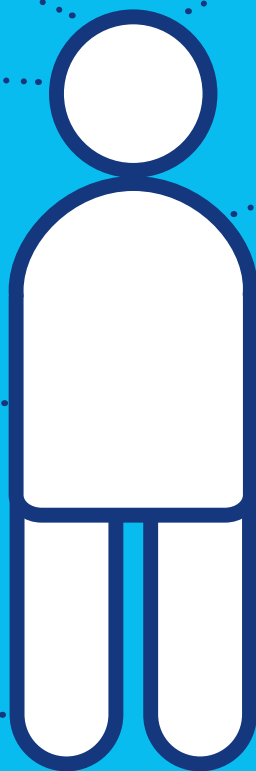
Increases risk of **sexual dysfunction**



Untreated, severely high or low glucose levels can cause **coma** or even **death**

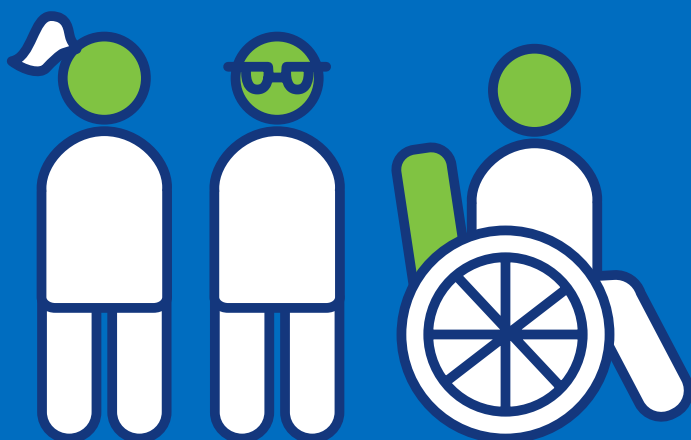


A major cause of **nerve pain** and **nerve damage**





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