



DEBATE PACK

Number CDP 2019/0001, 7 January 2019

Diabetes

This pack has been prepared ahead of the debate to be held in Westminster Hall on Wednesday 9 January 2019 from 9.30-11am on diabetes. The debate will be opened by Sir John Hayes MP.

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Contents

1. Diabetes	2
1.1 How common is diabetes?	2
1.2 Complications	5
2. Diabetes prevention, treatment and care	5
2.1 The NHS Long Term Plan	7
2.2 NHS England diabetes management and care programme	8
2.3 The Diabetes prevention programme (DPP)	10
2.4 Diabetes Transformation Fund	12
3. News items	15
4. Press releases	16
5. Parliamentary material	25
Debates	25
PQs	25
6. Useful links and further reading	34

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Diabetes

This debate pack is produced ahead of the debate to be held in Westminster Hall on Wednesday 9 January 2019 from 9.30-11am on diabetes. The debate will be opened by Sir John Hayes MP. Health policy is devolved, and this debate pack focuses primarily on policy and statistics on diabetes in England.

Diabetes is a condition where the level of sugar in the blood becomes too high. There are several types of diabetes, the two main ones are:

- **Type 1 diabetes**, an autoimmune condition where the body does not produce enough insulin, a hormone which controls the level of sugar in the blood. It is most common in younger people and usually diagnosed in the under 40s. Around 10% of people with diabetes in the UK have type 1. Type 1 diabetes is managed with lifelong insulin replacement treatment.¹
- **Type 2 diabetes**, a condition that occurs where not enough insulin is produced by the pancreas, or the cells in the body become resistant to it. Eventually the pancreas can become worn out from producing increased insulin and will produce less. Around 90% of people in UK with diabetes have type 2 diabetes. Type 2 diabetes can be treated with diet and exercise, but medication and insulin may also be needed.²

Type 2 diabetes is caused by a combination of genes, environment and lifestyle factors. One of the main modifiable risk factors for the development of type 2 diabetes is obesity. Public Health England report that:

There is a 7 times greater risk of diabetes in obese people compared to those of a healthy weight, and a threefold increase in risk for overweight people. Severely obese people, with a BMI of 40 or over, are at an even greater risk than obese people with a lower BMI ranging from 30 to 39.9.³

Other risk factors for the development of type 2 diabetes include lower socioeconomic status, family history of type 2 diabetes and certain ethnicities.⁴

1.1 How common is diabetes?

GPs maintain a register of people with diabetes who are aged 17 or above. In England this was **around 3.2 million people** in 2017-18. This data is published by [NHS Digital](#) and includes all types of diabetes, but only counts cases in active contact with GPs – it's estimated that the true figure was [3.8 million](#) in 2015, or around 9% of the adult population. Around 90% of these cases are Type 2 diabetes. Around 1

¹ NHS, [Type 1 Diabetes](#)

² NHS, [Type 2 Diabetes](#)

³ Public Health England, Guidance: [Health matters: preventing Type 2 Diabetes](#), 24 May 2018

⁴ Public Health England, Guidance: [Health matters: preventing Type 2 Diabetes](#), 24 May 2018

in 4 people with diabetes are estimated to be unaware of their condition.

Using the GP data we can estimate relationships between diabetes and other diseases, and other demographic factors e.g. from [the census](#). Diabetes prevalence tends to be higher in areas where more people have been identified by their GP as being obese. In addition, it tends to be higher in areas where fewer people have formal qualifications, as well as areas where more people work in routine & manual occupations. Diabetes is 45% more common in the most income-deprived areas than in the least deprived areas.

Prevalence is also higher in areas where more people report Indian, Pakistani or Bangladeshi ethnicity.

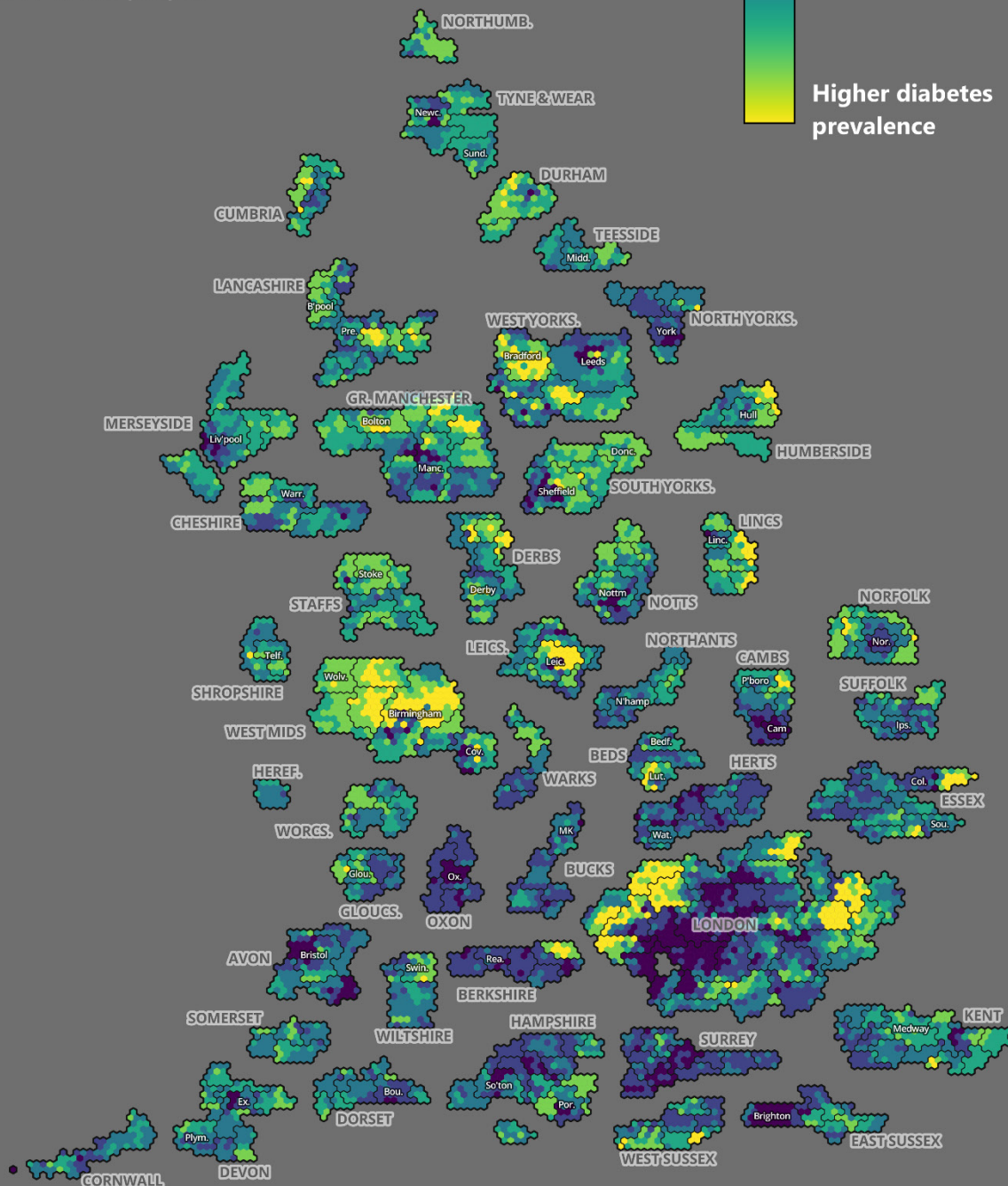
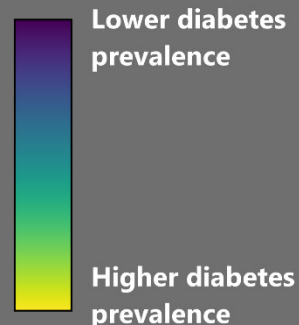
Public Health England [say](#) that diabetes is related to age: 9% of people aged 45 to 54 have diabetes but this rises to 24% among over-75s.

The map on the following page gives an overview of how estimated diabetes prevalence varies in England. Each hexagon represents a population of 7-10,000 people and areas are grouped according to traditional counties. This is based on our analysis of [NHS Digital data](#).

See our [article from 2017](#) for further analysis and maps of how prevalence varies across England.

DIABETES PREVALENCE IN ENGLAND

On this map, areas are scaled to the size of their population and grouped by traditional county areas. The map shows a more detailed picture of how prevalence varies within each local authority. Each small hexagon represents a population of 7,000-10,000 people.



Data: NHS Digital Quality & Outcomes Framework. Analysis & Map: House of Commons Library

1.2 Complications

Individuals with diabetes are at risk of developing a number of complications. These include:

- Heart attacks and stroke;
- Microvascular complications, such as:
 - Diabetic retinopathy (which can lead to sight loss)
 - Kidney disease
 - Nerve damage
 - Diabetic foot disease; and
- Mental health problems

Diabetes UK provide further information on the [complications of diabetes](#).

It is estimated that around 22,000 people with type 2 diabetes die early in England each year, and that this is often due to the complications of the condition, such as heart attacks and strokes.⁵

More general information on diabetes can be found in the following sources:

- NHS, [Type 1 Diabetes](#)
- NHS, [Type 2 Diabetes](#)
- Diabetes UK, [Diabetes: the basics](#)

2. Diabetes prevention, treatment and care

[NHS England](#) has outlined the challenge that diabetes poses to the NHS:

Managing the growing incidences of diabetes in England is set to be one of the major clinical challenges of the 21st century.

Estimates suggest that the number of people with diabetes is expected to rise to 4.2 million people by 2030, affecting almost 9% of the population.

In April 2018, Lord O'Shaughnessy, Parliamentary Under Secretary of State for Health and Social care, set out the national approach to preventing diabetes and improving care for people with diabetes:

The long-term approach to diabetes involves both seeking to reduce the increase in the prevalence of diabetes and, for those with diabetes, seeking to reduce the likelihood of developing complications and improving overall levels of treatment and care.

Work to reduce the increase in future prevalence of type 2 diabetes is being delivered through the NHS Diabetes Prevention Programme. By 2020, the programme will support up to 100,000

⁵ Public Health England, Guidance: [Health matters: preventing Type 2 Diabetes](#), 24 May 2018

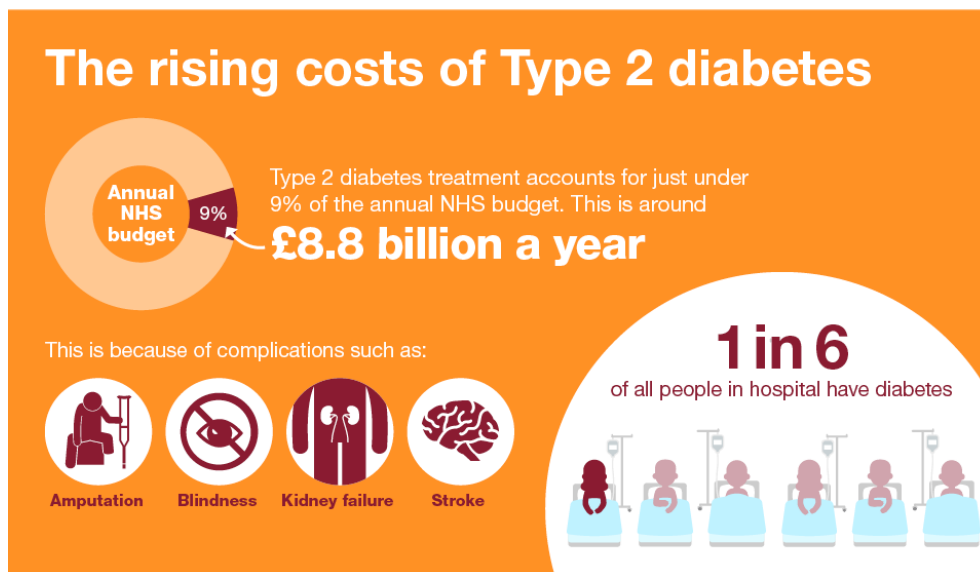
people at high risk of type 2 diabetes each year across England. Those referred will get tailored, personalised support over at least nine months to achieve a healthy weight, improve nutrition and increase levels of physical activity in order to reduce risks of developing type 2 diabetes.

Work on reducing the likelihood of those with diabetes developing complications is through the diabetes treatment and care programme. This focuses on four key interventions:

1. Increasing attendance at structured education by both those newly diagnosed with diabetes and those who have had the condition for a longer period;
2. Increasing achievement of the diabetes treatment targets and reducing variation in achievement of these targets between clinical commissioning groups and between general practitioner practices;
3. Reducing the levels of amputations by increasing the availability of multidisciplinary footcare teams; and
4. Reducing lengths of inpatient stay for people with diabetes by increasing the availability of diabetes inpatient specialist nurses.⁶

Generally, diabetes treatment is commissioned by local clinical commissioning groups (CCGs), although NHS England is responsible for commissioning insulin-resistant diabetes services (adults and children), and specialist diabetes services in children.

Public Health England has reported that treatment of type 2 diabetes (including complications) accounts for 9% of the NHS budget, a total of £8.8 billion. More information is provided in the infographic below:



Public Health England, May 2018

⁶ [Written question - HL6831, Diabetes, 16 April 2018](#)

It also estimated that costs to the wider economy in the UK were around £13 billion in 2010-11.⁷

2.1 The NHS Long Term Plan

The Prime Minister asked the NHS to produce a long-term plan to improve access, care and outcomes for patients, in return for a five-year funding settlement announced in June 2018. Under this settlement, the NHS England budget will grow on average by 3.4% in real terms each year from 2019/20 to 2023/24, increasing by £20.5 billion in total by 2023/24.

The [NHS Long Term Plan](#), which had been due to be published at the end of 2018, was launched on 7 January 2019 by the Prime Minister and the Chief Executive of NHS England at Alder Hey Children's Hospital in Liverpool.

The Long Term Plan set out a range of actions the NHS will be taking to prevent type 2 diabetes and reduce the variation in the quality of diabetes care:

2.15. The NHS Diabetes Prevention Programme supports those at high risk of type 2 diabetes to reduce their risk. A joint commitment by NHS England, Public Health England (PHE) and Diabetes UK, the programme is 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. **We are now committing to fund a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option** to widen patient choice and target inequality.

2.16. The risk of developing type 2 diabetes is up to six times higher in certain Black, Asian and Minority Ethnic (BAME) groups. Expanding the Diabetes Prevention Programme is a key vehicle for tackling health inequalities, with a significantly higher take up from BAME groups than the general population. We will also continue to support local health systems to address inequality of access to multidisciplinary foot care teams and specialist nursing support for people who have diabetes.

2.17. Medical research has shown that some people with type 2 diabetes can achieve remission through adoption of a very low calorie diet. This allowed nearly half of patients to stop taking anti-diabetic drugs and still achieve non-diabetic range glucose levels [37]. **We will therefore test an NHS programme supporting very low calorie diets for obese people with type 2 diabetes.**⁸

For those people living with a diagnosis of type 1 or type 2 diabetes, the Plan provides some further information on how the NHS will enhance its support for people to manage their own health by further expanding provision of structured education and digital self-management:

⁷ Public Health England, Guidance: [Health matters: preventing Type 2 Diabetes](#), 24 May 2018

⁸ [NHS Long Term Plan \(Chapter 2\)](#), 7 January 2018

[...] For those people living with a diagnosis of type 1 or type 2 diabetes the NHS will enhance its support offer. We will support people who are newly diagnosed to manage their own health by further expanding provision of structured education and digital self-management support tools, including expanding access to HeLP Diabetes an online self-management tool for those with type 2 diabetes.

3.80. The NHS will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019, ending the variation patients in some parts of the country are facing. In addition, by 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.

3.81. Through continuing investment in supporting delivery across primary care we will enable more people to achieve the recommended diabetes treatment targets and drive down variation between CCGs and practices to minimise their risk of future complications. Further, for those who periodically need secondary care support we will ensure that all hospitals in future provide access to multidisciplinary footcare teams and diabetes inpatient specialist nursing teams to improve recovery and to reduce lengths of stay and future readmission rates.⁹

2.2 NHS England diabetes management and care programme

Answering this [Parliamentary Question](#) in June 2018 the Parliamentary Under Secretary of State for Public Health and Primary Care, Steve Brine, provided more detail in relation to the treatment and management of diabetes in England:

Building on the National Health Service Diabetes Prevention Programme [see below], NHS England is developing a diabetes management and care programme aimed at reducing variation and improving outcomes for people with diabetes. NHS England is making an additional £44 million available from 2017/18 to support delivery of the programme in four key evidence-based interventions.

NHS England has developed a diabetes dashboard which measures progress in reducing variation and improving outcomes for people with diabetes across a range of key metrics for each of the following priorities:

1. Treatment targets (HbA1c, blood glucose and cholesterol levels);
2. Diabetes structured education;
3. Multidisciplinary footcare teams; and
4. Diabetes Inpatient Specialist Nurses.

The dashboard enables National Health Service organisations to view progress at clinical commissioning group, sustainability and transformation partnership, NHS England region and national levels.

⁹ [NHS Long Term Plan \(Chapter 3\), 7 January 2018](#)

The key component of the management and care programme is adherence to the [NHS Right Care pathway](#) for diabetes which outlines the processes for achieving the four objectives outlined above. For example, it describes how multi-disciplinary teams can be structured, make use of specialist nurses and improve diabetes education.

The pathway outlines the major challenges in relation to diabetes that NHS England is seeking to address. These include:

1. 5 million with non-diabetic hyperglycaemia. Most receive no intervention
2. 940,000 people with undiagnosed Type 2 diabetes
3. >50% of diagnosed patients receive no structured education within 12 months of diagnosis
4. 60% of Type 1 and 40% of Type 2 patients are not completing care processes
5. Few areas have high quality Type 1 services embedded
6. 30% of hospitals don't have multidisciplinary foot teams
7. National variation in spend and safety issues on non-elective admissions¹⁰

The development of the programme is a response to the central problem of variation in the standards of treatment for diabetes in England. In November 2016 the All Party Parliamentary Group on diabetes, chaired by Keith Vaz MP, published a report [Levelling Up: Tackling Variation in Diabetes Care](#). The report found that there was variation across the country in accessing insulin pump therapy, and local funding issues, inadequate staff training and a lack of patient education all contributed to inadequate care. Examining the availability of insulin pumps¹¹ the APPG reported:

At evidence sessions the APPG found that sometimes pump uptake depended on whether the technology was funded by local NHS services. At other times, healthcare professionals may not have the training to support people to use the technology effectively and therefore fail to prescribe it for their patients. A further issue is that for patients to use pumps effectively they need to have been on an education course that meets NICE standards. These courses are not available in all areas meaning people are effectively barred from pump use.¹²

The [National Diabetes Audit](#) has reported on the extent of variation within diabetes care in England. It found significant local variation across a range of different aspects of patient care for both Type 1 and Type 2 diabetes. They found that variation could not be explained by demographics and in some cases younger people were achieving treatment targets much less often.

¹⁰ [NHS RightCare Pathway: Diabetes, July 2018](#)

¹¹ An alternative to regular insulin injections

¹² APPG on Diabetes, [Levelling Up: Tackling Variation in Diabetes Care](#), 2016

2.3 The Diabetes prevention programme (DPP)

The DPP is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes.

The programme is open to individuals over 18 years of age with non-diabetic hyperglycaemia.

The DPP was first announced in NHS England's 2014 [Five Year Forward View](#) publication:

We also need to make different investment decisions - for example, it makes little sense that the NHS is now spending more on bariatric surgery for obesity than on a national roll-out of intensive lifestyle intervention programmes that were first shown to cut obesity and prevent diabetes over a decade ago. Our ambition is to change this over the next five years so that we become the first country to implement at scale a national evidence-based diabetes prevention programme modelled on proven UK and international models, and linked where appropriate to the new Health Check. NHS England and Public Health England will establish a preventative services programme that will then expand evidence-based action to other conditions.¹³

Seven demonstrator sites¹⁴ were selected in March 2015 to pilot and develop the programme, before the first wave of the programme was launched in 27 areas in May 2016, under the name *Healthier You*. 13 additional areas went live as part of the second wave in June 2017.

The [DPP overview document](#) sets out the interventions an individual should receive:

The NHS DPP behavioural intervention is underpinned by three core goals:

1. achieving a healthy weight
2. achievement of dietary recommendations
3. achievement of CMO physical activity recommendations

Whilst models between providers vary slightly, the programme must be made up of at least 13 sessions, with at least 16 hours face to face contact time, spread across a minimum of 9 months, with each session lasting between 1 and 2 hours. People will be supported to set and achieve goals and make positive changes to their lifestyle in order to reduce their risk of developing Type 2 diabetes. Sessions will be delivered predominantly in face to face groups.

NHS England has commissioned four providers (Pulse Healthcare, Ingeus UK, Living Well Taking Control and Reed Momenta) to deliver the

¹³ NHS England, [Five Year Forward View](#), October 2014

¹⁴ These sites were: Birmingham South and Central CCG, Bradford City CCG, Durham County Council, Herefordshire CCG and local authority, Medway CCG and local authority, Salford CCG and local authority, Southwark council and CCG – [PO 828, 10 June 2015](#)

programme, and local areas select the most appropriate provider to meet their area's needs.

As well as the face-to-face stream, the DPP also has a digital stream, providing the following interventions:

1. wearable technologies that monitor levels of exercise
2. apps which allow users to access health coaches
3. online peer support groups
4. the ability to set and monitor goals electronically.¹⁵

Five providers have been commissioned to offer the digital stream across eight pilot areas.

At the launch of the DPP, it was estimated that when the programme was fully rolled-out across the country, there would be approximately 100,000 referrals per year by 2020.

NHS England has provided the following figures for coverage in the first waves:

The programme, which is run collaboratively by NHS England, Public Health England and Diabetes UK, was officially launched last year with 27 areas covering 26 million people – almost half of the country. The latest figures reveal the programme is making good progress, with just under 50,000 people referred in Wave 1 and more than 18,000 on the programme at the end of April. This exceeds the original target set in the NHS Mandate of 10,000 referrals during 2017/18.

Wave 2 areas will cover another 25% of the population, with an estimated 130,000 referrals and up to 50,000 additional places made available thanks to the expansion. Funding has also been agreed for another 12 months in the 27 sites currently up and running.

The ambition is for the programme to eventually cover the whole of the country and these figures could rise to as many as 200,000 referrals and more than 80,000 people on programmes by 2018/19.¹⁶

NHS England commissions the DPP directly, and according to a March 2017 PQ, the cost of implementing the programme across wave one areas was £12 million.¹⁷ It has also provided implementation funding to local health authorities of £1.47 million in 2016/17.¹⁸

For areas that joined the programme in 2017/18, NHS England provided implementation funding of between £30,000 and £60,000.

The [Government's mandate to NHS England for 2018/19](#) set a target of at least 60,000 people referred to the DPP, with 100,000 supported

¹⁵ NHS England, [NHS Diabetes Prevention Programme – digital stream](#)

¹⁶ NHS England, [New parts of the country set to benefit from expansion of diabetes prevention programme](#), 16 June 2017

¹⁷ [PO 65591, 7 March 2017](#)

¹⁸ [PO 60779, 27 January 2017](#)

through the DPP by 2020 (this is the same target as in the 2017/18 mandate).

In its 2016 report into [Management of adult diabetes services in the NHS](#), the Public Accounts Committee raised concerns about whether this 100,000 target was sufficiently ambitious:

We welcome the introduction of the new NHS Diabetes Prevention Programme but, by itself, this will not be enough to stem the rising number of people with diabetes. An estimated 200,000 people are newly diagnosed with diabetes every year. In March 2015, NHS England, Public Health England and diabetes UK launched the NHS Diabetes Prevention Programme, which targets people at high risk of developing type 2 diabetes. In 2015–16 the programme aims to support up to 10,000 people, through local initiatives on weight loss, physical activity and cooking and nutrition. NHS England told us that the programme will eventually help 100,000 people a year. The Department, NHS England, and Public Health England will need to move at pace and at scale to stem the rising number of people with diabetes.

Recommendation: NHS England and Public Health England should, by April 2016, set out a timetable to ramp up participation in the national diabetes prevention programme to 100,000 people a year, set out what it will cost, and how the programme will target those areas with the highest prevalence of diabetes. Public Health England should also set out how its other public health activities, such as marketing campaigns, will contribute to preventing diabetes.¹⁹

In September 2017, National Institute for Health Research-funded researchers [launched a four year study](#) to evaluate the rollout of the DPP.

In answer to this [PQ](#) in May 2018, Steve Brine said that there is evidence to show that the DPP had been successful in targeting patients in the most deprived communities:

Analysis of the first year of the programme showed significantly higher attendance rates in the most deprived quintile compared to the least deprived quintile, 72 per 100,000 population versus 60 per 100,000 population. This suggests that the programme is reaching those who are most at risk of developing type 2 diabetes.

2.4 Diabetes Transformation Fund

Funding for the Diabetes Transformation Fund (DTF) was first set out in the September 2016 publication, [NHS Operational Planning and Contracting Guidance 2017-19](#):

We intend to launch a wider programme of investment in supporting the treatment and care of people who already have diabetes, for which CCGs will have the opportunity to bid for additional national funding of approximately £40m per year to promote access to evidence based interventions - improving uptake of structured education; improving access to specialist

¹⁹ Committee of Public Accounts, [Management of adult diabetes services in the NHS: progress review](#), HC 563 2015-16, 22 January 2016

inpatient support and to a multi-disciplinary foot team for people with diabetic foot disease; and improving the achievement of the NICE recommended treatment targets whilst driving down variation between CCGs.²⁰

The NICE treatment targets, related to HbA1c for adults and children, and blood pressure and cholesterol for adults, are set out in the following documents:

- [NICE guideline NG28, Type 2 diabetes in adults: management](#)
- [NICE guideline NG17, Type 1 diabetes in adults: diagnosis and management](#)
- [NICE guideline NG18, Diabetes \(Type 1 and Type 2\) in children and young people: diagnosis and management](#)

According to an October 2017 PQ response, NHS England is developing a diabetes transformation dashboard to monitor the outcomes of DTF spending:

NHS England is developing a diabetes transformation dashboard which will be used to monitor outcomes of the allocations made through the transformation funding. The diabetes transformation dashboard will pull together data from a number of sources to enable short-term indicators of effectiveness, as well as long-term outcomes to be monitored.

NHS England developed a Best Possible Value framework to inform the allocation of funding to clinical commissioning groups and Sustainability and Transformation Partnerships. This approach aimed to place consideration of value to populations, to patients and to taxpayers at the heart of decision-making. It aimed to identify where the potential for improvement was greatest. The approach to allocation of funding also included consideration of existing inequalities in service provision.²¹

As set out above, the DTF was intended to provide around £40 million per year for 2017/18 and 2018/19.

Diabetes UK provided further information on the allocations by STP area in a [June 2017 press release](#). This totals around £35.4 million. It is unclear where the remainder of the £44 million that [NHS England claims](#) has been spent on the DTF has gone.

The Government has estimated that the following numbers of patients will be benefitted by the DTF:

Structured education - The number of places offered will increase from 54,000 to 148,000 places across 137 CCGs; and

- Treatment targets – There will be an estimated 864,000 interventions with individual patients to support improvements against the treatment targets in 112 CCGs.

²⁰ NHS England & NHS Improvement, [NHS Operational Planning and Contracting Guidance 2017-19](#), September 2016, p22

²¹ [PO 107307, 16 October 2017](#)

For Multi-Disciplinary Footcare Teams (MDFTs) and Diabetes Inpatient Specialist Nurses (DISNs) the estimated figures are in terms of the number of additional staff supporting patients:

- MDFTs – Approximately 185 whole time equivalent (WTE) additional staff in new/expanded MDFTs will be funded in approximately 80 hospital sites or community teams from 67 providers; and

- DISNs – Approximately 96 WTE additional DISN and related staff will be funded in approximately 70 hospital sites from 46 providers.²²

As for the future of the DTF beyond 2017-19, an October 2017 PQ response stated that:

The Spending Review has made provision for significant transformation funding through to 2020/21. We expect this to be spent in line with priorities set out in NHS England's Mandate, including for diabetes.²³

²² [PO 128008, 27 February 2018](#)

²³ [PO 107200, 16 October 2017](#)

3. News items

Guardian

Record 169 UK patients a week get diabetes-related amputations

17 December 2018

<https://www.theguardian.com/society/2018/dec/17/record-169-uk-patients-a-week-get-diabetes-related-amputations>

Independent

NHS GPs to prescribe 800 calorie 'liquid diet' of soups and shakes to tackle type 2 diabetes

29 November 2018

<https://www.independent.co.uk/news/health/diabetes-liquid-diet-calories-weight-loss-remission-nhs-gp-prescription-a8660051.html>

BBC News Online

Diabetes glucose monitors 'available to thousands more'

14 November 2018

<https://www.bbc.co.uk/news/health-46198366>

BBC News Online

Diabetes prescriptions now cost NHS £1bn, figures show

8 November 2018

<https://www.bbc.co.uk/news/health-46139595>

Guardian

'Spectacular' diabetes treatment could end daily insulin injections

24 October 2018

<https://www.theguardian.com/society/2018/oct/24/spectacular-diabetes-treatment-could-end-daily-insulin-injections>

Independent

'Holy grail' of insulin pill could end need for diabetics' daily injections

25 June 2018

<https://www.independent.co.uk/news/health/insulin-pill-diabetes-type-1-daily-injections-pump-pen-a8416056.html>

4. Press releases

Diabetes UK

£1000: the cost of delivering a Type 2 diabetes remission programme in the NHS

20 December 2018

An economic study has calculated the costs and savings involved in delivering the ground-breaking [DiRECT programme](#) through the NHS.

The findings of the study suggest that remission could save the health service money if remission programmes were to become available.

Researchers found that the remission plan would cost the NHS around £1,067 per patient in its first year – or £2,564 for each person who successfully goes into remission.

The team compared the treatment costs of the two groups in DiRECT, split by those on the weight loss programme, and those who get the NHS care that is currently available.

Considering factors, like the cost of healthcare professional training and providing the low-calorie formula diet, they found that the 12-month programme would cost £1,067 for each patient.

By the end of the first 12 months of the DiRECT study, 46% of those taking part were in remission. Using this figure, the team estimated that each case of successful remission would cost the NHS £2,564.

At the moment, the cost of treating someone with [Type 2 diabetes](#) is estimated to be £2,801. But this figure includes the treatment of [complications](#) whereas the new analysis doesn't.

Professor Andrew Briggs, Health Economist at the University of Glasgow, explains:

This intervention is relatively inexpensive when compared to managing Type 2 diabetes, and we anticipate that there will be cost-savings further down the line. If people can stay in remission, and therefore reduce their chances of developing diabetes complications, the cost savings to the NHS could be substantial.

We can't know this for certain yet. Which is why the long-term follow-up of the participants – alongside those accessing any NHS remission pilots in the near future – is very important. However, these findings are encouraging, and – in our view – begin to make the case for shifting resources to offer remission-based models of care for people with Type 2 diabetes in the future.

Given the huge international interest in the [first-year results](#) of DiRECT, our team wanted to understand the cost impact of a remission programme to the NHS if they were to make it part of their standard care.

Remission pilots for the NHS

The Scottish government's [A Healthier Future](#) plan has promised £42 million to the prevention, early detection and early intervention of Type 2 diabetes. NHS Boards around Scotland will be able use this funding to deliver programmes to prevent Type 2 diabetes and to put it into remission.

NHS England also recently committed to [piloting a remission programme](#) for 5,000 people with Type 2 diabetes in 2019, which we welcomed.

To date, we have [committed £2.8 million](#) to DiRECT.

Dr Elizabeth Robertson is Director of Research at Diabetes UK. She said:

If people can remain in remission, and therefore reduce their risk of developing serious diabetes-related complications in the future, the cost savings to the NHS could be significant.

Costs aside, remission from Type 2 – and the possibility of living free of the condition – has to be the preferred option for people and clinicians alike.

NHS England

Very low calorie diets part of NHS action to tackle growing obesity and Type 2 diabetes epidemic

30 November 2018

Hundreds of thousands of people will receive NHS help to battle obesity and Type 2 diabetes under radical action set out by Simon Stevens, Chief Executive of NHS England, today.

Very low calorie diets that have been shown to put Type 2 Diabetes in remission in those recently diagnosed with the condition will be trialled as part of the NHS long term plan, which will increase the focus on prevention as well as treatment.

The moves will not just improve the health of patients but also save the NHS money that can be reinvested in frontline care. Currently, the health service in England spends around 10% of its budget on treating diabetes.

The scaling up of the NHS DPP scheme, the first in the world to become available country-wide, comes after it proved even more successful than planned with patients losing on average a kilogram more than expected.

The nine month programme helps people to:

- achieve a healthy weight
- improve overall nutrition
- increase levels of physical activity

Online versions of the DPP, which involve wearable technologies and apps to help those at risk of Type 2 Diabetes, will also be provided for

patients who find it difficult to attend sessions because of work or family commitments.

Simon Stevens also announced that very low calorie diets will be piloted at scale by the NHS for the first time, from next year.

Patients who will be prescribed a liquid diet of just over 800 calories a day for three months and then a period of follow up support to help achieve remission of their Type 2 diabetes.

This approach will initially be piloted in up to 5,000 people following the Diabetes UK funded DiRECT trial, where almost half of those who went on a very low calorie diet achieved remission of their Type 2 diabetes after one year. A quarter of participants achieved a staggering 15 kg or more weight loss, and of these, 86% put their type 2 diabetes into remission.

A more recent trial of very low calorie diets, DROPLET, has demonstrated similar weight loss in obese individuals.

Simon Stevens said:

The NHS is now going to be ramping up practical action to support hundreds of thousands people avoid obesity-induced heart attacks, strokes, cancers and Type 2 diabetes. The NHS Long Term Plan is going to give people the power and the support to take control of their own lifestyles – so that they can help themselves while also helping the NHS.

Because what's good for our waistlines is also good for our wallets, given the huge costs to all of us as taxpayers from these largely preventable illnesses. However this isn't a battle that the NHS can win on its own. The NHS pound will go further if the food industry also takes action to cut junk calories and added sugar and salt from processed food, TV suppers and fast food takeaways.

Around nine out of 10 people with diabetes have Type 2, which is closely linked to obesity and obesity can lead to a string of serious illnesses, including 13 types of cancer.

Recent projections also show that the growing number of people with diabetes could result in nearly 39,000 people living with diabetes suffering a heart attack in 2035 and over 50,000 people suffering a stroke.

Professor Jonathan Valabhji, National Clinical Director of Diabetes and Obesity for the NHS in England said:

Around two thirds of adults and one third of children are now overweight or obese, driving higher and higher rates of Type 2 diabetes that we are now focusing huge efforts to address.

Our work so far in this area has been producing really positive results and today's announcement will allow us to go even further – it will help patients who have Type 2 diabetes to achieve remission and importantly, help more of those who are at risk to not get it in the first place.

Chris Askew is Chief Executive of Diabetes UK. He said:

The first year results of Diabetes UK DiRECT study showed that – for some people with Type 2 diabetes – an intensive, low-calorie weight loss programme delivered with ongoing support through primary care could put their condition into remission. While this ground-breaking study continues to explore how long-lasting these benefits are, we are delighted that NHS England have been inspired by this work to pilot a Type 2 remission programme through the NHS.

Plans to double the size of the NHS Diabetes Prevention Programme are excellent news. The programme is already the largest of its kind globally, and shows England to be a world leader in this area. The ambition being shown by the NHS needs to be matched across all government policy – we need stronger action on marketing to children, and clearer nutritional labelling to support people to make healthy choices.

We look forward to working alongside NHS England to shape how both these bold initiatives will work in practice, and seeing the positive impact these decisions will have on the health of those at risk of – or living with – Type 2 diabetes.

Professor Roy Taylor, co-chief investigator of the DiRECT study, said:

This is a hugely important step forward for the NHS, allowing people with type 2 diabetes to return to full health. This approach has gradually been taken up by doctors, nurses and dieticians, but now practical support will be provided.

Tam Fry, Chair of the National Obesity Forum said:

This upgrade to the Diabetes Prevention Programme can only be good news. There is good science behind it and the need to act decisively to prevent obesity and the diseases it triggers is unquestionable. Would that successful action to get the food industry to reformulate could be achieved next year!

Diabetes UK

NHS England announce Type 2 remission pilot, and plans to double the size of the NHS England Diabetes Prevention Programme

30 November 2018

NHS England has announced today that it will be doubling the size of its Diabetes Prevention Programme, and rolling out a pilot Type 2 diabetes remission programme, inspired by the DiRECT study we funded.

This is really exciting news, and the culmination of many years of hard work by our researchers, fundraisers and supporters of our work from across the UK.

The [DiRECT study](#), led by Professors Mike Lean and Roy Taylor, is being supported by our largest ever research grant.

Chris Askew, our Chief Executive, said:

The first year results of Diabetes UK DiRECT study showed that – for some people with Type 2 diabetes – an intensive, low-calorie

weight loss programme delivered with ongoing support through primary care could put their condition into remission.

While this ground-breaking study continues to explore how long-lasting these benefits are, we are delighted that NHS England have been inspired by this work to pilot a Type 2 remission programme through the NHS.

The NHS England pilot, which begins in 2019, will test a Type 2 remission programme for around 5000 people, involving low-calorie diets. While we don't yet have full details on what exactly this programme will entail, this is an exciting step forward.

We are also delighted to see that the NHS plans to double the size of its [Diabetes Prevention Programme](#), aiming to treat 200,000 people each year moving forward.

Chris Askew also said:

Plans to double the size of the NHS Diabetes Prevention Programme are excellent news. The programme is already the largest of its kind globally, and shows England to be a world leader in this area. The ambition being shown by the NHS needs to be matched across all government policy – we need stronger action on marketing to children, and clearer nutritional labelling to support people to make healthy choices.

We look forward to working alongside NHS England to shape how both these bold initiatives will work in practice, and seeing the positive impact these decisions will have on the health of those at risk of – or living with – Type 2 diabetes.

Research we are funding is about to change people's lives. The hard work of so many people has come to fruition and will tangibly improve the lives of so many people living with, or at risk of, Type 2 diabetes. Get the full story on [DiRECT](#).

NHS England

NHS to provide life changing glucose monitors for Type 1 diabetes patients

14 November 2018

Tens of thousands of people with Type 1 diabetes across the country will benefit from life changing glucose monitors on the NHS.

To coincide with [World Diabetes Day](#), Simon Stevens, Chief Executive of NHS England, is announcing action to end the current variation patients in some parts of the country are facing to access Freestyle Libre.

The wearable sensor does away with the need for inconvenient and sometimes painful finger prick blood tests by relaying glucose levels to a smart phone or e-reader.

NHS England will ensure the device, which is the size of a £2 coin and sits on the arm, is available on prescription for all patients who qualify for it in line with NHS clinical guidelines.

From April 2019, these patients will be able to receive it on prescription from their local GP or diabetes team helping them to better manage their blood sugar levels.

It comes as the NHS seeks to harness the power of digital technology to improve treatment and care in the long term plan, handing patients with conditions such as Type 1 diabetes the knowledge and tools to manage it themselves.

Simon Stevens said:

Increasingly the NHS is going to be offering patients this sort of technology to help them more easily manage their own long term health problem. In the NHS of the future, for many conditions you're going to get NHS support direct from your smartphone or wearable device rather than having to trek to regular hospital outpatient appointments. Supporting people with modern tools to manage conditions such as Type 1 diabetes is about to become much more widespread. Innovations such as these also free up time and resources for the NHS as a whole.

The pioneering technology should ultimately help people with Type 1 diabetes achieve better health outcomes and benefits for patients include:

- Easily noticing when sugar levels are starting to rise or drop, so action can be taken earlier
- Giving patients more confidence in managing their own condition
- Not having to do as many finger-prick checks

Dr Partha Kar, Associate National Clinical Director for Diabetes at NHS England said:

This is an exciting and welcome step forward as the aim is to have uniform prescribing policy across the NHS, irrespective of where someone with Type 1 diabetes lives. This will be based on previous national guidance issued- with the provision of updating it as further evidence accrues.

The device will be funded for people with Type 1 diabetes from 1 April 2019, from next year's funding growth for local health groups which will allow access to flash monitoring throughout the country.

It is estimated that around 3-5% of patients with Type 1 diabetes in England have access to Freestyle Libre but if clinical commissioning groups (CCGs) were following the guidance correctly, this figure could eventually rise to at least 20-25%. Currently, 144 of 195 clinical commissioning groups have signed up, and today's announcement mean thousands of patients still missing out will now get access.

Simon Stevens added:

As the NHS prepares to put digital health and technology at the heart of our long term plan for the future, NHS England is taking important action so that regardless of where you live, if you're a patient with Type 1 diabetes you can reap the benefits of this life improving technology.

Chris Askew, Chief Executive of Diabetes UK said:

Today's announcement is a huge step forward, and will be welcome news to the many thousands of people with Type 1 diabetes whose lives will now be changed for the better by access to Flash Glucose Monitoring. Once in place, these measures should mean an end to the variation in availability and the postcode lottery that have dogged access to this life-changing technology.

This decision demonstrates that the NHS is seizing the opportunities presented by new technology, but also that it has listened to the voices of many thousands of people living with and affected by diabetes across the UK. Everyone who has called for fair and equitable access to this technology – through both funding and eligibility criteria – should feel rightly proud that they been heard today.

The diabetes crisis is a fight that must be fought on many fronts, and Diabetes UK will continue to champion access to new and established technology – and gold standard care – wherever variation and inaccessibility exist.

There are now over three million people in England with a diagnosis of diabetes and a further 940,000 living with diabetes that are yet to be diagnosed. Of those with a diagnosis of diabetes, it is estimated that 300,000 have Type 1 diabetes.

Diabetes UK

Number of people living with diabetes doubles in twenty years

27 February 2018



The number of people diagnosed with diabetes in the UK has more than doubled in the last twenty years, according to new analysis released today by Diabetes UK.

The new figures show that there are now almost 3.7 million people living with a diagnosis of the condition in the UK, an increase of 1.9 million since 1998.

[The data](#) also shows that the number of people diagnosed with [Type 1](#) or [Type 2](#) diabetes has increased by almost 100,000 since last year – from 3,590,501 to 3,689,509.

The West Yorkshire city of Bradford has the UK's highest prevalence of diabetes, with more than one in ten people (10.4 per cent) living with a diagnosis. Conversely, Richmond in London has the lowest incidence, with 3.6 per cent of the population affected. The national average is currently 6.6 per cent.



Almost 3.7 million
people have been diagnosed
with diabetes in the UK



12.3 million
people are at **increased risk**
of Type 2 diabetes



4.6 million
people are living with
diabetes in the UK

Total number of people with diabetes reaches 4.6 million

Almost nine in ten people diagnosed with diabetes have Type 2, and it is estimated that there are nearly 1 million people currently living with the condition who don't know they have it because they haven't been diagnosed. Counting this undiagnosed population, the total number of people living with diabetes reaches 4.6 million.

While Type 1 diabetes isn't currently preventable, three in five cases of Type 2 diabetes can be prevented or delayed by making healthier choices, by helping people understand their own risk of developing the condition – and how to reduce it – and by securing early diagnosis for those known to be at high risk.

There are an estimated 12.3 million people at increased risk of Type 2 diabetes in the UK, and obesity is the leading cause in the majority of preventable cases.

Three in five women (59 per cent) and two in three men (68 per cent) are overweight or obese. More than one in five children (22 per cent)

are overweight or obese in their first year of primary school in England. This increases to more than one in three (34 per cent) by the time they leave primary school.

Diabetes UK calling for further action

With so many at risk of developing Type 2 diabetes – including growing numbers of children – Diabetes UK is calling on the Government to take further action to tackle childhood obesity, by introducing stricter restrictions both on junk food advertising to children, and supermarket price promotions for unhealthy foods.

To support this work, Diabetes UK is also a partner in the NHS Diabetes Prevention Programme in England. This programme supports adults who are at high risk of Type 2 diabetes to make lifestyle changes that could reduce their risk, and demonstrates the urgent need for similar developments in the other three nations of the UK.

Chris Askew, Chief Executive of Diabetes UK, said:

Diabetes is the fastest growing health crisis of our time; and the fact that diagnoses have doubled in just twenty years should give all of us serious pause for thought.

Both Type 1 and Type 2 diabetes are serious conditions that can lead to devastating complications such as amputation, blindness, kidney disease, stroke and heart disease if people don't receive a timely diagnosis and begin receiving the right care.

With more than 12 million people across the UK at risk of developing Type 2 diabetes, and prevalence of both Type 1 and Type 2 diabetes still on the rise, it's clear there's a huge amount of work to be done.

We want the Government to recognise the seriousness of the growing diabetes crisis, take action to help those at increased risk, and help us turn the tables on this devastating condition.

Find out about [diabetes - the facts and figures](#).

Our analysis is based on latest data from NHS Digital. Unfortunately this data doesn't break down Type 1 and Type 2 prevalence, so we can't do so either. But other research has shown that cases of Type 1 diabetes are rising across the world. We don't yet know why this is the case, and that's partly because we don't know what causes Type 1 diabetes. Research to help us find the causes of Type 1 diabetes will help us answer this question.

5. Parliamentary material

Debates

Commons adjournment debate - Diabetes: Artificial Pancreas

HC Deb 12 December 2018 | Volume 651 c348-

<https://hansard.parliament.uk/Commons/2018-12-12/debates/C0157431-3845-482B-BE04-5EEC0E48DE3A/DiabetesArtificialPancreas>

Lords question for short debate - Health: Diabetes

on what assessment they have made of the provision of new technologies such as flash glucose monitoring systems, for type 1 diabetes patients throughout England and Wales.

HL Deb 31 October 2018 | Vol 793 cc1412-1421

<https://hansard.parliament.uk/Lords/2018-10-31/debates/C8673CA5-8F41-48AC-B3F3-3FFA86DCAF6D/HealthDiabetes#contribution-83B68D6C-FEE4-46CF-B8FE-EBA851D360C7>

Lords exchange of questions NHS: Diabetes

HL Deb 09 October 2018 | Vol 793 c10-

<https://hansard.parliament.uk/Lords/2018-10-09/debates/145FCA90-EC9B-4477-849A-298E2DC65A98/NHSDiabetes>

PQs

[*Diabetes: Children*](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure that the symptoms of diabetes in children are identified at the earliest opportunity.

Answering member: Steve Brine | Department: Department of Health and Social Care

General practitioners and other healthcare professionals are trained in identifying the relevant symptoms of diabetes in children.

Information regarding symptoms and getting diagnosed with type 1 diabetes is available on the National Health Service website which can be accessed via the following link:

<https://www.nhs.uk/conditions/type-1-diabetes/symptoms-and-getting-diagnosed/>

Similar information regarding the symptoms and diagnosis of type 2 diabetes is also available on the NHS website at the following link:

<https://www.nhs.uk/conditions/type-2-diabetes/>

NHS England is partnered with Diabetes UK who have been running their 4 T's campaign to raise awareness of the four most common symptoms of type 1 diabetes (Toilet/Thirsty/Tired/Thinner). Further information is available at the following link:

https://www.diabetes.org.uk/get_involved/campaigning/4-ts-campaign

HC Deb 19 December 2018 | PQ 201655

Driving: Diabetes

Asked by: McCabe, Steve

To ask the Secretary of State for Transport, whether his Department plans to publish updated guidance for the DVLA on the use of continuous or flash glucose monitoring devices for drivers with diabetes.

Answering member: Jesse Norman | Department: Department for Transport

The Secretary of State for Transport's Honorary Medical Advisory Panel on driving and diabetes mellitus has recommended that continuous or flash glucose monitoring systems may be used to monitor glucose for the purpose of driving. This is subject to appropriate guidance being in place to maintain road safety standards. The DVLA is currently in the process of drafting new guidance with the aim of publishing this in the New Year.

HC Deb 13 December 2018 | PQ 199278

Asked by: McKinnell, Catherine |

To ask the Secretary of State for Health and Social Care, whether there are plans to enable clinical commissioning groups to limit the number of people with diabetes whom they prescribe to.

Answering member: Steve Brine | Department: Department of Health and Social Care

Clinical commissioning groups (CCGs) have a statutory responsibility to provide services that meet the needs of local populations. If there is evidence of CCGs limiting prescriptions, and therefore rationing care, the Department expects NHS England to ensure the CCG is not breaching this statutory duty.

Treatment and prescribing decisions should always be made by clinicians based on patients' clinical needs. It is a matter for NHS England, working in partnership with NHS Clinical Commissioners, to support CCGs to use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses.

HC Deb 10 December 2018 | PQ 198934

[Diabetes](#)

Asked by: Fallon, Sir Michael

To ask the Secretary of State for Health and Social Care, what plans he has to classify diabetes as a clinical priority.

Answering member: Steve Brine | Department: Department of Health and Social Care

Preventing diabetes and promoting the best possible care for people with diabetes is a key priority for this Government.

The Government's mandate to NHS England for 2018/19 includes an objective for NHS England "to lead a step change in the National Health Service in preventing ill health and supporting people to live healthier lives". This includes people with diabetes.

The NHS has been asked to set out a long term plan for the future of the NHS, setting out ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement. Further investment in diabetes prevention and treatment will be determined in the context of the long term plan, which is due to be published later this year.

HC Deb 07 December 2018 | PQ 196653

[Diabetes](#)

Asked by: Jarvis, Dan

To ask the Secretary of State for Health and Social Care, whether his Department has plans for blood glucose testing strips and needles to remain available by prescription.

Answering member: Steve Brine | Department: Department of Health and Social Care

This is a matter for NHS England, working in partnership with NHS Clinical Commissioners to support clinical commissioning groups to use their prescribing resources effectively in the interests of their local population.

NHS England has launched a public consultation on proposals to update and review commissioning guidance on eight products, which includes blood glucose testing strips for type 2 diabetes and needles for pre-filled and re-useable insulin pens. The consultation runs from 28 November 2018 until 28 February 2019. Details of how to respond and attend the public consultation events can be found at the following link:

<https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed-update/>

HC Deb 05 December 2018 | PQ 197624

[Diabetes: Young People](#)

Asked by: Simpson, David

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help prevent young people from developing type 2 diabetes as a result of a bad diet.

Answering member: Steve Brine | Department: Department of Health and Social Care

We published the second chapter of our world-leading childhood obesity plan in June. This builds on the real progress we have made since the publication of chapter one in 2016, particularly in reformulation of the products our children eat and drink most. Key measures in this next chapter include consulting on restricting promotions of fatty and sugary products by location and by price, further advertising restrictions and mandating calorie labelling in restaurants.

HC Deb 05 December 2018 | PQ 196164

[Diabetes: Medical Equipment](#)

Asked by: Morris, Anne Marie

To ask the Secretary of State for Health and Social Care, which blood glucose monitoring systems the NHS makes available; and how many people are using each such system (a) nationally and (b) in each clinical commissioning group area.

To ask the Secretary of State for Health and Social Care, with reference to NHS England's News story of 14 November 2018, NHS to provide life changing glucose monitors for Type 1 diabetes patients, what plans NHS England has to make available nationally (a) AccuChek Expert, (b) Dexcom G6 and (c) EversenseXL; and if he will make a statement.

Answering member: Steve Brine | Department: Department of Health and Social Care

NHS England has recently announced plans to enable consistent national availability of the Freestyle Libre Flash Glucose Monitoring device according to published guidance.

Clinical commissioning groups (CCGs) can purchase any available blood glucose monitoring which has been approved for sale on the open market. The availability of AccuChek Expert, Dexcom G6 and Eversense XL products is a matter for CCGs who are primarily responsible for commissioning diabetes services, to meet the requirements of their population. In doing so, they need to ensure that the services they provide are fit for purpose, reflect the needs of the local population, are based on the available evidence and consider national guidelines. NHS England engages with technology companies developing products that may be of significant benefit to those with diabetes to seek to increase their availability to patients where appropriate.

The Department does not collate data on the number of patients using these devices nationally or by clinical commissioning group.

HC Deb 29 November 2018 | PQ 195658; PQ 195657

[*Diabetes: Children*](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to tackle diabetes experienced by children to help ensure they live long lives.

Answering member: Steve Brine | Department: Department of Health and Social Care

Preventing diabetes and promoting the best possible care for people with diabetes is a priority for this Government. NHS England is developing a diabetes management and care programme aimed at reducing variation and improving outcomes for people with diabetes. An additional £44 million Transformation Funding is being made available to support the delivery of the programme which will focus on four areas: reducing variation in the achievement of the three National Institute for Health and Care Excellence treatment targets, improving take up of structured education, improving access to multi-disciplinary foot care teams for people with diabetic foot disease and improving access to specialist inpatient support.

95% of children with diabetes have type 1 diabetes and there have been year-on-year improvements in care process delivery and in HbA1c reduction for this group. Further information is available in the National Paediatric Diabetes Audit at the following link:

https://www.rcpch.ac.uk/sites/default/files/2018-07/npda_annual_report_2016_-_2017_april_2018_final_updated_2.pdf

For children with type 2 diabetes, the Government is committed to halving childhood obesity by 2030, which was recently reiterated in the document 'Prevention is better than cure' published on 5 November. The upcoming National Health Service long-term plan will have prevention at its core and build on existing work to keep people healthy and well. Chapter 2 of the Government's Childhood Obesity Plan also aims to tackle childhood obesity and outlines the actions the Government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030.

HC Deb 28 November 2018 | PQ 193575

[*Diabetes: Medical Equipment*](#)

Asked by: Sturdy, Julian

To ask the Secretary of State for Health and Social Care, what representations he has received from (a) the public and (b) charities on

the benefits of making flash glucose monitoring technology available to all patients with diabetes.

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the potential savings to the NHS of making flash glucose monitoring technology available to all patients with diabetes across NHS clinical commissioning groups.

To ask the Secretary of State for Health and Social Care, whether he plans to make flash glucose monitoring technology available to all patients with diabetes across clinical commissioning groups.

Answering member: Steve Brine | Department: Department of Health and Social Care

Following an announcement by NHS England on 14 November 2018, flash glucose monitoring systems will be made available on prescription for all patients with type 1 diabetes who meet National Health Service criteria from April 2019.

No estimate has been made of the potential savings related to making flash glucose monitoring technology available to all patients with diabetes.

A search of the Department's Ministerial correspondence database has identified 272 items of correspondence from members of the public received in 2018 about flash glucose monitoring. This figure represents correspondence received by the Department's Ministerial correspondence unit only. The Department has not been able to identify any correspondence specifically from charities.

HC Deb 26 November 2018 | PQ 192110; PQ 192109; PQ 192108

[Diabetes: Health Education](#)

Asked by: Charalambous, Bambos

To ask the Secretary of State for Health and Social Care, what plans his Department has for future rounds of diabetes transformation funding to include digital education in its aim to improve the uptake of structured education.

Answering member: Steve Brine | Department: Department of Health and Social Care

NHS England is supporting a number of work streams to support widening access into structured education through digital delivery channels. They include:

- Healthy Living for People with type 2 Diabetes - an online, self-management support tool comprising of a structured education course;
- £2 million being made available through the NHS Test Bed Programme to implement and evaluate digital delivery models for self-management education for people living with type 2 Diabetes; and
- Support for clinical commissioning groups who received transformation funding in 2018/19 to boost provision and uptake of

structured education, and to invest up to 25% of this funding in digital approaches should local areas wish to do so.

HC Deb 02 November 2018 | PQ 183502

[Diabetes](#)

Asked by: Watson, Tom

To ask the Secretary of State for Health and Social Care, how many people have been diagnosed with type two diabetes by (a) age and (b) gender in each clinical commissioning group area in each of the last five years.

Answering member: Steve Brine | Department: Department of Health and Social Care

Tables showing the number of people who were diagnosed with type 2 or other diabetes in each of the five calendar years 2012 to 2016 in each clinical commissioning group, by ten-year age band, and the number of people who were diagnosed with type 2 or other diabetes in each of the five calendar years 2012 to 2016 in each clinical commissioning group, by gender are attached.

Disclosure control has been applied to all figures, as per the National Diabetes Audit publication. All numbers are rounded to the nearest five, unless the number is one to seven, in which case it is rounded to 'five'.

[attached data:

<http://qna.files.parliament.uk/qna-attachments/997196/original/DATAPO184908.xlsx>]

HC Deb 01 November 2018 | PQ 184908

[Diabetes](#)

Asked by: Charalambous, Bambos

To ask the Secretary of State for Health and Social Care, what steps his Department has taken to roll out proven interventions to increase the rates of diabetes remission.

Answering member: Steve Brine | Department: Department of Health and Social Care

NHS England is exploring the piloting and implementation of Very Low Calorie Diets (VLCD) a clinically supervised diet plan that involves eating about 800 calories a day or fewer. Some people with type 2 diabetes can achieve remission, at least for a period, through adoption of a VLCD. Achieving remission of type 2 diabetes will allow the patient to stop taking anti-diabetic drugs and these associated costs and prevent the development of further complications.

HC Deb 01 November 2018 | PQ 183500

[Diabetes](#)

Asked by: Howarth, Mr George

To ask the Secretary of State for Health and Social Care, what guidance his Department has issued to (a) GPs, (b) GP practice nurses, (c) diabetes nurse specialists, (d) diabetologists and (e) psychology and psychiatric specialists on the treatment of Type 1 diabetes in each of the last five years.

Answering member: Steve Brine | Department: Department of Health and Social Care

The National Institute for Health and Care Excellence (NICE) has published a range of diabetes related clinical guidelines for the treatment and care for type 1 diabetes patients:

- NICE NG 3 - Diabetes in pregnancy: management from preconception to the postnatal period. Published February 2015;
- NICE NG 17 - type 1 Diabetes in adults: diagnosis and management. Published August 2015;
- NICE NG 18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management. Published August 2015; and
- NICE NG 19 - Diabetic foot problems: prevention and management. Published August 2015.

Further supporting material for the treatment of type 1 patients can be accessed at the following link:

<https://www.nice.org.uk/Search?pa=2&ps=50&q=Diabetes>

NHS England also issued advice in January 2018 to support a consistent approach to the availability of blood glucose monitoring systems and related technologies for people with type 1 diabetes at the following link:

<https://www.england.nhs.uk/publication/blood-glucose-monitoring-systems/>

Although this advice was targeted at clinical commissioning groups, consistent approaches will support specialist diabetes staff and primary care staff to effectively manage and support their patients.

NHS England has issued a NHS Right Care diabetes pathway to support local improvement by defining the core components of an optimal diabetes service for people with diabetes which should support better value in terms of outcomes and cost. This is available at the following link:

<https://www.england.nhs.uk/rightcare/products/pathways/diabetes-pathway/>

On 21 March 2018 NHS England and NHS Improvement, along with the National Collaboration Institute for Mental Health published the Improving Access to Psychological Therapies pathway for people with long-term physical health conditions and medically unexplained symptoms which provides evidence based treatments for people with anxiety and depression (implementing NICE guidelines).

HC Deb 23 October 2018 | PQ 179122

[Diabetes](#)

Asked by: Vaz, Keith

To ask the Secretary of State for Health and Social Care, how many people have (a) been referred to and (b) joined the NHS diabetes prevention programme.

Answering member: Steve Brine | Department: Department of Health and Social Care

The NHS Diabetes Prevention Programme commenced roll out in June 2016 and, at the end of July 2018, 252,130 at risk individuals have been referred into the service and 107,254 individuals have now had an initial assessment. In 2018/19 the NHS Diabetes Prevention Programme achieved full national roll out, with services available to patients in every sustainability and transformation partnership in England.

HC Deb 14 September 2018 | PQ 171286

6. Useful links and further reading

All-party Parliamentary Group on Diabetes

<https://diabetesappg.wordpress.com/author/matthewlower/>

National Institute for Health and Care Excellence NICE impact report : *diabetes* September 2018

<https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/impact-diabetes.pdf>

Public Health England *Health matters: preventing Type 2 Diabetes* 24 May 2018

<https://www.gov.uk/government/publications/health-matters-preventing-type-2-diabetes/health-matters-preventing-type-2-diabetes>

Life Sciences Organisation and Department for International Trade *Diabetes: develop treatments in the UK* Overview of the UK's diabetes research infrastructure and advantages of investment in the UK's life science sector to support new treatments October 2018

<https://www.gov.uk/government/publications/diabetes-develop-treatments-in-the-uk>

NHS Diabetes Prevention Programme (NHS DPP)

<https://www.england.nhs.uk/diabetes/diabetes-prevention/>

Healthier You: NHS Diabetes Prevention Programme fact sheet April 2018

<https://www.england.nhs.uk/publication/healthier-you-nhs-diabetes-prevention-programme-fact-sheet/>

NHS England Diabetes treatment and care programme

<https://www.england.nhs.uk/diabetes/treatment-care/>

Scottish Government *A healthier future: Scotland's diet and healthy weight delivery plan* July 2018

<https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>

Public Health England *Adult obesity and type 2 diabetes* July 2014

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult obesity and type 2 diabetes .pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf)

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