DIABETES
All Party Parliamentary Group

Minutes

The recovery of diabetes services: prevention, diagnosis, and care
Monday, 14th June 2021
Zoom (Virtual)
4:30 –6:00pm

Chair: Derek Thomas MP, MP for St Ives

Speakers/Panelists:

- Professor Jonathan Valabhji OBE, National Clinical Director for Diabetes and Obesity at NHS England.
- Dr Clare Hambling, Chair of the Primary Care Diabetes Society, practicing GP and Diabetes UK Clinical Champion.
- Lucy Schonegevel, Living with diabetes.
- Helen Kirrane, Policy, Campaign and Mobilisation Manager – Diabetes UK.

Speeches

Jonathan Valabhji, National Clinical Director for Diabetes and Obesity at NHS England.

Professor Valabhji noted that there were early reports in February and March 2020 that raised a signal that people with diabetes were overrepresented in people suffering more severe outcomes with COVID-19, although it was not clear initially whether diabetes had an independent relationship to poor COVID outcomes. In May 2020 papers were made available as pre-prints by NHS England, using National Diabetes Audit data and linkages, which showed that diabetes was indeed an independent predictor of COVID-related mortality, later appearing in August 2020 as paired publications in The Lancet Diabetes & Endocrinology.

Professor Valabhji outlined that some services were moved online, while some new online tools were developed or accelerated: services such as My Diabetes My Way and Digibete for adults and children respectively with type 1 diabetes, and Healthy Living for people with type 2 diabetes. There was also work with Diabetes UK and Pharmaceutical companies to provide ex Diabetes Specialist Nurse expertise to run helplines to support people treated with insulin and who were unable to access their usual diabetes teams.

The NHS Diabetes Prevention Program (NHS DPP) in January 2020 published early outcomes showing that weight loss trajectories and HBA1C improvement trajectories were promising. At pandemic onset in March 2020, the whole programme was moved to remote or digital delivery.

Professor Valabhji pointed out that there was a clear reduction in access to phlebotomy and routine care during the first wave; prior to the pandemic there were 20,000 referrals into NHS DPP a month and in March this fell by 85%. They implemented a self-referral pathway into the Programme, using the Know Your Risk tool hosted on the Diabetes UK website which allowed people to self-refer and get the intervention needed without needing a blood test result for entry.

There has been a fall-off in care process delivery by around 40%compared to the previous pre-pandemic year. And while we lost lots of access to phlebotomy services in the first wave, this picked up in the summer and wasn't as impacted in the second wave – the biggest hit around care process delivery was taken in foot checks, although through the pandemic (data up to October 2020) there was an overall reduction in amputations.

Professor Valabhji stated that those areas with the greatest impact from COVID, in terms of areas supporting more deprived communities and more ethnically diverse communities, have been more affected by reduction in care process delivery.

Professor Valabhji ended by talking about the data dashboard which is being developed to help local systems stratify risk (risk both of COVID and of diabetes complications) and prioritise those at highest risk. Within the NHSE programme there is now an additional £5m recovery fund to support the local areas in that recovery. He made clear that he knows workforce is an issue and this money won't necessarily support rapid workforce expansion, but we hope it will make a difference.

Dr Clare Hambling, Chair of the Primary Care Diabetes Society, practicing GP and Diabetes UK Clinical Champion.

Dr Hambling began by stating that the impacts of diabetes are costly not only to people with diabetes by the NHS as a whole. Moving on to talk about the pandemic, she stated that we were able to see the risk of mortality among people with diabetes. Not only were people with diabetes more at risk of adverse outcomes, but they were at a much earlier age.

Dr Hambling spoke about the survey undertaken by the PCDS of their membership and what HCPs perceive as the impact of the pandemic on their ability to do their job. Findings included, almost 90% cited the pandemic had a moderate, significant, or very significant impact on their ability to provide routine care. Dr Hambling thought it surprising that as many as 13% of respondents felt able to continue routine care, but this may have been areas where there were low levels of COVID.

Dr Hambling made clear that it is important to remember the ongoing challenges. There are continuing capacity challenges as teams deliver vaccines and routine care. There is an enormous backlog that needs to be cleared, whilst also being challenged with delegation from secondary care. Following this she highlighted the need to consider workforce wellbeing as many feel they've struggled as clinicians through the pandemic.

Dr Hambling outlined the work PCDS have done to support practitioners as they stand up primary care, such as guidance on how to do an annual check, including foot checks remotely.

Furthermore, the process of prioritizing care as they tackle the backlog was outlined. Dr Hambling stated that data was being used to do this such as high blood pressure, CKD, CVD or history of complications, and high BMI.

Dr Hambling emphasized the need to work smarter collaboratively, which includes working at system level localities, in CCGS and ICSs. There are emerging models of population level approaches on diabetes to identify unmet clinical need and how to address it.

Lucy Schonegevel, Living with diabetes.

Lucy spoke about her own experience of accessing care throughout the pandemic, she stated how she had been nervous going into hospital or to the GP because of the pressure HCPs re under and it can feel like a gamble to go in for checks with the risk of catching COVID.

Lucy still expected the same standard of care that she received prior to the pandemic, outlining how diabetes can be more than one condition, she spoke about how complications can creep up on you like eye conditions or pre-eclampsia. During Lucy's first pregnancy she was seen every 2-3 weeks, with regular checks, including bloods, eye checks and foot checks, with one person coordinating her care.

Lucy then spoke about her current pregnancy through the pandemic which has been underpinned with uncertainty, however she made clear this was no fault of the staff involved. She believed she was in a better position than most as she knew what care to expect throughout a pregnancy, so she was able to self-advocate. Appointments had been cancelled and bloods were asked for by her as she knew when

they were expected. She then spoke about how she has not yet met her diabetes midwife in person and not had continuity with who she is seeing so feels she is constantly having to repeat her story.

Lucy emphasized the benefits she had experienced from technology through the pandemic. Having access to a CGM which monitors her blood sugars constantly and gives notifications to her phone if her sugars go out of range has been life changing. This technology has been reassuring for her day-to-day life and improved her ability to get a full night's sleep. Finally emphasizing the beneficial impact this has had for her diabetes healthcare team for remote monitoring but also wider research, however she caveats this with the worry of an overreliance on remote appointments that can be life threatening when there are so many possible complications.

Helen Kirrane, Policy, Campaign and Mobilisation Manager – Diabetes UK.

Helen shared what Diabetes UK have been hearing from people living with and at risk of diabetes throughout the pandemic, including access to healthcare, as well as their perspective on what needs to be done as we look beyond the crisis.

Helen highlighted the high number of people with diabetes as a consequence of COVID-19. The news of the impact has had big impacts on our community, with heightened anxiety around the risks they face. Diabetes UK had a huge increase in the number of calls into the helpline – particularly from those who had to leave their home to go to work, and around inadequate workplace protections.

Helen outlined that Diabetes UK have heard care has fallen below expected levels, there has been a shortfall of people accessing all 8 care processes. There has also been an increase in excess deaths in people with diabetes from non-COVID related deaths which needs to be investigated further. A recent survey, undertaken by Diabetes UK, of over 4,000 people will be released in the coming weeks.

Helen stated lastly that we know technology is key in supporting people during the pandemic, but this is only possible for those who have access to technology and more funding needs to be made available so this access is widened to all those who would benefit.

Q&A summarized

Q: Are people under 18 referring to DPP online?

A: The Programme is for people above 18 years of age, so no.

Q: I think eye screening gets forgotten.

A: Yes, it's important. There was no screening at all in most parts of the country in the first wave due to concerns of viral transmission. In the second wave there was some, but for each appointment data from London suggested that it took 1.8x longer because of the necessary infection control measures. For people who have had two consecutive negative retinal screens, evidence suggests that they can safely be moved to alternate year screening. While implementation of this had been planned for the future, it was loosely brought forward to address some of the capacity issues during the pandemic.

Q: Is there a potential for a rise in amputations because we've missed a chunk of foot checks? If so, will there be an increase in major rather than minor amputations?

A: We've got some of the lowest rates of amputations in the world. If you did get an ulcer, we want you to seek attention immediately. However, amputation rates went down during the pandemic, up to 31st October 2020; we do not yet have subsequent data to know the longer term implications.