# 7.6 Diabetes

Diabetes mellitus (usually referred to as diabetes) is a common endocrine disease affecting all age groups. Within Walsall, a much higher proportion of the population suffer with this disease. The long term consequences of poor control are coronary heart disease, blindness, kidney disease, small nerve damage and peripheral vascular disease leading to limb amputations. This is particularly aggravated by smoking. A significant proportion of diabetes could be prevented and there is an urgency to tackle this given the exponential increase in obesity over recent years. Effective control and monitoring can reduce mortality and morbidity.

#### Indicators:

Walsall had the highest modelled prevalence of diabetes in 2010, an increase since 2007. However, health services within Walsall have identified over 90% of its diabetic population. Once diagnosed, there is great opportunity to manage the disease and reduce its complications. There is evidence that the proportion of our diabetic population with good control (e.g. percentage with blood pressure controlled) is not as high as it could be. In addition, there is very poor uptake of patient education programmes by people with diabetes.

The National Institute for Health and Clinical Excellence (NICE) has produced quality standards for diabetes care:

http://www.nice.org.uk/guidance/qualitystandards/diabetesinadults/diabetesinadultsqualitystandard.jsp

Key actions from all GP practices and from patients are required to improve performance against these standards. The chart below, from the Public Health Outcome Framework shows that Walsall's proportion of diabetics has risen from 7.72% in 2010/11 to 8.7% in 2014/15. In the same time period, England's rate has also increased, from 5.54% to 6.4%.

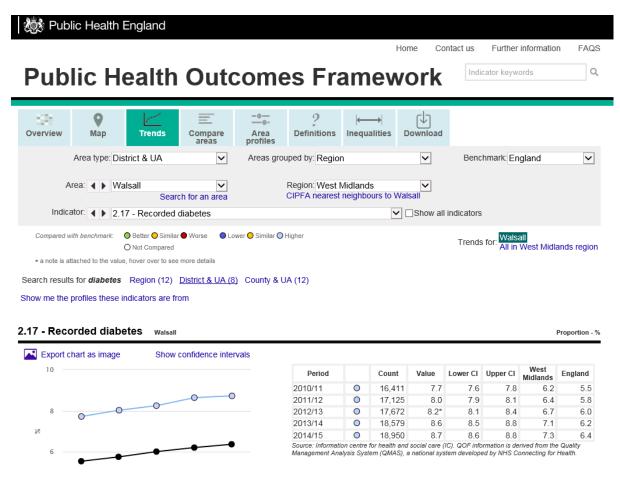


Figure 1 Diabetes trend – Walsall and England (Source: Public Health Outcome Framework Tool)

Public Health England have developed a report (through Yorkshire and Humber Public Health Observatory), which attempts to estimate the prevalence of diabetes, in the current and future years.

The following chart shows these projections for Walsall and England (West Midlands not available).

	2013	2015	2020
Walsall	8.80%	9.10%	9.70%
England	7.40%	7.60%	8.20%

Figure 2 Estimated Diabetes Projection (Source: "Diabetes prevalence model from Yorkshire and Humber Public Health Observatory YHPHO")

### **Diabetes Community Health Profile**

The Diabetes Community Health Profiles bring together a wide range of data on diabetes in adults into a single source for the purposes of benchmarking. A Diabetes Community Health Profile is available for each CCG in England. The headlines for Walsall are as follows ...

## Key facts for NHS Walsall CCG

The prevalence of diagnosed diabetes among people aged 17 years and older in NHS Walsall CCG is 8.3% compared to 6.4% in similar CCGs. In 2012/13, 67.1% of adults with diabetes in NHS Walsall CCG had a HbA1c measurement of 59mmol/mol or less. This is higher than in other similar CCGs and higher than England.

People with diabetes in NHS Walsall CCG were 67.9% more likely to have a myocardial infarction, 31% more likely to have a stroke, 63.4% more likely to have a hospital admission related to heart failure and 30% more likely to die than the general population in the same area.

Spending on prescriptions for items to treat diabetes in 2012/13 cost £252.61 per adult with diabetes in NHS Walsall CCG compared to £281.52 across England. There was a total spend of £4.4 million on prescriptions for diabetes items between April 2012 and March 2013. Average spending on items to treat diabetes was lower in NHS Walsall CCG compared to England but this difference is not statistically significant.

### Priorities for action:

- Implement robust pathways within the Acute Trust to identify and refer patients with long-term conditions to specialist weight-management services
- Commissioners to performance-manage services for patients and to increase awareness amongst patients of the actions they should take to reduce long-term complications
- A re-commissioning of patient education programmes coupled with actions to increase the percentage of those invited who take part is urgently required
- A concerted effort for more patients to confidently and robustly manage their condition day-to-day is likely to result in fewer long-term complications
- Support for the new Clinical Commissioning Consortium to identify those patients at highest risk of complications should be offered from the PCT's clinical decision support team
- A focus on smoking cessation for people with diabetes will have a major impact on reducing the complications of diabetes
- Promote preventative approaches such as ensuring healthy diet and adequate levels of physical activity

# Last updated 01 April 2016