

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 31

Ymateb gan: | Response from: Diabetes UK Cymru



Diabetes UK Response

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About us

Diabetes UK's vision is a world where diabetes can do no harm. We lead the fight against Wales' largest growing health crisis, which involves us all sharing knowledge and taking on diabetes together.

Over 209,015 people live with diabetes in Wales, equivalent to 1 in 13 people, the highest level of prevalence of any of the UK Nations. The last twenty years have seen a rapid increase in the diagnosis of diabetes; this is due in part to a growing rate of type 2 diabetes diagnoses, with an estimated 65,000 people in Wales living with undiagnosed type 2 diabetes.

The continued prevalence of obesity suggests that an estimated 580,000 people in Wales could be at risk of developing type 2 diabetes, the most common form of diabetes, accounting for 90% of all cases. By 2030 the number of adults with diabetes in Wales is likely to grow from 8% to 11%.

Further information on diabetes can be found on our website.

Response

We thank the Committee for the opportunity to respond to the enquiry into the Welsh Government's plan for transforming and modernising planned care and waiting lists.

Overall, Diabetes UK Cymru welcomes a review of how to transform and modernise planned care to reduce long waiting lists. Diabetes, regardless of its type and no matter how well managed, can lead to complications later in life. Delays in treatment for people living with diabetes can have devastating consequences, from the deterioration and loss of eyesight, kidney failure, amputations, and complications from lack of access to mental health support.

With obesity as one of the causes of Type 2 diabetes, elected planned care like bariatric surgery can enable people with Type 2 diabetes to go into remission and improve their health outcomes. Unfortunately, such life changing interventions can be delayed or cancelled due to waiting times, causing both emotional and physical distress.

Therefore, we welcome the Welsh Government's transformative plan to reduce waiting times; however, we have some concerns with the application of the plan, especially with the proposed change to how patients interact with planned care with a move to more digital platforms and patient self-managed digital resources.

We have responded under specific areas of focus in the plan.

Funding

One of the concerns is the funding gap to support the recommendations of the plan and no clear indication of how much long-term funding will be available. Throughout the report, indications of

funds have been hinted at, especially for 'significant' amounts to reduce the backlog of waiting times in the short term. We welcome specific sums such as £262million annually to equip and train the next generation of healthcare workers; however, no details are given on how long this level of funding will be maintained, how this funding will be distributed, which health boards will be receiving the budget needed or how innovations and proposals in this plan will be implemented.

Staff Recruitment and Retainment

One of the wide-ranging concerns of the NHS is staff recruitment, and retention and Diabetes UK Cymru feels that this issue is not addressed or discussed within the plan.

As highlighted in the Committee's report, 'Waiting Well?', evidence collected by stakeholders indicated that by asking more from the already overworked and stretched NHS workforce, healthcare professionals would either leave the profession or reduce their hours.¹

The plan presented by the Welsh Government proposes an aspiration to offer planned care to be managed on 52 weeks, seven days and 15 hours a day basis. However, what is not evident in the plan is how these additional services needs will be met. With one hand the plan commits to ensure a sustainable workforce and with the other states that '... simply continuing to grow the existing workforce will not be enough to deliver...' services.

We look forward to developing the Workforce Delivery Plan for Wales to clarify how these needs will be met and how recruitment and training in Wales will be delivered.

With a clear understanding of how the workforce will be supported and recruited, Diabetes UK Cymru welcomes increased access to services on weekends. Especially for those managing lifelong conditions like diabetes. 7 out of 10 of our beneficiaries recently indicated to us that they find the management of their diabetes overwhelming: especially when trying to maintain a full-time job and personal and family commitments. Improving access to education and screening will help improve the management of diabetes and reduce the complications that may occur.

Digital Care

The plan throughout makes reference to the use of new technologies to free up health care professionals' time to focus on patient care and reduce the backlog. Concerning the new General Medical Service (GMS) contract, the significant change to access GP services on a blended model grants exciting new positive developments which will allow patients to access the care in a way that benefits them.

Access to new technologies such as Continuous Glucose Monitors (CGM) and Flash Glucose Monitors (usually referenced as Flash) can be fundamentally life-changing in the management of Type 1 (and other types that require insulin) diabetes. Recent changes in NICE guidelines support referrals for this monitoring technology. Increased access to such technologies does not only improve the lives of thousands but also can help reduce complications and increase better management of diabetes.

However, underpinning any new development of digital services requires a review of how digital data is collected and stored in NHS Wales. Different health boards utilise different data management systems with no clear universal access or data collection. Investment is needed to support a

¹ 'Waiting Well' The impact of the waiting times backlog on people in Wales, April 2022, Health and Social Care Committee.

<https://business.senedd.wales/documents/s124284/Waiting%20well%20The%20impact%20of%20the%20waiting%20times%20backlog%20on%20people%20in%20Wales%20-%207%20April%202022.pdf>

universal means of collection and storage. There is no clear indication of how this will be undertaken, and it is concerning that there will not be a review when the plan indicates that accurate data will underpin it.

Access to technology is also a concern for Diabetes UK Cymru, primarily as the plan seeks to develop a planned care portal alongside the NHS app to inform patients and provide up-to-date information on waiting times and supported services. The report references widening health inequalities and poor population health; however, with a cost-of-living crisis, access to certain technologies and services may not be seen as a necessity when compared to putting food on the table and turning on the heating.

Patients who are not as technologically savvy or literate may also struggle to access such services. More must be done to ensure that these groups are supported so that we don't further reduce health equalities in our most deprived and vulnerable communities.

With 2,353 GPs to over 3.2 million registered patients in Wales, we can see the benefits of digital services to support people in Wales; however, we have concerns that it may impact the quality of care delivered and call for continued monitoring of the delivery of services as a digital approach is undertaken.² This ensures that no patient receives lower quality of care and that diagnoses for potentially fatal conditions such as Type 1 diabetes are not missed.

Prevention

Support for policies that focus on prevention is lightly referenced throughout this document, with a clear link between health inequalities, deprivation, smoking and obesity. We welcome the commitment to develop a national framework for social prescribing to embed access to prevention services and wellbeing activities into pathways. Some conditions such as cancer are referenced throughout, and others, such as diabetes, which can be preventable for some with Type 2 diabetes, are not mentioned at all. We believe that explicit reference to diabetes is needed given its prevalence.

As the plan indicates, policies which focus on prevention can reduce the need to access services in the future and improve waiting times and, in turn, can reduce the cost associated with diabetes which accounts for 10% of NHS Wales budget.

This month, during diabetes week, the Wales Diabetes Prevention Plan is being launched in Wales, welcomed; we look forward to a full rollout, with a commitment to increase provision and support for people in Wales to be educated on the adverse effects of their lifestyle, which contributes to their obesity and possible future diagnosis of conditions like Type 2 diabetes.

Mental health support is also welcomed as part of Welsh Government's plan. Diabetes UK Cymru understands too well the long-term implications of the lack of access to dedicated services for people with long-term conditions like diabetes. We call for dedicated services such as those highlighted by Dr Rose Stewart's recent report 'From Missing to Mainstream' calling for integrated dedicated psychological services for people living with diabetes.³ Every pound invested in services that help to support people living with diabetes and prevent long-term conditions supports a healthy

² Stats Wales, 2022.

³ From Missing to Mainstream; A Values based action plan for Diabetes Psychology in Wales, Dr Rose Stewart, All Wales Diabetes Implementation Group, 2022.

lifestyle and reduces pressures on the NHS. We welcome current investment and hope to see long-term dedicated levels of funding to support mental health services.

Private Sector

There are two references to private providers and the private sector in the plan as means to help reduce the pressures on the NHS. We have some concerns that no clarity is given on which services will need private sector support nor whether those with private healthcare may benefit from using such services, creating a disparity in the quality of care for those more deprived.

We understand that resources from external bodies may need to be utilised from time to time to reduce pressures faced by the NHS, such as expanding certain services into pharmacies and using new technologies. However, we would welcome further detail to accompany the plan regarding how the private sector will support services and whether access to these services may be impacted.

Regional Diagnostic Hubs

The plan assures that services will be as local to the patient as possible with the investment and development of Diagnostic Hubs that are established away from acute hospital sites. We welcome such proposals, especially if a network is established to co-locate frontline health and social care services to grant a consistent approach to support health checks for patients, especially from deprived areas.

There is no further detail on which services would be granted at these hubs; neither are we given details around the number, how they will be funded nor how they will be staffed. References to the use of artificial intelligence to assist the workflow is mentioned in the report, which again raises concerns we noted earlier around data retention and access to technologies.

If such hubs were to include education, management support and screening service for people with diabetes, such as eye care services, this would be welcomed. Services such as eye screening are vital to prevent conditions leading to deterioration and loss of sight for people with diabetes. During the pandemic, eye statistics for all measures for the activity of sensory services were remarkably lower than in previous years. In contrast, the number of eye care and hearing specialist practitioners increased in 2020-21. During 2019 – 20, 36% of patients eligible for Diabetic Eye Screening Wales service did not attend the service, and out of those who did, 30.3% were found to have some degree of diabetic retinopathy.⁴ Unfortunately, access to services is still causing anxiety for many people with diabetes, who may fear irreparable damage to their eyesight when they cannot access routine care.

Conclusion

We welcome the ambitious transformative plan by the Welsh Government to address and tackle the current backlog of patients waiting for care. We hope that this plan ensures that the health needs of patients come first with dedicated support throughout their treatment pathway.

People living with diabetes, no matter how well they manage their condition, can face complications with their condition, which often need surgical intervention. Through dedicated patient-led support for the prevention of diabetes and planning diabetes care, waiting times and pressures on the NHS can be reduced.

⁴ Welsh Government Statistics, September 2021, Sensory Health (eye care and hearing statistics): April 2019 to March 2021, <https://gov.wales/sensory-health-eye-care-and-hearing-statistics-april-2019-march-2021-html>.

We welcome this transformative approach and look forward to continued collaboration with the Welsh Government, Stakeholders and the Senedd.