

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 207,295 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 biggest cause of

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 will likely 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 inquiry into Supporting People with Chronic Conditions. To assist the Committee, we have responded under headings identified in the consultation:

- NHS and Social Care Services
- Multiple Conditions
- Impact of Additional Factors, Prevention and Lifestyle

In our response, we would like to note our thanks and support for the continued hard work and dedication that our NHS and Social Care workers provide. We highlight the experiences of people living with diabetes and the current data available and note that this is not a reflection on the dedicated workers of the NHS who support people living with diabetes and aim to deliver excellent level of care.

NHS and Social Care Services

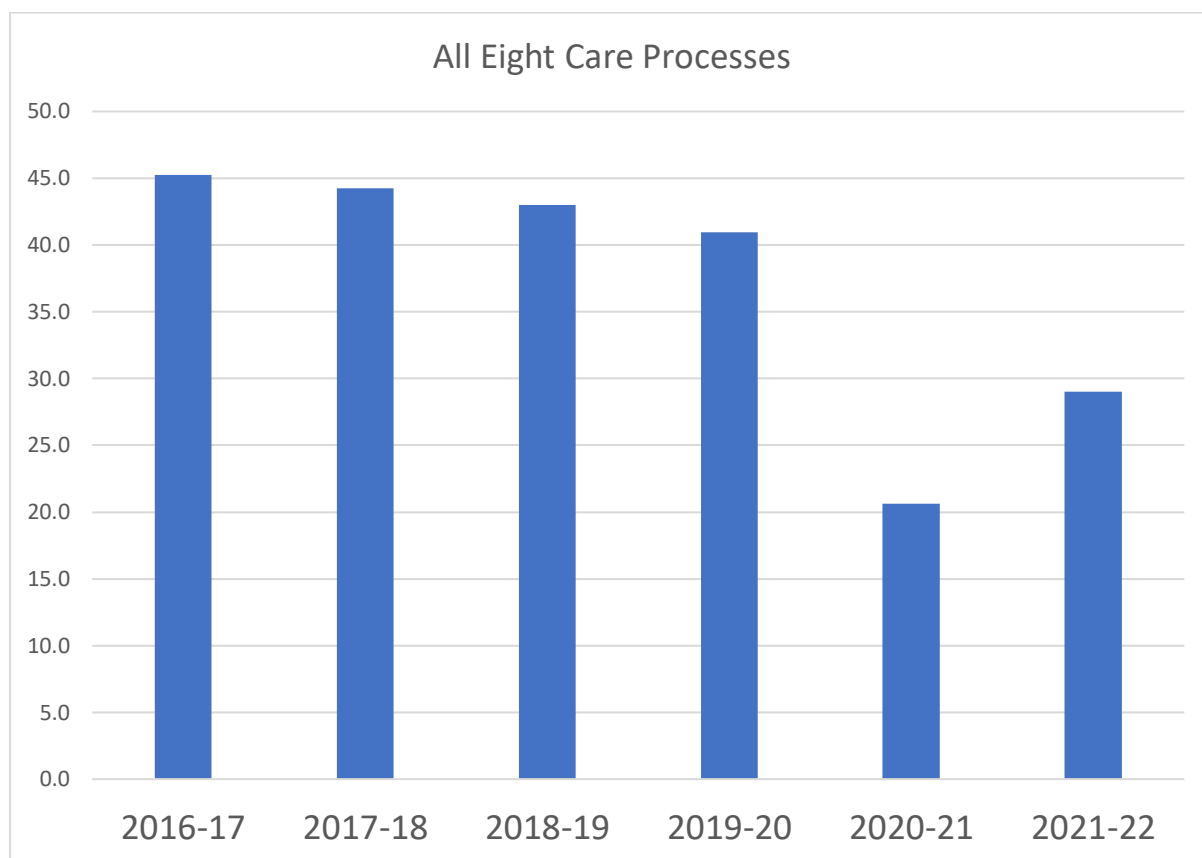
One of the means and ways to review the current level and status of care for people living with diabetes in Wales is the National Diabetes Audit (NDA). NDA data is a measure of the effectiveness of delivery of diabetes care against NICE guidelines; the data is crucial in monitoring, identifying, and recognising good and less good care across Wales. With the most recent report from the National Diabetes Audit to be published in a month, the most recent comprehensive review of diabetes care in England and Wales was published in July 2022.ⁱ

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for people living with type 1 and type 2 diabetes. However, due to temporary service closures during the pandemic retinal screening is not compared. Therefore, eight care processes compared across both type 1ⁱⁱ and type 2ⁱⁱⁱ diabetes are highlighted in the latest NDA report.

Unfortunately, combining care management results of people living with both type 1 and type 2 diabetes shows that less than a third (29%) received all of their vital checks in 2021/22. Before the pandemic in 2019/20, the figure was 41%.

England has recovered much more quickly, where the same measurement of checks currently sits at 47% in 2021/22 compared to 57.3% in 2019. The recovery rate in Wales to meet management checks for people living with diabetes is not the same as in England and is falling behind.

Diabetes UK Cymru is concerned by the lack of recovery compared to trusts across the border and notes that a declining trend in meeting the care processes in Wales was apparent before the pandemic. The graph below notes the results of the last six annual NDA reports for Wales, from 2016/17 to the most recent 2021/22.



*Compiled from NDA reports^{iv}

What is apparent is the downward trend in meeting the care processes in Wales and the challenge ahead of not only restoring the overall percentage of people living with diabetes managing their diabetes well to pre-pandemic levels but also reversing the downward trend seen before the pandemic began. Failing to meet these essential yearly checks can cause further complications and problems for people living with diabetes, such as sight loss and amputations which in turn reduces the quality of life of people living with diabetes and increases pressures on the NHS and Social Care Services. When completed, any potential early warning signs can be acted on quickly, and referrals

can be made to new treatments and support, such as access to new technologies. This can improve the overall well-being of someone living with diabetes and support clinicians in managing a person's diabetes.

Further, the NDA report noted:

- Risk ratios of mortality compared to those without diabetes continue to increase in Wales for men and women living with type 1 and type 2 diabetes.^v The mortality risk rates correlate with Diabetic Ketoacidosis (DKA) mortality rates which also continue to increase and have done so significantly in the three most recent available data sets for Wales (2017 – 2020).^{vi}
- Recorded high levels (86 mmol/mol or greater) of HbA1c (average blood glucose levels) continue to be recorded higher in young adults in Wales compared to England, whilst Wales and England are on par for recorded lower safer levels (58 mmol/mol or less).^{vii}
- The risk of Angina for males living with type 1 and type 2 and females with type 2 diabetes continues to increase compared to the general population. Levels of risk for females with type 1 diabetes have decreased compared to the general population.
- Whilst risk for stroke has increased for men and women living with type 2 diabetes compared to the general population and decreased for people living with type 1 diabetes.
- Women living with type 1 diabetes saw an increase in the level of risk of CVD (Cardio Vascular Disease) compared to the general population.^{viii}

Earlier this year, Diabetes UK asked people living with diabetes to complete a survey as part of its Diabetes is Serious Campaign (DIS). The survey was open from the 25th of January 2023 until the 20th of February 2023 and was pan UK. In Wales, 698 responses were received, with 520 providing a valid postcode for analysis.^{ix} One aspect of the survey was asking people living with diabetes about their diabetes management.

Unfortunately, over half of the respondents (55%) experienced difficulties managing their diabetes in 2022. Respondents from the most deprived areas were more likely to record difficulties, with these respondents more likely to attribute these difficulties to the rising cost of living.

When asked what difficulties they faced when managing their diabetes, the most common cause was lack of access to healthcare teams, including lack of access to emotional and psychological support. Our respondents' reports of lack of access to their healthcare teams support the data presented by the NDA since core processes to manage their diabetes are not being met.

To elaborate further, we asked respondents in our DIS survey to respond on their access to care. Unfortunately, we found that:

- More than a third (41.0%) of respondents found it difficult to make appointments for their diabetes checkups.
- More than half (52.4%) who had tried to get emotional or psychological support faced difficulties doing so.
- People in the most deprived quintile were 30% more likely to have had no contact with their healthcare team in over a year than those in the least deprived.
- In over a year, 1 in 8 people in the most deprived areas reported no contact with their healthcare team.

When asked for the reason why there was a lack of contact, 60% of respondents noted that they had not been contacted by their healthcare professional regarding their diabetes, with over 40% noting that when appointments were arranged, they were either delayed or cancelled.

One of the most effective ways and means for someone living with diabetes (primarily type 1 diabetes and type 2 dependent on insulin) to manage their diabetes well is access to technology. These can vary from Flash Glucose Monitoring, Continuous Glucose Monitoring (CGM), Insulin Pumps, Hybrid Close Loop, and open source /DIY closed-loop technology.^x

Our DIS survey asked our respondents (living with type 1 diabetes) how technology helped them manage their diabetes. 85.0% of respondents with type 1 diabetes using technology agreed it helped them to manage their diabetes in 2022, and 75.4% said it improved their overall well-being. Furthermore, 60.0% of respondents informed us that diabetes technology made remote consultations with their diabetes team easier. Technology is changing the way that people living with diabetes live their lives and reduces pressures associated with the condition that can further cause complications.

Sensor technology for Type 1 diabetes has been available in the Welsh NHS since November 2017. What some may find challenging in obtaining monitoring technology in Wales will be the eligibility criteria. For example, referral to Flash glucose testing is an option that requires consideration of several factors, such as the frequency of blood glucose testing in a day, more than one episode of severe hypoglycaemia, or frequent asymptomatic hypoglycaemia.

On the 31st of March 2022, NICE guidelines were updated, which changed the eligibility criteria.^{xi} Changes in NICE guidelines will support referrals for this monitoring technology; in essence, it is a shift in thinking that recognises technology as an integral part of diabetes management. The choice will be based (according to NICE) on shared decision-making with the individual based on preferences, needs, characteristics and the functionality of the devices available.

However, new NICE guidelines don't immediately translate into the latest recommendations being adopted as policy. In a written question response to Hefin David MS on the 22nd of April 2022, the Minister for Health and Social Services, Eluned Morgan MS, cited staff training obligations as a possible obstacle to implementing the updated NICE guidelines.^{xii}

On the 8th of November 2022, Joel James MS asked if the First Minister would provide an update on the qualifying criteria for flash and continuous glucose monitoring technology for diabetes management.^{xiii} In response from the Welsh Government, the Minister for Rural Affairs and North Wales and Trefnydd Lesley Griffiths MS noted the importance of the accessibility of such technologies in Wales. With the Minister of Health and Social Services in the Chamber, it was noted that she would write to Joel James MS with a response on the current rollout of the NICE Guidelines.

Diabetes UK Cymru has been waiting for the Minister's response and working with the Cross-Party Group on Diabetes and Members to highlight the issue. An imminent NICE update on the use of Hybrid Closed Loop systems for managing blood glucose levels in type 1 diabetes is due to be published soon. We expect that updated guidelines will improve access for people living with diabetes using insulin pump or CGM technology to Hybrid Closed Loop technologies that drastically support people living with diabetes to help them manage their condition.

In our DIS survey, we learnt that only 31% of respondents use CGM, and 26% use insulin pump technology in Wales.

With the Quality Statement on Diabetes to be announced in June, we hope to learn more about the continued support and rollout of technologies for people living with diabetes in Wales.

Multiple Conditions

In our recent DIS survey, we asked people living with diabetes if they had elective surgery with the NHS in the previous two years. 12.2% of respondents stated they had, and of those respondents, whilst waiting for elective surgery, nearly 30% stated that it became more difficult to manage their diabetes.

Further, we asked respondents if they were currently on a waiting list for elective surgery; 11.9% of respondents indicated they were, and out of those respondents, one in ten had their surgery delayed because of their HbA1c levels, which could be due to the management of their diabetes affected either by waiting for their elective surgery or by other reasons (as noted earlier).

Our survey further highlighted the impact that waiting lists for elective surgery had on the management of their diabetes, which in turn affects the NHS and increases pressures on other services. For respondents waiting for elective surgery, we asked them what further impact this had on managing their condition. 40% indicated that they needed to visit their GP more to manage their condition, whilst 17% indicated that they have had to visit A&E to manage their condition.

We lastly asked the same respondents if they have had to pay for private care to manage their condition as they wait for surgery. 11% indicated that they had, with a further 36% considering seeking private medical care to have their surgery. This is an alarming development as people living with diabetes struggle to manage their condition because they are waiting for surgery; they are either seeking or considering private care, highlighting the direct impact that the pressures of the NHS are having on people living with lifelong health conditions.

It is also more than likely that this wait is having an impact on their mental health.

The Diabetes Delivery Plan estimates that 41% of people living with diabetes (people living with diabetes) in Wales have poor psychological well-being.^{xiv} People living with diabetes experience higher levels of psychological distress than people without diabetes.^{xv} This is due to the additional stresses and pressure of diabetes, but also because there are specific psychological issues that only people living with diabetes experience.

People living with diabetes have double the risk of suicide or intentional self-injury compared with the general population. Further, most people with diabetes won't admit they are suicidal and will fail to inform healthcare professionals for fear of their response. Many suicide attempts might be mistaken for accidental hypoglycaemia or diabetic ketoacidosis. One study of 160 cases of insulin overdose leading to severe hypoglycaemia found that 90% were suicidal or parasuicidal and only 5% accidental. (Parasuicide is severe and deliberate self-harm with or without suicide intent that does not lead to death).^{xvi}

In another study⁴ of 550 children and young adults with type 1 diabetes, nearly 9% were identified as having some sort of suicidal ideation when screened with a questionnaire for depression and suicide. In fact, the World Health Organisation reported⁵ that the number of suicide attempts is at least twenty times higher than the number of suicide deaths recorded.

Unmet psychological need significantly affects all areas of diabetes care; it increases psychological and physical risks to people living with diabetes and their families and adds substantial burden and cost to an already overstretched NHS. Links between increased psychological distress and worsening

diabetes self-management are also well established, with high diabetes distress predicting higher average blood glucose levels (as measured by HbA1c) in people with type 1 and type 2 diabetes.^{xvii}

Diabetes UK Cymru continues to call for improved access to psychological services for people living with diabetes.

In June last year, Dr Rose Stewart, Consultant Clinical Psychologist and National Lead published her report “From Missing to Mainstream’ A Values-based action plan for Diabetes Psychology in Wales.^{xviii} Many diabetes services recognise the need for psychological support but often struggle to develop business cases and obtain funding for posts - this is often due to a lack of integration between physical and mental health services, which is a long-standing problem in the NHS.

Dr Rose Stewart’s document sets out a framework for integrated specialist diabetes psychological care across Wales at all levels of need. The key recommendations of the document include the recruitment of a diabetes psychology workforce across Wales, specialist support for high-risk groups such as young adults, and integrating psychological thinking across all diabetes service developments.

Following a publication of a DUK Wales survey results of access to psychological support for people living with diabetes, conducted in August 2022, the CPG on Diabetes wrote to the Deputy Minister for Mental and Wellbeing, Lynne Neagle MS, on the 7th of December 2022. In response, the Deputy Minister in January noted:

“The All-Wales Diabetes Implementation Group has commissioned the Cambridge Diabetes Education Programme for a few years, which also has modules on mental health in diabetes. We will consider with the clinical lead whether and how this can be further promoted across wider health care professional groups. In addition, the forthcoming Quality Statement for Diabetes will set out that health boards should provide tools and appropriate support to people with diabetes to help address the emotional and psychological impacts of living with this condition, and so I will expect to see how this is to be done reflected in health board plans.”^{xix}

We look forward to reviewing the Quality Statement in June and continuing to work with Dr Rose Stewart on developing our calls for improved access to psychological support for people living with diabetes in Wales.

Impact of Additional Factors, Prevention and Lifestyle

The number of people diagnosed with diabetes continues to increase and is set to increase further as the rates of obesity continue to rise. There are currently 204,326 people registered as living with diabetes (Aged 17+) within Wales (Digital Insights & Variation Atlas 2022). This number will continue to rise with new people diagnosed with type 2 diabetes each year.

Recently the Wales Diabetes Remission Service Report was published by Catherine Washbrook-Davies, the All-Wales Nutrition & Dietetic Lead for Diabetes.

Her report highlights a programme implemented in Wales following the publication of the DiRECT study results. Work commenced by Dietetics departments within four university health boards in January 2020 to implement an All-Wales pilot for 90 patients to test the real-world implementation of delivering a Total Diet Replacement (TDR) based intervention to aid people with Type 2 diabetes to achieve remission through weight loss.

42 patients completed the 12-month intervention. For patients with two HbA1c results available at 12 months, remission was achieved in 62% of these, and 79% had improved their diabetes control

from baseline. The results indicate a major positive step for those for whom the diet was impactful; placing diabetes into remission can reduce the chances of developing lifelong complications, improve overall health and well-being and reduce pressures on other areas of life such as employment.

There are further positive benefits for the NHS—the immediate savings on administered medicine.

The total monthly cost for diabetes medication was approximately £1984.70, with a mean cost per patient of £22.30 (Range= 0- £118.62) and a mean number of 1.23 drugs per patient (Range= 0-4). This equates to a potential annual saving of £23,816 from the cohort who completed the programme. These savings are only for a 12-month period; therefore, if the 40 patients continue to maintain a lowered HbA1c level, these savings multiply year on year.

The report doesn't elaborate further on health economics; however, we know that delaying diabetes and keeping it in remission can prevent other life-impacting conditions, saving the NHS even further funding.

Funding for the continued delivery of the programme was provided through the All-Wales Diabetes Implementation Group (AWDIG), which is ceasing (funding to end in June) under the restructuring of the new NHS Executive. The Cross-Party Group on Diabetes has written to the Minister for Health and Social Services expressing support for continued funding of this programme. In her response, the Minister indicates a hopefully positive outcome for the programme, referencing the Quality Statement on Diabetes, which will be announced in June.^{xx}

The All-Wales Diabetes Prevention Programme (AWDPP) was also launched this year, initially funded by AWDIG and now by the Welsh Government through Healthy Weight Healthy Wales. The programme is designed to target a standardised brief intervention with an embedded national evaluation approach to reduce the chances of those at risk of type 2 diabetes developing the condition.^{xxi} The programme will offer those identified support to make changes to their diet, lifestyle and exercise to promote healthier choices and to be more physically active.

Although not as extensive as comparable programmes run in England^{xxii}, this is the first time a programme of this sort has been run in Wales and is now part of the Healthy Weight Healthy Wales Strategy to reduce obesity levels by 2030.^{xxiii} The February update noted that 50% of the 3068 people identified using the AWDPP search template had taken up the programme.

The current food environment is the current major driver of the increased levels of obesity in Wales, increasing the health burdens associated with obesity.^{xxiv} By allowing the continued increase in availability, accessibility, affordability, and marketing of foods high in saturated fats, trans fats, sugars and salt, which are highly processed, we are, in essence, on a non-stop train buffet, eating our way through to increased morbidity.

Our food environments are changing rapidly, especially for low and middle-income families with a comprehensive and heavily marketed availability of many products. These current food environments are the primary driver of increasing the burden of disease associated with obesity.^{xxv}

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Healthy diets are being undermined by marketing practices, with evidence being unequivocal; food marketing which children are exposed to alters their food preferences, choices, purchases and intake.^{xxvii} Such^{xxviii} practices also affect their long-term physical health and emotional, mental and spiritual well-being.^{xxxxxi} These diets support life-long negative associations with foods that alter

their future choices of preferred food groups and their susceptibility to future marketing as an adult later in life.^{xxxii,xxxiii}

Diabetes UK Cymru positively welcomed proposals in the Positive Food Environments and the Ban on Energy Drinks for those under 16s consultations. We have been informed that a statement on the developments of the proposals will be granted in June. As members of Obesity Alliance Cymru (OAC), we continue to call for reform for a more positive relationship with food and drink to reduce the levels of overconsumption of high-fat salt or sugar products.

ⁱ National Diabetes Audit Dashboards, accessed May 2023, <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit/dashboards>.

ⁱⁱ NICE type 1 Diabetes Management recommendations, Accessed May 2023: <https://www.nice.org.uk/guidance/ng17>.

ⁱⁱⁱ NICE type 2 Diabetes Management recommendations, Accessed May 2023: <https://www.nice.org.uk/guidance/ng28/chapter/recommendations>.

^{iv} Accessed May 2023: <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit#past-publications>.

^v Most latest data is only available to 2020.

^{vi} https://www.diabetes.org.uk/guide-to-diabetes/complications/diabetic_ketoacidosis - Link to guides explaining DKA

^{vii} <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/hba1c> - Link to guides explaining blood glucose levels.

^{viii} https://www.diabetes.org.uk/guide-to-diabetes/complications/cardiovascular_disease Link to guides on diabetes and heart disease.

^{ix} Full breakdown of the respondents compared to the average demographics of people living with diabetes in Wales (NDA) and survey results can be provided to the Committee upon request.

^x Information on the different types of technologies to support someone living with diabetes can be found on our website, accessed May 2023: <https://www.diabetes.org.uk/guide-to-diabetes/diabetes-technology>.

^{xi} Update to NICE Guidelines, Diabetes UK, Accessed May 2023, <https://www.diabetes.org.uk/guide-to-diabetes/diabetes-technology/cgm-flash-pump-who-qualifies-on-nhs>.

^{xii} <https://record.assembly.wales/WrittenQuestion/85036>

^{xiii} <https://record.assembly.wales/Plenary/13043#C459004>

^{xiv} Welsh Government, 2016, Diabetes Delivery Plan 2016 – 2020, <https://gov.wales/diabetes-delivery-plan-2016-2020>

^{xv} Missing to Mainstream, A Values Based Action Plan for Diabetes Psychology in Wales, Dr Rose Stewart 2022, <https://diabetespsychologymatters.files.wordpress.com/2022/04/missingtomainstream-final-pdf.pdf>

^{xvi} Diabetes UK, 2022, Reducing the Risk of Suicide in People with Diabetes, https://www.diabetes.org.uk/about_us/news/reducing-risk-suicide-people-diabetes

^{xvii} Type 1 : Hessler, D. M. (2017). Diabetes distress is linked with worsening diabetes management over time in adults with type 1 diabetes. *Diabetic Medicine*, 34(9), 1228-1234

Type 2: Fisher, L. M. (2010). Diabetes distress but not clinical depression or depressive symptoms is associated with glycaemic control in both cross-sectional and longitudinal analyses. *Diabetes Care*, 33(1), 23-28.

^{xviii} From Missing to Mainstream, A Values Based Action Plan for Diabetes Psychology in Wales, Dr Rose Stewart, 2022, <https://diabetespsychologymatters.files.wordpress.com/2022/04/missingtomainstream-final-pdf.pdf>

^{xix} Letter to the Deputy Minister from the CPG (Appendix 1) and the Deputy Minister's response (Appendix 2) are attached with consultation response.

^{xx} The letter to the Minister of Health and Social Services, Eluned Morgan MS (Appendix 3) and the Minister's response (Appendix 4) are attached with this consultation response.

^{xxi} All Wales Diabetes Prevention Programme (AWDPP), NHS Wales, Accessed May 2023, <https://phw.nhs.wales/services-and-teams/primary-care-division/all-wales-diabetes-prevention-programme/>.

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- ^{xxii} NHS Diabetes Prevention Programme (NHS DPP), NHS England, Accessed May 2023, <https://www.england.nhs.uk/diabetes/diabetes-prevention/>.
- ^{xxiii} Healthy Weight Healthy Wales, Moving Ahead in 2022 – 2024, https://www.gov.wales/sites/default/files/publications/2022-03/healthy-weight-healthy-wales-2022-to-2024-delivery-plan_0.pdf.
- ^{xxiv} Murray CJL, Aravkin AY, Zheng P, Abbafati C, Abbas KM, Abbasi-Kangevari M, et al. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*. 2020;396(10258):1223-49.
- ^{xxv} Murray CJL, Aravkin AY, Zheng P, Abbafati C, Abbas KM, Abbasi-Kangevari M, et al. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*. 2020;396(10258):1223-49.
- ^{xxvi} Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML, et al. The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*. 2011;378(9793):804-14.
- ^{xxvii} Cairns KE, Yap MB, Pilkington PD, Jorm AF. Risk and protective factors for depression that adolescents can modify: a systematic review and meta-analysis of longitudinal studies. *Journal of affective disorders*. 2014;169:61–75.
- ^{xxviii} Cairns G, Angus K, Hastings G. The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. Geneva: World Health Organization; 2009.
- ^{xxix} Boyland EJ, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford JCG, et al. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising on intake in children and adults. *Am J Clin Nutr*. 2016;103(2):519–33.
- ^{xxx} Clark H, Coll-Seck AM, Banerjee A, Peterson S, Dalglis SL, Ameratunga S, et al. A future for the world’s children? A WHO– UNICEF–Lancet Commission. *Lancet*. 2020;395:605–58.
- ^{xxxi} A child rights-based approach to food marketing: a guide for policy makers. Geneva: United Nations Children’s Fund; 2018 (https://sites.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf).
- ^{xxxii} Boyland E, McGale L, Maden M, Hounsome J, Boland A, Angus K, et al. Association of Food and Nonalcoholic Beverage Marketing With Children and Adolescents’ Eating Behaviours and Health: A Systematic Review and Meta-analysis. *JAMA Pediatr*. 2022:e221037.
- ^{xxxiii} Lobstein T, Neveux M. A review of systematic reviews of the impact on children of three population-wide policies. 2021. <https://www.stopchildobesity.eu/wp-content/uploads/2021/10/D4.1.pdf>.

Jayne Bryant MS

Welsh Parliament
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17th of November 2022

Deputy Minister for Mental Health and Wellbeing,

Lynne Neagle MS
Welsh Government
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Cardiff Bay
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Dear Minister,

I write on behalf of the Cross-Party Group on Diabetes. Following Diabetes UK Cymru's Missing to Mainstream Campaign launch which showcased Dr Rose Stewart's report, you will know that the charity has continued to call for increased access to dedicated psychological services for people living with diabetes.

Recently during the Summer of 2022, the charity wrote and collected survey data from people living with diabetes, asking them to share their experiences and thoughts about living with the condition.

During our last session of the CPG on diabetes, Diabetes UK Cymru shared its survey results (enclosed with this letter). Generally, it found that many respondents were frustrated with the lack of access to psychological support, the lack of appointments/GP contact, the lack of understanding by the public (especially in the workplace) and healthcare professionals of their condition and the offer of mental health support not being made or discussed.

Following our discussions at our last meeting, the CPG would welcome an update from you as Deputy Minister for Mental Health and Wellbeing to understand the current landscape of access to mental health services for people living with diabetes

Considering the current workforce and budget issues and pressures that the NHS faces, members of the CPG, including Diabetes UK Cymru, expressed a view that a simple and cost-effective measure would be to improve access to general psychological support by improving understanding of diabetes amongst all healthcare professionals. Improved understanding and recognition would enable all healthcare professionals to identify issues, give support and signpost appropriately. The CPG would welcome a review of what steps could be taken to increase support and awareness of diabetes and its impact on mental health among healthcare professionals and the general public, so that people living with diabetes feel more supported and can access support when needed.

The CPG also expresses their thanks for your continued efforts and support, especially the day-to-day work that our NHS does to support people living with diabetes to live well.

We look forward to your response.

Jayne Bryant MS

Chair of the Cross-Party Group on Diabetes

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LN/00503/22

Jayne Bryant MS
Chair of the Cross Party Group on Diabetes
Senedd Cymru

Jayne.Bryant@senedd.wales

18 January 2023

Dear Jayne,

Thank you for your letter of 7 December on behalf of the Cross-Party Group about increased access to psychological support for people with diabetes. Many thanks also for enclosing the results of the summer survey which I read with interest.

I do understand that when faced with a diagnosis of diabetes, either Type 1 which is an autoimmune disease normally diagnosed in childhood, or Type 2 which is normally lifestyle-related and diagnosed in adulthood, people may well struggle to cope psychologically with what such a chronic, life-long condition means for their lives. Poor mental health may undermine effective self-care and medical management of diabetes; and in some cases, particularly in those dependent on insulin, diabetes can lead to more serious physical or mental health disorders.

This is a complex picture and people should be offered the right level of support at the right time to give them the tools to be resilient and to prevent and tackle concerning behaviours. A significant proportion of people with diabetes have poor psychological wellbeing and will require some degree of routine or specialist psychological support.

I agree that timely and appropriate psychological support would enable many people to cope better with their conditions and the *From Missing to Mainstream* report you mention includes a pyramid approach with improving psychological health and self-efficacy for all; a next tier of low level distress and minimal diabetes impact being addressed as part of routine care by non-specialists; a next tier addressed by non-psychology specialists with access to training, supervision and resources; a next tier requiring psychology professionals with training in diabetes and a highest level needing multiple professionals and case management.

The *From Missing to Mainstream* report makes an important contribution towards helping the NHS in Wales to take a stepped approach to deploying different interventions and resources according to the severity of the individual's needs. These recommendations are

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

largely in line with the aims of the Together for Mental Health Delivery Plan which also sets out a range of levels of support as well as the Strategic Mental Health Workforce Plan for Health and Social Care which recognises that mental health and wellbeing is everyone's business.

I therefore note the Committee's helpful suggestion that improving understanding of diabetes amongst all healthcare professionals could be a simple and cost-effective way of supporting patients. The All-Wales Diabetes Implementation Group has commissioned the Cambridge Diabetes Education Programme for a few years which also has modules on mental health in diabetes. We will consider with the clinical lead whether and how this can be further promoted across wider health care professional groups. In addition, the forthcoming Quality Statement for Diabetes will set out that health boards should provide tools and appropriate support to people with diabetes to help address the emotional and psychological impacts of living with this condition and so I will expect to see how this is to be done reflected in health board plans.

Yours sincerely,

A handwritten signature in blue ink that reads "Lynne Neagle".

Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Jayne Bryant MS
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February 2023

Minister for Health and Social Services,

Eluned Morgan MS
Welsh Government
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Dear Minister,

I write on behalf of the Cross-Party Group on Diabetes; in our first meeting of the year, we welcomed a presentation by Catherine Washbrook-Davies, the All Wales Nutrition & Dietetic Lead for Diabetes (Adult) & All Wales Diabetes Prevention Programme (AWDPP) on the All-Wales Type 2 Diabetes Remission Service.

With interest, members learnt of the very welcoming achievements of the Service funded by AWDIG from January 2020 – March 2022 to test total diet replacement-based intervention to aid people with type 2 diabetes to achieve remission through Weight loss.ⁱ

The report highlights several beneficial results for both the people living with diabetes, who achieved weight loss and the Welsh NHS, potentially saving and continues to save £23,816 annually just on diabetes medication alone. The long-term impact that programmes such as these can have on the NHS to prevent diagnosis of type 2 diabetes and place type 2 diabetes into remission is yet to be assessed and calculated. However, it can be determined that such results could reduce pressure on the NHS and deliver further cost savings as people improve their health.

With the business case for future funding under review, the CPG on Diabetes would like to express its support for expanding the Service. Members felt that the results of the Service spoke for itself and provided a real opportunity to improve the health of those living with type 2 diabetes, reducing their health risk and associated complications and supporting the NHS.

I hope that you agree, and I look forward to your response.

Warm regards,

Jayne Bryant MS

Chair of the Cross-Party Group on Diabetes

ⁱ Report attached with this letter.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref EM/00969/23

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17 April 2023

Dear Jayne,

Thank you for your letter of 27 March on behalf of the Cross-Party Group on Diabetes regarding the All-Wales Type 2 Diabetes Remission Service.

I welcome sight of the enclosed report and the Group's support for the introduction of this intervention. With the predicted rise in type 2 diabetes and the large personal and societal impact of diabetes prevalence, it is vital the NHS adapts to prevent type 2 diabetes, and where possible support people to achieve remission.

In June I expect to publish the Quality Statement for Diabetes, which includes commitments for the continued development of diabetes remission services. I hope to say more about this to the Senedd on the day of publication.

Thank you for writing to me on this matter.

Yours sincerely,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.