

What does the NHS Long Term Plan mean for diabetes care?

The NHS Long Term Plan, launched in January 2019, outlined several targets and schemes to improve patient care. However, practice nurses need to be aware of what these changes might mean for their practice, particularly in diabetes care

ABSTRACT

This is an exciting time of transformation and engagement in diabetes care for general practice. The King's Fund (2018) reported 'a shared responsibility for health' which echoes this vision for transformation in terms of diabetes care and supporting more avenues to enable people to gain the skills and knowledge to live well with their condition. Furthermore, the new NHS Long Term Plan (NHS, 2019) announced several initiatives for people living with diabetes, which are detailed in this article.

Key words | NHS Long Term Plan | Diabetes | Diabetes prevention | Freestyle libre | Transformation funds

January 2019 saw the long-awaited publication of the NHS Long Term Plan, which brought some hope for diabetes care. Practice nurses remain the most constant source of advice and support for people with type 2 diabetes and some people with type 1 diabetes in general practice. As such, keeping abreast of how intended plans influence directions of care is pertinent for every health practitioner. An easy way to do this is to monitor the many Twitter feeds being posted on daily for rapid updates. Therefore, it is prudent to ask, what will the NHS Long Term Plan bring to diabetes care?

Prevention

The first section of the Plan outlined the expansion of the National Type 2 Diabetes Prevention Programme which has been rolling out since its introduction in England in 2015 (Diabetes UK, 2018a). The Plan details a 'doubling' of the programme, which is an ideal progression as we have known for several years, and through various examples of robust international evidence, that many cases of type 2 diabetes are preventable (Phillips, 2017; NHS, 2019).

Interestingly, NHS England (2019a) highlights that 5 million people in England are at a high risk of developing

type 2 diabetes. If this trend persists, 1 in 3 people are predicted to be obese by 2034 and 1 in 10 people who are overweight or obese will develop type 2 diabetes, so it is timely, from both a human and financial perspective, to step in and step up with an active and efficacious prevention programme. Type 2 diabetes treatment alone accounts for just under 9% of the annual NHS budget, this amounts to approximately £8.8 billion a year (Baxter et al, 2016). Therefore, financially, a dedicated programme is a fiscal public health responsibility.

Ideally, the NHS Diabetes Prevention Programme is a joint commitment from NHS England, Public Health England and Diabetes UK, making its approach stronger and more focused to the larger populations at risk. In 2017, Diabetes UK (2018b) introduced National Diabetes Prevention Week into the annual general practice calendar and in 2018 introduced National Diabetes Awareness Week, which encourages general practices to highlight diabetes risks to practice populations, as well as actively promote risk reduction and screening. These are opportunities for the public to engage in diabetes prevention (Diabetes UK, 2018c).

Additionally, in 2019 the NHS Diabetes Prevention Programme introduced a digital stream to make access to information easier in busy practice settings, and it actively encouraged all practitioners to engage with people to reduce type 2 diabetes for everyone, and not just those at highest identified risk.

Remission using low-calorie diets

In accordance with type 2 prevention, much attention has been paid to the success of low calorie diets—partly due to the results of the DIabetes REmission Clinical Trial (DiRECT) Study, a scientific trial led by the University of Glasgow and Newcastle University and funded by Diabetes UK from 2016–2019. This trial is centred on people diagnosed with type 2 diabetes and its outcome aims for diabetes remission through the use of 800-calorie-a-day diets, with advice from diabetes dietitians on safe and sustained weight reduction. The results are extremely impressive from the 306 participants to date, with the researchers finding a close link between type 2 diabetes remission and total weight loss. Of those participants who

Anne Phillips, Associate Professor in Diabetes Care, Birmingham City University, Edgbaston, Birmingham
Email: Anne.Phillips@bcu.ac.uk



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Low-calorie diets that include more vegetables and fruit have been recommended as a successful way to aid weight loss and remission of type 2 diabetes as demonstrated by The DIRECT Trial

lost more than 15 kg in the first year after the programme, 86% were in diabetes remission, as were 57% of people who lost 10–15 kg and 34% who lost 5–10 kg. Additionally, fat from the liver was also reduced using this low-calorie approach, which further reduced cardiovascular risk factors (American Diabetes Association, 2019).

Evidence from Dr David Unwin's (2018) practice in Southport has rapidly demonstrated the effectiveness of low-calorie and carbohydrate-free diets in type 2 management, and also diabetes medication effectively leading to remission. From a general practice point of view, this work is enormously encouraging for practice nurses and GPs. Additionally, the Royal College of General Practitioners (RCGP) (2018) have also launched a RCGP 30-minute e-learning module created by Unwin (2018) about a lower carbohydrate approach to type 2 diabetes for practitioners. This is a timely resource for practitioners to use, especially with the national dearth of community-based diabetes dietitians being available to deliver this education. Unwin (2018) also has introduced the Low Carb Program app, which is easily accessible for practice nurses in consultations and has been supported by NHS Digital.

Reducing variation in care

The NHS Long Term Plan (NHS, 2019) highlights a desire to reduce variation in diabetes care between Clinical Commissioning Group (CCG) providers. This also echoes the vision and work of the iDEAL White Paper published in November 2018 (Phillips, 2018). One aspect of this publication is recognising the increasing use and development of online learning resources for people with both type 1 and type 2 diabetes. Accessible, culturally appropriate, structured education is key to improving knowledge gain and supporting people with diabetes

(Pipe-Thomas, 2017; Zeh et al, 2018). In response to this, NHS England (2019b) have launched a digital knowledge area for people with type 1 and type 2 diabetes.

Additionally, the increasing the role of community pharmacists, who have accessed diabetes education, is to be made available as a resource for in-community pharmacies. An example of this is the pharmacist-led type 2 diabetes service in Slough which led to the improvement of people with diabetes care process outcomes (Langran et al, 2017). Several examples of good practice can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website (Langran et al, 2017).

Evidence from the randomised controlled trial, Healthy Living for People (HeLP)-Diabetes, designed and tested in primary care in England, has created an interactive self-management guide for people with type 2 diabetes (Murray et al, 2017). Accessible resources that have been tested in a robust evidence-based approach are to be advocated for adoption in each general practice area. Watch this space as, over the coming year, many opportunities for apps and digital online learning will become more available for every person with type 1 or type 2 diabetes to enable them to learn about living with their condition.

A consideration highlighted by Zeh et al (2018), Taylor et al (2017), and the iDEAL (2018a) White Paper recognised and advocated for both culturally competent and accessible access to education and resources to be available for those either living with severe mental illness or a learning disability (Smith and Phillips, 2018), where available structured education programmes do not necessarily meet their needs.

Another area of variation among CCGs is access to blood glucose monitoring and concerns about the safety and quality of some blood glucose meters being recommended. There is a consultation that closes for

feedback on 28 February 2019, that focuses on the cost of blood glucose strips and insulin pen needles (NHS England and NHS Clinical Commissioners, 2018). In an attempt to try to maintain quality and safety over cost, the iDEAL (2018b) team have published evidence in a position statement that promotes quality, safety, reliability and user appropriateness over cost, which should be primary concerns for general practice colleagues.

Flash technology

On World Diabetes Day, NHS England announced that eligible people with type 1 diabetes who meet nationally agreed criteria and guidelines for access to Flash Libre glucose monitoring will finally have access to it across all CCGs in England from April 2019; this was followed up with endorsement in the NHS Long Term Plan (NHS, 2019). Diabetes UK (2019a) have created an interactive map of each CCG and included links to each group's medicines management decision-making information for whom Flash Libre can be prescribed. Access to this technology has been quite a battle to achieve and all credit to the advocates, such as Dr Paratha Kar, Associate Clinical Director for Diabetes with NHS England and Joint Clinical Director for 'Getting in Right First Time, Diabetes', Consultant Diabetologist who led the battle for access for people with type 1 diabetes.

This advancement will transform the lives of many people living with type 1 diabetes and who self-test blood glucose up to 8 times a day in accordance with National Institute for Health and Clinical Excellence (NICE) (2016) guidance. The Driver and Vehicle Licensing Agency (DVLA) has recently announced its approval of the use of Flash Libre for drivers with type 1 diabetes; however, its guidance is yet to be published regarding the details of this and when drivers with type 1 diabetes can use Flash Libre as a glucose monitoring device when driving (Woodfield, 2019).

Continuous glucose monitoring in type 1 diabetes

Evidence from the international multi-centre CONCEPTT Study (Feig et al, 2017) about the use of continuous glucose monitoring in pregnancy has provided sufficient evidence to enable the NHS Long Term Plan to endorse the increasing use of continuous glucose monitoring (CGM) in type 1 diabetes. In the NHS Long Term Plan, all women with type 1 diabetes who are pregnant are to be offered CGM to improve neonatal outcomes from 2020. This is worth noting for practice nurses who review women in the pre-conceptual phase, to promote referral and engagement with specialist diabetes obstetric teams to support improving pregnancy outcomes for women with diabetes.

It will be vital to monitor all updates in this area of practice as increased use of technology in diabetes care continues to evolve throughout 2019, some of which has been endorsed by the Long Term Plan (NHS, 2019).

Developing health professional teams

The NHS Long Term Plan (NHS, 2019) has confirmed investment in diabetes teams and a commitment to ensure every hospital will have a presence of a multidisciplinary foot care teams and inpatient diabetes nurses. However, investment in increasing the knowledgeable nursing workforce in diabetes care remains a challenge. Nurses, especially practice nurses, have a growing role in healthcare; they share knowledge and self-management skills with those at risk of, or diagnosed with, diabetes (Phillips, 2017).

The need for available continuous education for health professionals has been recognised by the iDEAL working committee and it is one of its work streams for the next 12–18 months (iDEAL, 2018a). The NHS England (2017) Shared Planning Guidance for 2017–2019 set the criteria for funding for diabetes services; the Diabetes Transformation Fund (NHS England, 2019c) has already invested approximately £76 million since 2017 in diabetes services. Admittedly, investment has mainly been in specialist diabetes services, however, the approval from the Long Term Plan that this funding is to be continued raises the hope of increased resources primary care as well, and reduced variance among CCGs.

Conclusion

What is clear from these updates is that there is much activity in diabetes care in the NHS, and it is really worth every practice nurse engaging, on Twitter for example, to keep abreast of the latest updates as and when they occur. But perhaps what is equally important is to get your voices heard loudly and strongly in the diabetes care community, as you are the essential workforce for every person living with diabetes and receiving their care in partnership with your general practice. As such, you are the advocates, the enablers, the gate-openers, and the catalysts for positive change for many people living with diabetes. **PN**

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KEY POINTS

- The doubling of the NHS Type 2 Diabetes Prevention Programme is an encouraging sign for diabetes care
- Type 2 diabetes remission using low-calorie diets
- Access to digital diabetes education enabled
- Drive to reduce variation in diabetes care delivery across the UK
- Update re-access to FreeStyle Libre and Flash glucose technology for people with type 1 diabetes
- Continuous glucose monitoring to improve pregnancy in diabetes outcomes

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