

National update: England

Clare Hambling, National Clinical Director for Diabetes and Obesity

- 1. National leadership:** Clare Hambling formally joined NHS England as National Clinical Director for Diabetes and Obesity at the end of January 2024. The application process for the National Speciality Advisor (Diabetes) and National Specialty Advisor (Obesity) roles closes on 13 March 2024.
- 2. Diabetes Prevention Programme:** Over 1.4 million referrals have been made into the NHS Diabetes Prevention Programme to date. An independent evaluation, carried out by the University of Manchester, shows that people who complete the programme reduce their risk of developing type 2 diabetes by 37%, and that the programme resulted in a 7% reduction in population level incidence in areas where the programme was delivered between 2016 - 2018. The independent research also demonstrated a 20% reduction in Type 2 diabetes incidence in those at risk and are referred into the programme compared to those not referred. In November 2023, the University of Birmingham published international research that showed that the programme also reduced the risk of complications from cardiovascular events. Around 50% of those referred into the Programme attend with an average of 55% of those completing the programme. To support improved access for people with a current, or previous, diagnosis of Gestational Diabetes Mellitus (GDM), the programme will now allow self-referral, or referral from General Practice, for those with a history of GDM without the need for a glycaemic test result to be submitted.
- 3. NHS Type 2 Diabetes Path to Remission Programme (previously NHS Low Calorie Diet Programme):** The NHS Type 2 Diabetes Path to Remission Programme (NHS T2DR) is currently available in 70% of the country (31 ICBs), being expanded to the whole country from 1st April 2024. To date over 19,000 eligible referrals have been made. Early data indicates participants each lose 7.2kg (over one stone) on average after one month, and 13.4kg (over two stone) after three months. This is in line with the outcomes seen in the trials where participants were able to improve their diabetes control, reduce diabetes-related medication and, in around 50% of cases put their type 2 diabetes into remission. Five providers have been appointed to the NHS T2DR Provider Framework and one of these has been selected by each ICB in England to deliver the service. Each provider will offer participants the choice between a 1-2-1 in-person or digitally delivered service.
- 4. Recovery of Diabetes routine care:** Recovery of routine diabetes care following the pandemic is a key priority for the NHS England Diabetes Programme. Annual diabetes reviews are associated within reduced emergency admissions, amputations, retinopathy and mortality rates. Transformation funding in 2020/21 to 2022/23 has supported recovery, as such that rates of routine care delivery are now almost back to the pre-pandemic level. Systems are asked to

continue this upward trajectory, with a particular focus on ensuring that people from socio-economically deprived areas receive their annual reviews, as the data shows the gap here is widening. The percentage of people who received all eight care processes in England between January 2022 and March 2023 (2022/23 Q4 quarterly report) was 40.5% for type 1 diabetes and 57.8% for type 2/other diabetes, 15.3% and 20.6% higher respectively than the same period in the previous year (2021/22 Q4). The percentages remained slightly lower than pre-Covid (2019/20 Q4: 42.3% and 58.5%, respectively).

5. **Hybrid Closed Loop technologies.** On 19 December NICE published the technology appraisal guidance: Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes (TA943). In response to the technology appraisal, NHS England published its strategy to support the phased implementation of HCL over a five year period. £2.5m mobilisation funding has been released to systems to support HCL implementation planning and baseline data returns to the National Diabetes Audit and National Paediatric Diabetes Audit. High-level ICB delivery plans have been developed and submitted to NHS England. Guidance and a recommended pathway to support diabetes specialist services and diabetic eye screening services with HCL starts was approved by the National Diabetes Eye Screening Programme Board on 28 February 2024 and is awaiting NHS England publications authorisation ahead of formal release.
6. **Children and Young Adults programme:** A joint initiative to support local leadership to improve outcomes and experience of diabetes care in children and young adults is underway, delivered in conjunction with the national Children and Young People Transformation team. This is with a view to reducing unwarranted variation at regional and paediatric unit level; improving diabetes outcomes for children and young adults at transition age; improving treatment and care for children and young adults with type 2 diabetes; and reducing inequalities in access to diabetes treatment technologies experienced by people living with diabetes in economically deprived communities and those of certain ethnicity. A CYA Diabetes RightCare toolkit has been developed and expected to be cleared for publication by the end of March 2024. A GIRFT CYA Clinical Advisor has also been appointed following a competitive process and will be announced shortly. GIRFT data packs have been created for each ICB ahead of the planned GIRFT visits later in the year.
7. **Early onset of Type 2 diabetes:** The Type 2 Diabetes in the Young (T2Day) service initiative is targeting funding over 2 years (2023-25) across all health care systems in England. It is aimed at improving the health outcomes for people aged 18-39 years with early onset type 2 diabetes (EOT2D). EOT2D is associated with a more aggressive progression of diabetes when compared with older onset of type 2 diabetes. It is also linked to premature mortality, poorer maternal outcomes and is more likely to occur in people that are living in economically deprived communities and from specific minority ethnic populations. This initiative will support improved care for this population, help to reduce the complications of diabetes and their associated costs through incentivising general practices to carry out additional patient reviews.
8. **Type 1 Disordered Eating (T1DE):** Building on positive findings reported in an independent evaluation of T1DE pilots, funding has been allocated to five expansion sites to widen access for the type 1 population with disordered eating. Two national evaluations are underway to build the evidence base on how to provide optimal treatment and care for this complex and high-risk population cohort, and to support local commissioning decisions. As a national programme, we

will continue to support T1DE learning, adoption and spread of good practice and other work to respond to the parliamentary inquiry recommendations addressed to NHS England.

9. **National Diabetes Experience Survey:** In March 2024, over 100,000 people in England will be contacted by letter and invited to take part in the survey. NHS England will use the insight gathered to support policy decision-makers to identify areas of importance to people living with diabetes, and to make informed policy and practice decisions about how best to support patients. Triangulating this information with data from the National Diabetes Audit will be a useful tool to understand opportunities for improvement for a service user perspective in terms of treatment target achievement and care process completion.
10. **Digital structured education:** National digital structured education tools have been developed in line with the NHS Long Term Plan commitment. This is a complementary offer to support patient choice and supplement locally commissioned structured education provision, whilst addressing some of the barriers to attendance at face-to-face offers. The national services include: Digibete, a digital platform for children & young people with diabetes and their families; My Type 1 Diabetes for adults with type 1 diabetes; and Healthy Living, a free online service designed to provide advice and information to people living with type 2 diabetes. The services for adults are available via self-referral and healthcare professional referral.
11. **Multi-disciplinary footcare teams.** In our latest survey, 92% of Trusts (114/123) reported that all patients have access to a multi-disciplinary footcare team, 7% (8/123) reported partial coverage and 1% (1/123) reported no MDFT coverage. Following the transfer of national funding for these services into ICB baselines in 2023, local planning is underway to support systems to sustain or expand footcare services where appropriate.
12. **Diabetes inpatient specialist nursing:** 90% of trusts report a diabetes inpatient specialist nurse service in every site, with a further 10% reporting partial coverage. Following the transfer of national funding for these services into ICB baselines in 2023, local planning is underway to support systems to sustain or expand inpatient care where appropriate.