

Diabetes

What is Diabetes?

Diabetes is a common and life-long health condition.

Type 1 diabetes is a condition where your blood glucose (sugar) level is too high because the body cannot make the hormone insulin. Type 2 diabetes is a condition where the insulin your pancreas makes cannot work properly or your pancreas cannot make enough insulin meaning your blood glucose (sugar) levels keep rising. Type 2 diabetes is far more common than Type 1 and is associated with lifestyle factors. In the UK, around 90% of all adults with diabetes have Type 2.

Pre-diabetes / Non-diabetic hyperglycaemia

Many people have blood sugar levels above the normal range but not high enough to be diagnosed as having diabetes. This is known as non-diabetic hyperglycaemia and increases your risk of developing diabetes.

Risk Factors

- Obesity - Obesity accounts for 80-85% of the overall risk for developing Type 2 diabetes.
- Physical inactivity and sedentary lifestyle
- Smoking
- High blood pressure
- Mental health conditions
- Deprivation - Type 2 diabetes is 60% more common among individuals in the most deprived quintile compared with those in the least deprived quintile in England.
- Family history
- Age - You are more at risk if you are white and over 40 or over 25 if you are African-Caribbean, Black African, or South Asian.
- Ethnicity - You are two to four times more likely to have diabetes if you are of South Asian, African-Caribbean or Black African descent.

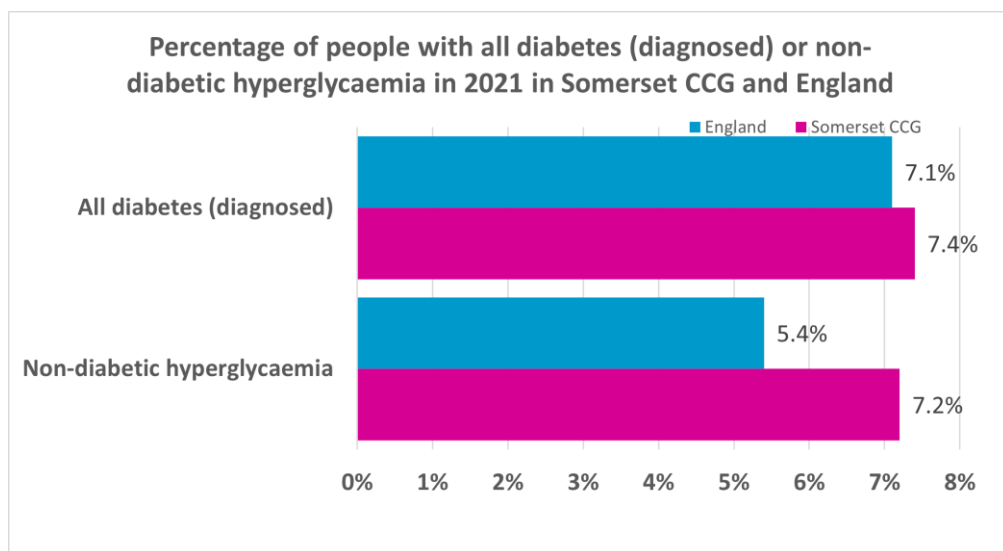
Impacts

Diabetes significantly increases the risks of heart attacks, strokes, blindness, kidney failure and amputation, as well as significant mental health and social consequences including anxiety and depression. It also reduces life expectancy by more than fifteen years for someone with Type 1 diabetes and up to ten years for someone with Type 2 diabetes.

The total cost (direct care and indirect costs) associated with diabetes in the UK is predicted to rise to £39.8 billion by 2035/6.

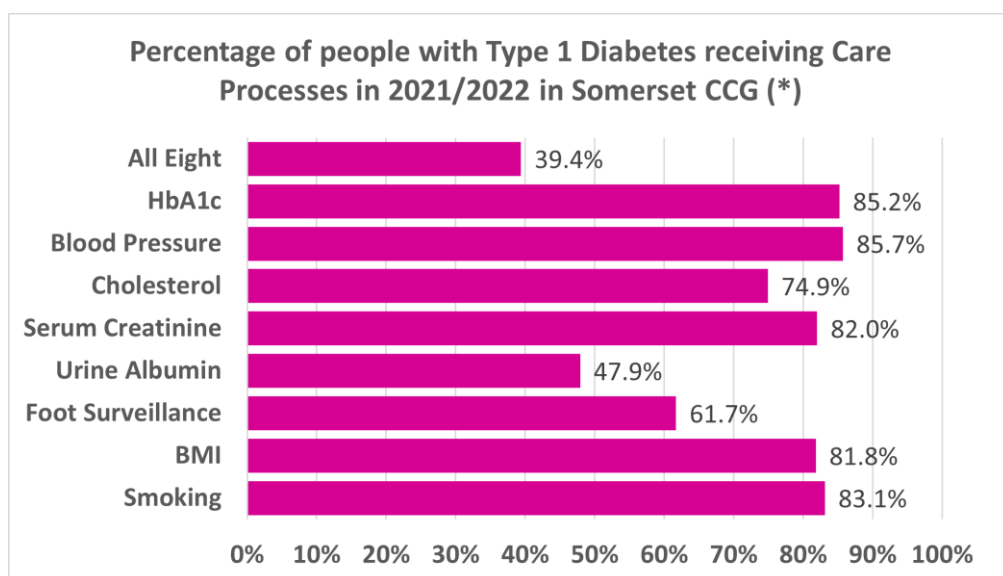
Diabetes in Somerset:

The prevalence of diagnosed diabetes in 2020/21 was 7.4% of the population aged 17 or older and registered with a GP. This equates to 35,798 people and approximately 90% will have Type 2 diabetes. A further 7.2% of the Somerset population have non-diabetic hyperglycaemia. This equates to 34,615 people who are at increased risk of developing diabetes in the future.

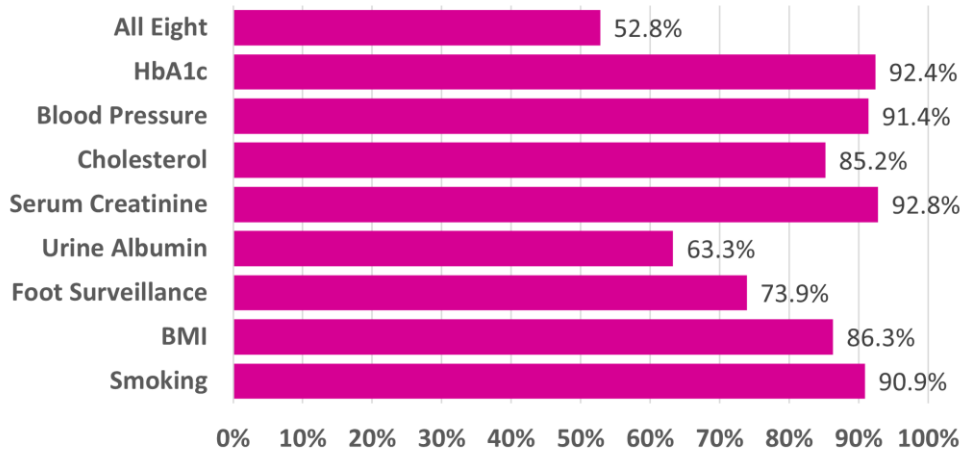


Prevention and management of diabetes in Somerset

NICE recommends eight care processes for primary care patients with diabetes. In Somerset in 2021/22, all eight care processes were completed in 39% of people with Type 1 diabetes (compared to 33% in England) and 53% of people with Type 2 diabetes (compared to 48% in England). The percentage of people who received all eight care processes has reduced since before the pandemic; in 2019/20, all 8 care processes were completed in 49% of people with Type 1 diabetes and 67% of people with Type 2 diabetes.



Percentage of people with Type 2 Diabetes receiving Care Processes in 2021/2022 in Somerset CCG (*)

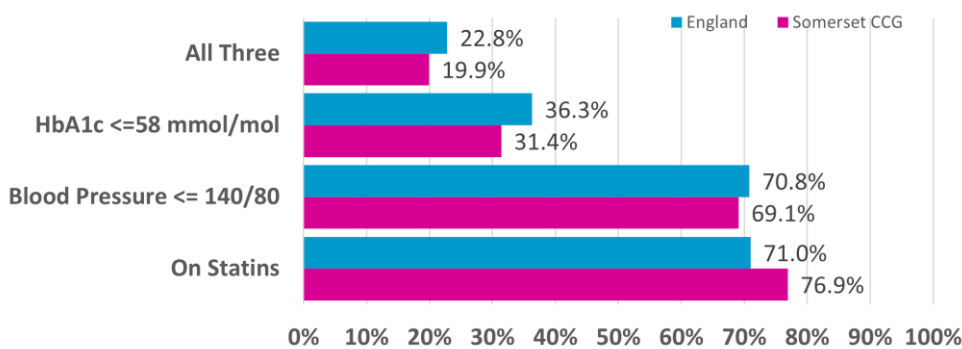


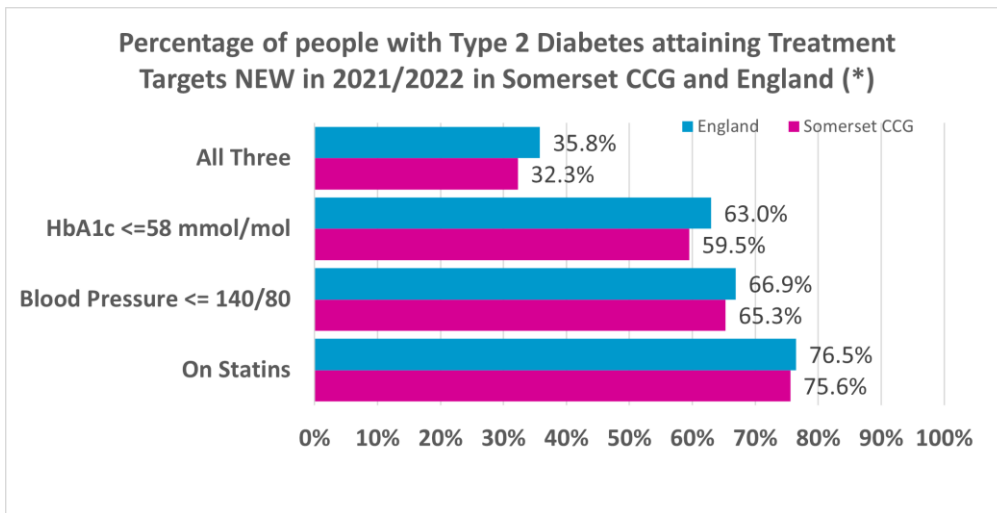
(*) Provisional data. For patients under 12 years of age, 'All eight care processes' is defined as HbA1c only as other care processes are not recommended for this age group.

Treatment Targets

In Somerset in 2021/22, all three treatment targets were attained in 19.9% of people with Type 1 diabetes (compared to 22.8% in England) and 32.3% of people with Type 2 diabetes (compared to 35.8% in England). The 'Meeting all three treatment targets NEW' is achieved where a person has a HbA1c value ≤ 58 mmol/mol, blood pressure $\leq 140/80$ and, for people who fall into the combined prevention of CVD group, is receiving statins. If a person does not fall into the combined prevention of CVD group, 'All three treatment targets' is defined as HbA1c and blood pressure only.

Percentage of people with Type 1 Diabetes attaining Treatment Targets NEW in 2021/2022 in Somerset CCG and England (*)





(*) For patients under 12 years of age 'All three treatment targets' is defined as HbA1c only, as other treatment targets are not recommended for this age group.

Structured Education

Structured education meets nationally agreed criteria (defined by NICE/SIGN), including an evidence-based curriculum, quality assurance of teaching standards and regular audits. The aim of structured education is to improve outcomes, reduce the onset of complications and are cost effective or even cost saving. Two of the main UK providers of diabetes education that meet NICE requirements are DAFNE and DESMOND.

Despite a varied provision offer, it is believed that there is poor recording within primary care systems regarding completion and access of structured education.

Diabetes outcomes in Somerset

Foot disease - Despite the rate of major diabetic lower-limb amputation (defined as below the knee) procedures being of a similar rate to England CCG data, in 2017/18 – 19/20 minor diabetic lower-limb amputation (defined as below the ankle) procedures were significantly higher than the England average and the highest directly standardised rate per 10,000 out of all CCGs in England. During the same time period, the rate of hospital spells for diabetic foot disease in the Somerset CCG population was the 8th highest rate out of all CCGs in England.

Cardiovascular disease - by having diabetes, you are more at risk of cardiovascular disease which can lead to heart attacks and stroke. This is because high blood sugar levels can damage your blood vessels and lead to serious heart complications. The excess sugar sticks to red blood cells and builds up in your blood which can damage the vessels carrying blood to and from your heart, starving the heart of oxygen and nutrients. In Somerset, people with diabetes are 114% more likely than people without diabetes to have a heart attack. This is higher than the figure for England which is 87%. People with diabetes are also 57% more likely to have a stroke. This was lower than the figure for England where there is a 59% greater risk. Cardiovascular disease also affects your circulation, which can exacerbate other diabetes complications such as foot disease. Getting your HbA1c, cholesterol and blood pressure checked at least once a year as part of your annual diabetes review and managing these three things can reduce your risk of developing cardiovascular disease.

Mortality - The additional risk of mortality among people with diabetes was 42.4% in the Somerset CCG population; for England, the additional risk was 21.8%.

Key issues for Somerset

- Identifying and supporting people in Somerset with undiagnosed diabetes.
- The number of people with diabetes in Somerset is projected to rise to 54,000 by 2035, considering the age, sex, ethnicity, and deprivation in the county.
- There are many services and support for those with diabetes in Somerset but signposting to these is not clear or easy to navigate to find the best support for the individual.
- The percentage of Somerset CCG GPs meeting all three treatment targets in 2021/22, was below England average.
- In 2017/18 – 19/20 minor diabetic lower-limb amputation (defined as below the ankle) procedures were significantly higher than the England average and the highest directly standardised rate per 10,000 out of all CCGs in England.
- The additional risk of mortality among people with diabetes was 42.4% in the Somerset CCG population; for England, the additional risk was 21.8%.