

Securing a national strategy for diabetes

Since 2008, the Diabetes Think Tank has brought together policy makers, patient group representatives and healthcare professionals from across the diabetes patient pathway to provide them with a platform to discuss and propose solutions to the current challenges faced by the diabetes community.

In his first speech after the General Election, the Health Secretary Jeremy Hunt announced that he wanted to start a “big new public health agenda around obesity and diabetes.”¹ The Government has since confirmed to Parliament that they are in the very early stages of developing a strategy for diabetes.

The Think Tank has welcomed the Government’s decision to prioritise improvements in diabetes care. However, if the improvements in diabetes care are to be realised, it is essential any future strategy properly addresses the needs of people living with the condition - rather than disproportionately focusing on preventative measures. The figures for people living with diabetes remain deeply concerning.²

3.2 million
people currently live in
England with diabetes



Treating diabetes
currently costs the NHS
£10 billion a year, or

£1 million every hour



Every year around
20,000
people with
diabetes die early

Diabetes is
responsible
for more than **100**
amputations
a week



Even modest improvements
in blood glucose control could
potentially reduce the number
of complications by a million and
help the NHS avoid £5.5 billion in
associated costs over 25 years -
£377 million of which could be
delivered in the first five years alone³



In 2012-13, only **60%** of people
with diabetes completed all of their
annual NICE-recommended checks

During its meeting in June 2015, the Think Tank discussed what areas members believe should be prioritised by the Department of Health and NHS England for inclusion in a future diabetes strategy.

This paper summarises the Think Tank’s key recommendations:

Quality metrics

Establish quality metrics to
monitor the performance of clinical
commissioning groups against
specific aspects of diabetes care



Delivering financial savings

Prioritise areas of improvement that
can deliver better outcomes and help
to deliver financial savings during the
course of the Parliament



Greater collaboration between different parts of the system

Utilise regional networks, including clinical
networks and academic health science
networks to lead on the implementation
of the strategy at a local level



Commissioning and provider resources

Provide resources for
commissioners and providers on
good practice examples of high
quality diabetes care, and consider
reestablishing NHS Diabetes



Patient Experience of Diabetes Services (PEDS) survey

Commission the PEDS survey
as part of the National Diabetes
Audit as an important lever
towards driving improvements
in the quality of diabetes care



¹The King’s Fund, *Jeremy Hunt: my priorities as the new Health Secretary*, 21 May 2015 ²Diabetes UK, *State of the Nation Report*, 2015

³Baxter, M et al. *If we followed NICE guidelines and treated people with diabetes earlier, patients and the NHS would benefit from a reduction in complications, mortality and direct healthcare costs*, March 2015
The cost of administrative support for the Parliamentary and Stakeholder Diabetes Think Tank has been provided by Sanofi, who have no editorial control over the Think Tank’s recommendations.