



## Welcome

Welcome to the thirtieth issue of Type 2 and You. In this issue we have a look at the recently published National Diabetes Audit and a parliamentary report on how the DVLA has failed to make appropriate decisions about whether people with certain medical conditions, including diabetes, are safe to drive. We also have our usual features on newly available diabetes-related products, drug news and the latest round of lottery winners.



## IDDT Newsround

### The National Diabetes Audit 2015/16 – big variations in care, again!

More CCGs (Clinical Commissioning Groups) and GP practices have taken place in this latest National Diabetes Audit in England and Wales than in previous years, providing a bigger picture of what is going on with diabetes care around the country. The most striking issue is just how great the variation in care / treatment is across areas, so your level of care and ultimately your health, is very dependent on where you live.

#### Key findings

- The 2013/14 drop in BMI checks and the 2014/15 drop in urine albumin checks have not recovered during 2015/16.
- Fewer people with Type 1 than with Type 2 and other forms of diabetes receive their annual checks.
- Young people with Type 1 or Type 2 diabetes are less likely to receive their annual checks than older people.

#### The NICE 3 key treatment targets

The following are the 3 key treatment targets set out by NICE and achievement of these was measured in the Audit.

**HbA1cs** - 58mmol/mol (7.5%)

**Blood pressure** - 140/80

**Cholesterol** - less than 5mmols/L

- People with Type 2 diabetes were more likely to achieve treatment targets, than people with Type 1, but there is still a wide variation of 16%, from 33% in some CCGs/LHBs to 49% in others.
- Younger people with both Type 1 and Type 2 were less likely to achieve the targets than older people, mainly due to poorer glucose and cholesterol control in people under 65 years.
- People with learning difficulties whether with Type 1 or Type 2 diabetes are more likely to achieve their targets than their peers.
- Similar variations occur between GP practices within CCGs and between specialist services (such as hospitals) and GP practices and are not due to patient demographics.

## The devil is in the detail

- In the last 6 years there have been improvements nationally in achievement of all three treatment targets, in both Type 1 (1.6%) and Type 2 (5.1%) diabetes.
- People with Type 2 diabetes are more likely to achieve all 3 treatment targets than people with Type 1 diabetes - 40% of people with Type 2 compared to only 18% of people with Type 1 diabetes.
- Older people are more likely than younger ones to achieve all 3 treatment targets; the difference for those with Type 2 diabetes is 46% of people aged 65 to 79 achieved all 3 treatment targets compared with 27% of people under 40.
- The percentage of people with Type 1 diabetes receiving all the NICE care processes has fallen 8%, from 45% in 2013/14 to 37% in 2015/16. The number of people with Type 2 diabetes receiving all the NICE care processes has fallen - from 68% in 2013/14 to 54% in 2015/16. These declines are almost entirely due to reductions in the urine albumin checks for the detection of early kidney disease.
- The percentage of people with Type 2 diabetes who have been offered structured education within a year of diagnosis has increased, from 10% in 2009 to 82% in 2014.



### The notable recommendations for improvements in the Report are:

- The variations in care must be reduced.
- The services for young people with both Type 1 and Type 2 diabetes must improve.
- The services for people with Type 2 and learning disabilities must improve.

### There are two particularly interesting comments in the Report which are good to see!

- The NHS sometimes underestimates or undervalues structured education for people with diabetes.
- Type 2 diabetes is a lifelong condition and people with diabetes only spend 2 to 3 hours a year with a healthcare professional, so they need the knowledge and skills to manage their diabetes.

These comments are undoubtedly true and we have to hope that they do not fall on stony ground! While providing readers with these facts, it is easy to see the question that arises; what happens if you live in an area where care is not good and you have never been offered an education programme?

If you are the person with diabetes and poor services it may mean that your health and quality of life is not as good as it could be. There are no easy answers, but we can only advise that you have as much information about your diabetes as you can and that the NICE recommendations for treatment and education are carried out. This may not be easy but it does mean making sure that the 9 key NICE checks are carried out at least annually and if they are not, ask why not.



# *A Couple of Thank Yous*

## **Christmas Cards**

We would like to say a big thank you to all of you who bought our Christmas cards last year. We sold over 750 packs and every pack sold raises funds that help us continue our work. We will be selling cards again later this year and hope you will buy your cards from us again.

## **Helping Developing Countries**

As you may be aware IDDT acts as the UK arm of an organisation called Insulin for Life, collecting unwanted insulin and diabetes supplies and sending them out to developing countries. In 2016 we sent out over 3,800 pens, vials cartridges etc. of insulin worth over £41,000, along with over 80,000 items of various diabetes supplies – so a big thank you to all of you who donated items.

We would also like to say thank you to all of you who continue to sponsor a child looked after by the Dream Trust in India – last year you raised over £7,400!

## **And you!**

We would like to say a big thank you to all of you who have made donations throughout 2016, your generosity and support is much appreciated. And finally, we would like to thank all the people who have been kind enough to leave IDDT legacies at what is a sad time for their families and friends. In doing so, they are helping to ensure that IDDT can continue to offer the information and support to other people with diabetes.

# Research and Medicine News

## Some Quick Picks

For quite some time there has been firm evidence of a link between Type 2 diabetes treated with insulin and an increased risk of cancer at various sites. A recently published Austrian study has shown that the use of statins offsets this increased cancer risk and concludes that the preferred choice of treatment of Type 2 diabetes should be with tablets where possible rather than insulin. (Journal of Internal Medicine)

Another study has shown that sitagliptin (Januvia) improved HbA1c levels and target control levels in people with Type 2 diabetes

that had been untreated or poorly responsive to existing anti-diabetic drugs. It concludes that sitagliptin is expected to be useful when treating this group. (BMC Endocrine Disorders)

Finally, a study carried out in New Zealand reviewed the possible side effects of the various classes of drugs used to treat Type 2 diabetes. The study found that the risk of a hypo was highest with a sulphonylurea (Diamicon, Glibenclomde, Amaryl, Minodiab, Tolbutamide) or basal insulin. The combination of a sulphonylurea and

metformin carried the highest risk, while metformin with an SGLT-2 inhibitor (Invokana, Forxiga, Jardiance) was ranked best to avoid a hypo. As single therapy, risk of weight gain was higher with a sulphonylurea or thiazolidinedione (Actos) than with metformin, but metformin carried higher risk than GLP-1 receptor agonists (Byetta, Victoza, Trulicity, Eperzan). Similarly the combination of a sulphonylurea and metformin carried highest risk of weight gain, with risk lower for other drug combinations. (National Institute of Health Research)

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## Driven to Despair

This is the title of a report issued by the Parliamentary and Health Ombudsman on October 20th 2016 and the title page describes it as 'How drivers have been let down by the Driver and Vehicle Licensing Agency (DVLA)'

In the Forward from the Ombudsman, Dame Julie Mellor, OBE, says;

***"The report highlights major failings in the way the DVLA makes decisions about whether people with certain medical conditions***

***are safe to drive."***

The Ombudsman goes on to say they upheld 8 separate complaints where people with complex medical conditions were unfairly prevented from driving, sometimes for several years, as a result of flawed decisions, significant delays, poor communication and complaint handling.

The DVLA has accepted these findings and recommendations for all 8 cases and in 6 of them

has granted the licence applied for, so overturning its original decision. (The remaining 2 cases were still being dealt with at the time of the Report.) However, the Ombudsman's outstanding concerns are:

- There will be other people who have experienced the same injustice and hardship for whom things have not yet been put right.
- That insufficient action has been taken or is planned



by the DVLA to prevent the same failures being repeated and affecting many more people in the future.

- In particular, further action is needed to improve the robustness of assessments of fitness to drive for people with certain medical conditions and disabilities. Without this there are risks that some people fit to drive will be denied a licence and other people who pose a risk to themselves and others, will be allowed to continue to drive.

### **Ombudsman's recommendations**

1. Make fitness to drive decisions in accordance with the law and guidance.
2. Operate an open and transparent decision-making process, so that the public can understand the reasons for its decisions.
3. Take relevant factors into account and discount irrelevant ones.
4. Engage with the public and stakeholders so that there is clarity about its roles and responsibilities

and so that licence holders and other stakeholders properly understand what is required of them.

The Report says that investigations have shown that the above does not happen and fault has been found with the way the DMG operates. The DMG is the group within the DVLA that considers whether drivers with a medical condition are safe to drive. The report says that they have seen no evidence that proper standards or criteria are in place for the DMG to meet its

required aim of road safety and that they have seen no attempt to relate medical conditions to functional ability to drive safely and that there is a lack of assessment of condition specific risks and how these may affect road safety.

### Department of Transport response

The Department of Transport has accepted the Ombudsman's findings about the identified failures but the Ombudsman says that she is 'deeply concerned' that it has not accepted the recommendations to put things right by providing justice for everyone who may have been affected or by improving the robustness of the criteria applied in future medical assessments. As a result, the Report was published in the public interest and put before Parliament.

### IDDT comments

The report is not specific to diabetes, but IDDT receives sufficient numbers of complaints that people have with the DVLA to support the Report in all that it says. We can only hope that the Department of Transport, the DVLA and its Medical Group take notice and improve the situation.

If you have access to the internet, the Report can be found at:

<https://www.gov.uk/government/publications/driven-to-despair>

### DVLA launches new online service

Whether or not this is as a result of the Ombudsman's report, the DVLA has now made it possible to allow drivers of cars and motorcycles to notify them that they have diabetes online.

- All drivers with a medical condition that could affect their ability to drive are legally obliged to inform the DVLA. This always applies to people taking insulin but also to people taking some Type 2 drugs. If you are unsure, the DVLA advise that you contact your GP or medical professional for advice.
- You can be fined up to £1,000 if you don't tell the DVLA about a medical condition that affects your ability to drive and you may be prosecuted if you are involved in an accident.
- If your diabetes is under control with tablets, diet or both, then you don't have to inform the DVLA.



- If you are treated with insulin, then a licence will only be issued for a maximum of 3 years.

For more information go to [www.gov.uk/driving-medical-conditions](http://www.gov.uk/driving-medical-conditions)

In addition, drivers with diabetes can use this service to renew their driving licence.

You can still renew your driving licence with the paper form if you prefer. More information is available at [www.gov.uk/renew-driving-licence#other-ways-to-apply](http://www.gov.uk/renew-driving-licence#other-ways-to-apply)

### Just a note: you must give up your licence if:

- Your doctor tells you to stop driving for 3 months.
- You don't meet the required standards for driving because of your medical condition.

# Products Round-up

## Diabetes-Friendly Socks

This month sees the launch of our new range of diabetes-friendly socks. Our Comfort Socks have been developed for use by people with diabetes, vascular disorders and other circulatory problems. They provide the first barrier of protection against pressure, irritation and chaffing, pressure being a potential cause of sores and ulcers. No elastic is used in the top of the sock, relying only on the gentle control of the rib for support. We also produce a Fuller Fitting Longer Sock for people

who find it difficult to wear ordinary socks because of their size. These are made with a large circumference top and are suitable for people who may be suffering from oedema, for example.

Both socks come in a range of sizes. The Comfort Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-11] and x-large [11-13] sizes. The Fuller Fitting Sock comes in small [4-7], medium [6 1/2-8 1/2], large [9-12] sizes. Both are manufactured as a unisex sock from a high quality



cotton blend. They both come in a range of colours, grey, navy, white, black and beige. The Comfort Sock retails at £8, the Fuller Fitting at £12 per pair. Both prices include p&p. To order your socks, either contact us using the details at the end of this newsletter, or using our on-line shop at <http://www.iddt.org/shop>

## VibraTip®

All people with diabetes are at risk of losing nerve sensation in their toes and feet. This complication can sadly lead to blisters and wounds which go unnoticed, become infected and result in ulcers and potential amputations. In England alone, there are more than 7,000 amputations every year related to 'diabetic foot'. Despite efforts made by the NHS, this number stubbornly continues to rise.

Knowing that nerves in your feet are damaged is vitally important - because this puts your feet at a higher risk of injury and requires you to be much more meticulous in your foot care.

Prof. Andrew Levy, at Bristol University Hospital NHS Foundation Trust, has invented

a clever tool that helps to quickly and easily identify an early sign of a problem with the feet – the inability of the nerves to distinguish between a touch and a vibration. The VibraTip®, a small battery operated device, emits a calibrated vibration when squeezed. Only the operator knows when the VibraTip® is active because the device runs silently. If the patient cannot distinguish between a touch with vibration and a touch without vibration at the end of the big toe, nerve damage is suspected and further tests and advice are needed.

Considering the ease, speed and reliability of this test, it's not surprising that the VibraTip® is being used by more and more healthcare



professionals around the world. The simplicity of the test also allows a family member or friend to check patients' feet at home, looking for those early signs of any loss in protective nerve function.

A VibraTip® costs only £14.30 and can be ordered from our website shop, or by phoning IDDT on 01604 622837. Each device is individually blister-packed and can be used thousands of times before it needs replacing.



## The winners of IDDT's lottery draws!

**We are delighted to announce the winners of the draw of our monthly lottery for November 2016.**

**They are as follows:**

- 1st prize of £357.60** goes to Anon. from Uttoxeter
- 2nd prize of £268.20** goes to Anon. from Tredegar
- 3rd prize of £178.80** goes to Ronald from PontyPridd
- 4th prize of £89.40** goes to Anon. from Seaton

**Winners of the December 2016 draw are:**

- 1st prize of £358.56** goes to Anon from New Addington
- 2nd prize of £268.92** goes to Anne from Doncaster
- 3rd prize of £179.28** goes to Barbara from Hope Valley
- 4th prize of £89.64** goes to Frederick from York

**Winners of the January 2017 draw are:**

- 1st prize of £381.60** goes to Elizabeth from Shrewsbury
- 2nd prize of £286.20** goes to Bob from Hereford
- 3rd prize of £190.80** goes to Anne from Bromyard
- 4th prize of £95.40** goes to Anon from Belfast

Note: the winners of the draws for February, March and April will be announced in our June 2017 Newsletter and will be available on our website.

**Thank you to everyone who joined in IDDT's lottery.**

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email [tim@iddtinternational.org](mailto:tim@iddtinternational.org)

**If we can be of help in any way, please contact:**

InDependent Diabetes Trust (IDDT), PO Box 294, Northampton NN1 4XS

Tel: 01604 622837 email: [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org) Or visit our website: [www.iddtinternational.org](http://www.iddtinternational.org)