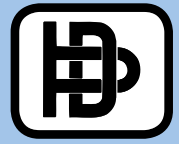
InDependent Diabetes Trust Newsletter



June 2018 Newsletter, Issue 97

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The sugar tax has arrived

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Since the last Newsletter the sugar tax, first announced in 2016, has been introduced. Soft drinks companies will have to pay a tax on drinks with a high level of added sugar.

- 18p per litre on drinks that have a total sugar content of 5-8g per 100ml. This is sugar content of 5-8%.
- 24p per litre on drinks that have a total sugar content of 8g or more per 100ml. This is sugar content of 8% or above.

Even before the taxation came into effect many companies changed their recipes to contain less sugar. Around half the drinks that would have been taxed have had their sugar content reduced to below taxable levels and the week the tax was introduced Asda, Morrisons and Tesco all announced that they have cut the amount of sugar in their own-brand drinks to below the taxable level.

- Fruit juices will not be taxed because they don't contain added sugar and nor will drinks that have a high milk content.
- Coca-Cola has said that it will not be changing its recipe, which contains around 9 teaspoons of sugar in one can. This means it has a 10.6% sugar level and will be taxed at the higher rate.

Word of warning! It is worth remembering that sugar contents of many drinks have changed but both the 'old' and the 'new' versions may still be on the market, so the labels need checking.

Changes to guidelines for managing hypos to be in line with sugar tax

The guidelines for managing hypos in hospital (The Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus) have been updated to be in line with the changes to the sugar content of soft drinks as a result of the sugar tax. Lucozade and Ribena are no longer being classed as suitable examples of quick-acting carbohydrate for patients able to swallow because of the reduction in their sugar content.

The recommendations for the treatment of hypos is to give 10-20g or 15-20g quick acting carbohydrate of the patient's choice where possible followed by a starchy carbohydrate or the next meal. Some alternatives to Lucozade and Ribina are:

- 5-7 Dextrosol® tablets (or 4-5 Glucotabs®)
- 1 bottle (60ml) Glucojuice®
- 150-200ml pure fruit juice
- 3-4 heaped teaspoons of sugar dissolved in water
- 78g per 100g (4-5) Jelly Babies

See overleaf for 'Take a sugary drink to your hospital appointment'.

Charity Number 1058284 Registered Number 3148360

Take a sugary drink to your next hospital appointment!

During 2018, sugary drinks will be further removed from NHS canteens, shops and vending machines. NHS England's scheme covers sugary soft drinks, hot drinks with added sugar syrups and milkshakes.

According to Simon Stevens, head of NHS England, 'It's important that the NHS practices what it preaches on healthy food and drink. We want 2018 to be the year when the tasty, affordable and easy option for patients, staff and visitors is the healthy option.'

While this is understandable, it is worth remembering that for people with diabetes whose blood sugars may go low while waiting for a hospital appointment, sugary drinks/ food may not be available on hospital premises. Almost two thirds of NHS Trusts are now signed up to a voluntary scheme to reduce sales of sugary drinks to 10% or less of sold drinks, with some going further by introducing their own bans of sugary drinks.

- Derbyshire Healthcare NHS Foundation Trust banned the sale of sugary drinks two years ago.
- In January 2017, Northumberland, Tyne and Wear NHS Foundation Trust went 100% non-sugar sweetened for all beverages in their seven cafes across all their sites.

However, 91 NHS Trusts have yet to join the scheme, so hospitals and suppliers have been warned that if they don't act to reduce the sales of sugary drinks by the end of March 2018 a ban will be introduced.

Ramadan 2018 and fasting

Ramadan is based on the ninth month of the lunar calendar, so this year that the fast of Ramadan 2018 will start on May 15th and will continue for 30 days until Sunday, the 14th of June. During this month it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise to sunset.

Fasting has special consequences for people with diabetes, especially those taking insulin and the risk of complications increases with longer periods of fasting.

People with diabetes may be exempted from fasting but the majority of people with diabetes do fast so run increased risks of adverse health effects, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration. Most of these are as a result of a reduction of food and fluid intake and the timing of meals.

People have to rely on expert advice from doctors and their personal experiences as there are no evidence-based guidelines for fasting. However, a study carried out in Pakistan in people with Type 1 and Type 2 diabetes has shown that with active glucose monitoring, alteration of drug dosage and timing, dietary counselling and patient education, the majority of patients did not have any serious acute complications during Ramadan.

In addition, the researchers have quoted an observational study which showed people with Type 2 who did not have education about fasting were 4 times more likely to have hypos. Therefore, they recommend that those who do not normally carry out self-monitoring of blood glucose should be provided with meters (Diab. Med. February 2016).

Recommendations

The findings of this and other studies suggest that people with Type 1 and Type 2 diabetes should have an assessment with their diabetes team 1 to 2 months before Ramadan about drug/ insulin adjustments, exercise and awareness of the risks of hypo- and hyperglycaemia. If they are ill during the fasting, then they should seek advice from their diabetes team.

FreeStyle Libre update

FreeStyle Libre not available to new customers

Abbott, the manufacturer of the FreeStyle Libre Flash Glucose Monitoring system has announced that due to unexpected demand, they are not taking online orders from new customers until July 2018. Therefore, people wishing to purchase the FreeStyle Libre for the first time will have to wait until July.

Abbott has also said that existing customers will be limited to ordering two sensors every 25 days. One sensor lasts 2 weeks. However, limiting the number of sensors does not apply to people who are obtaining the FreeStyle Libre free on an NHS prescription.

Perhaps a realistic view of the FreeStyle Libre

An IDDT member who has been using the FreeStyle Libre for some time by paying for it privately, has told IDDT that this is very much a step in the right direction but it is not without its problems.

- He has had to send a significant number of sensors back to the manufacturers because they are faulty and this creates a problem when it takes 3 to 4 weeks to obtain replacements.
- He still feels the need to do finger-prick blood tests twice daily to check the accuracy of the sensors.
- It is very sensitive to temperatures, such as very cold weather and it doesn't work in a steam room.

FreeStyle Libre – the politicians' answer

There have been many Parliamentary Questions (PQs) about the availability of the FreeStyle Libre – the sensor system on the arm which can be scanned for a glucose reading as often as you like or need, as worn by Theresa May. The answer to one of these PQs on April 5th was as follows.

'The listing of a medical device in the Drug Tariff should not be interpreted as a recommendation to prescribe a particular product. Flash glucose testing is not suitable for everyone. The Regional Medicines Optimisation Committee has issued advice on the use of Freestyle Libre to support decisions about its use. Patients will need to discuss the ongoing management of their condition with their healthcare professional and consider whether flash glucose monitoring is suitable for them.

The Department has no plans to ask clinical commissioning groups (CCGs) to review their prescribing policies or monitor access to flash glucose monitoring.

Within its financial constraints, the NHS is committed to providing access to new drugs and medical technologies. Ultimately it is for CCGs, who are primarily responsible for commissioning diabetes services, to meet the requirements of their population. In doing so, CCGs need to ensure that the services they provide are fit for purpose, reflect the needs of the local population, are based on the available evidence and take into account national guidelines. This includes determining whether specific technologies, such as flash glucose monitoring, form part of their service and if it is suitable for individual patients to support the ongoing management of their condition.'

Postcode lottery

As discussed, IDDT is concerned about the postcode lottery that applies to the prescribing of the FreeStyle Libre, in other words, people in some areas are having it prescribed on the NHS, while the majority of others are not. This is very unfair and a difficult battle to fight when the Department of Health's answer is that the decision is made by the local Clinical Commissioning Groups (CCGs).

Therefore, IDDT has sent Freedom of Information Questions (FOIs) to all Clinical Commissioning Groups. The questions we asked were:

- How many people have been successful in getting the FreeStyle Libre system prescribed since it was included on the NHS Drug Tariff in November 2017?
- What are the criteria on which decisions about prescribing the FreeStyle Libre system are made?
- What was the decision-making process for establishing the prescribing criteria for the FreeStyle Libre system?

There is a time limit for the replies and the majority responded, albeit after the time limit had expired. We are in the process of analysing the answers and will put the results up on our website homepage www.iddtinternational.org and in the next Newsletter.

Advice from NICE if their guidance is not followed

We sometimes wonder about the justification for NICE and its guidance when it appears that CCGs and prescribers do not have to follow it. A great deal of time and money is spent developing guidance on many aspects of health, including diabetes, and if a local decision is made to not prescribe a treatment even when it is recommended in NICE guidance what happens and what are our rights as patients.

In March, we received an email from NICE about the fact that the Type 2 diabetes guidance is not being changed because there has been no new evidence to warrant a change. The last paragraph was interesting and goes some way towards answering our question:

"Whilst clinicians are obliged to take our guidance into account when deciding what treatment to offer, this does not mean that they can't deviate from it if they think it would be better for the patient. We make it clear in all our guidance that treatment decisions should be made in consultation with, and with the agreement of the patient. If healthcare professionals decide to deviate from the recommendations in our guidance, then the decision and the reasoning behind it should be recorded in the patient's notes."

So if you are not receiving a NICE recommended treatment, then your notes by your doctor should give the reasons why not. And of course, you can always ask why not, but then this should have been discussed with you anyway!

TYPE 3c DIABETES BEING MISDIAGNOSED

We hope that this does not make things even more complicated and the vast majority of people will not have heard of Type 3c diabetes. Type 3c diabetes, also known as pancreatogenic diabetes and develops in people who have previously suffered from pancreatic disease (acute or chronic pancreatitis), causing the pancreas to stop producing insulin. The UK study, involving two million people, found that 97.3% who had suffered from pancreatic disease had been wrongly told they had Type 2 diabetes when, in fact, they actually had Type 3c.

Type 3c develops when the pancreas becomes inflamed, or part of it is removed and so it requires treatment with insulin straight away. A misdiagnosis means that there can be a significant delay in someone receiving the correct treatment which puts the patients' short and long-term health at risk.

The research also showed that Type 3c diabetes was more common than previously thought with considerably more adults being diagnosed with Type 3c diabetes compared to Type 1 diabetes.

Ironically, and perhaps dangerously, one of the groups of drugs (DPP4 Inhibitors – Alogliptin, Linagliptin, Saxagliptin, Sitagliptin and Vildagliptin) can actually cause pancreatitis. As ever, the advice is to consult your doctor if you are concerned.

Young people supporting IDDT!

It is good to see young people helping to publicise IDDT by using our FREE, new reusable, cotton shopping bags and showing people that we are here to help. If you would like to help in this way, just give IDDT a call on 01604 622837 or send an email to: matt@iddtinternational.org and we will send you a bag.

DIABETES UK UPDATE THEIR NUTRITION GUIDELINES – AT LAST!

At their Professional Conference in March 2018, Diabetes UK announced that their nutritional guidelines have been amended, the first time since 2011. Unlike previously, a major part of these guidelines is the focus on Type 2 diabetes and its prevention. The document is huge, 114 pages long with over 500 studies analysed by researchers from Oxford University and Diabetes UK.

The main recommendation that has changed, and not before time, is that Diabetes UK are now recommending limiting carbohydrates, particularly refined carbs, and this is after years of recommending the high carb/ low fat diet. Of course, many people, especially those with Type 1 diabetes, have not been following the high carb diet because it doesn't make sense!

Higher carbs = higher daily insulin = increased risk of hypos and weight increase

However, much as Diabetes UK's stance on carbs has changed, their stance on fats remains a point for debate as it has not really changed from the 1980s, when the high carb/low fat diet was first recommended. In the 1980s it was thought that fats increased the risk of heart disease but since then, no long-term studies have shown this to be true. It is thought that the high carb/low fat diet is responsible for the increase in obesity and Type 2 diabetes.

Fats

In the new guidelines, Diabetes UK still focuses on low fat being preferable to high fats and do not differentiate between the types of fats. They recommend that people with diabetes avoid saturated fats. Yet, there are studies which suggest a protective effect of saturated fat from dairy products and full fat has shown to improve cholesterol levels and even improve heart health when compared to low fat.

If fat is lowered or removed, what replaces it? Quite often this is starch and/or sugar and this is not appropriate for people with diabetes! Diabetes.co.uk (an online organisation not connected to Diabetes UK) cite the example of Tesco's Half Fat Crème Fraiche which compensates for the removal of fat by stabilising it with tapioca starch and pectin, an ingredient in gelling sugar. Per 100ml, Tesco's low fat version contains almost 50% more carbs than its full fat version! There are many other foods which are classed as low fat but may contain more sugar than their high fat versions.

The positives in the new guidelines

An acknowledgement that diet should no longer be a 'one size fits all' and dietary advice should be tailored individual needs. Diabetes UK appears to be unconvinced of one particular diet for treating Type 2 diabetes and while acknowledging that the low carb diet has a big following, it lists a number of diets that have had success. A further reason for not advocating one diet, is to recognise the differing needs of ethnic minorities.

Other recommendations include:

- People at risk of Type 2 diabetes should aim for at least 5% weight loss, where appropriate and increase their daily physical activity levels.
- The focus for dietitians should be on 'foods' rather than nutrients, wherever possible.
- The guidelines also cover education and care delivery, glycaemic control for Type 1 and Type 2 diabetes, cardiovascular disease risk management and management of diabetes-related complications for adults and children with diabetes

Probably the most important statement of all!

The lead author of the guidelines said at the Conference, "There is a way of eating that suits your life, family, and culture, and it could be a Mediterranean-style, low-glycaemic, or low-carb diet. They all work, so we need to give people the choice."

THE IDDT'S LOTTERY DRAW WINNERS

We are delighted to announce the winners of the draw of our monthly lottery for February 2018. They are as follows:

1st prize of £470.40
goes to John from Nottingham

2nd prize of £352.80
goes to Andrew from Bath

3rd prize of £235.20
goes to Paul from Worthing

4th prize of £117.60
goes to Pauline from Doncaster

Winners of the March 2018 draw are:

1st prize of £470.88
goes to ANON. from Matlock

2nd prize of £353.16
goes to Margaret from Southwold

3rd prize of £235.44
goes to ANON. from Morpeth

4th prize of £117.72
goes to ANON. from Craven Arms

Winners of the April 2018 draw are:

1st prize of £492.96
goes to Lynne from Watton at Stone

2nd prize of £369.72
goes to Hugh from Hove

3rd prize of £246.48
goes to ANON. from York

4th prize of £123.24
goes to Vivienne from Leicester

Note: the winners of the draws for May, June and July will be announced in our September 2018 Newsletter and will be available on our website.

A huge 'Thank You' to everyone who has supported IDDT through the lottery.

If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email jo@iddtinternational.org

HOLIDAY TIPS

Holidays are approaching and whether staying in this country or going abroad, for families with diabetes, this means more planning and a bit more care when you are away. IDDT has published a new booklet, Holiday Tips, which includes useful information for holidays. This is included in our Holiday Pack and if you would like one of our packs, just call IDDT on 01604 622837, email enquiries@iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS. The Holiday Tips are also on our website: www. iddtinternational.org

IDDT NEWS

IDDT Conference 2018 – 'Living with Diabetes'

We are pleased to announce that this year we are holding a conference again at the Kettering Park Hotel. You will see from the conference booking form accompanying this newsletter that it will be an interesting day with speakers and group discussions.

The title is 'Living with Diabetes' to reflect some of the issues that affect all of those living with diabetes. This includes family members - the spouses, the partners and the parents of those with diabetes. To reflect this we have a discussion group specifically for 'carers'

We hope that many of you will be able to join us, so just complete the form and return it to IDDT. Remember, the date for your diary is October 6th 2018!

Five categories of diabetes

We usually think of diabetes as being split into two basic categories, Type 1 and Type 2 diabetes. In this latest research, scientists from Sweden and Finland studied nearly 15,000 people with diabetes and were able to define five specific classifications of diabetes.

They found that diabetes could be separated into subtypes which have distinct characteristics, suggesting that people may be affected by their diabetes in different ways and may benefit from different treatments. This could lead to more personalised treatments in the future and patients having a choice of treatment.

Current treatment guidelines for Type 2 diabetes are a one-size-fits-all approach, starting with metformin and then adding other drugs if treatment goals are not achieved. Therefore, when having to respond to poor control if it develops, treatment is intensified but there are no means of predicting which patients will need intensified treatment.

The five categories are genetically distinct

The categories, referred to as clusters were based on six variables - glutamate decarboxylase antibodies, age at diagnosis, BMI, HbA1c, and homoeostatic model assessment, estimates of β-cell function and insulin resistance. They were related to information from patient records on the development of complications and medication prescriptions.

CLUSTER 1 – is called 'severe autoimmune disease' and is similar to Type 1 diabetes. People in this group were relatively young at diagnosis and were not overweight. The autoimmune system prevented them from producing insulin.

CLUSTER 2 – is called 'severe insulin-deficient diabetes' which is similar to cluster 1 in that people were relatively young at diagnosis and were not overweight. They did not produce much insulin but, importantly, their immune system was not the cause of their diabetes because they didn't have autoantibodies that indicate Type 1 diabetes. The researchers are not sure why this happens but suggest that there may be a deficiency in the cells that produce insulin.

CLUSTER 3 – is called 'severe insulin-resistant diabetes' and occurred in people with excessive weight and high insulin resistance. Therefore, they make insulin but the cells in the body do not respond to it.

CLUSTER 4 – is called 'mild obesity-related diabetes' and occurred in people with a milder form of the disease who tended to be obese. They did not have as many metabolic problems as those in Cluster 3.

CLUSTER 5 – is called 'mild age-related diabetes'. This is similar to Cluster 4 but people were older at diagnosis. It was the most common form of diabetes and affected 40% of those in the study.

The five clusters had significantly different patient characteristics and risk of diabetic complications. The people in cluster 3, those most resistant to insulin, had significantly higher risk of diabetic kidney disease than those in clusters 4 and 5, but had been prescribed similar diabetes treatment. Those in cluster 2, those that were insulin deficient, had the highest risk of retinopathy.

The importance of this research

This research makes us think about Type 2 diabetes in a different way, it is no longer a condition that affects everyone in the same way. A more precise diagnosis will result in treatments tailored to manage blood glucose levels and reduce the risk of complications, such as, some people may benefit from starting insulin treatment sooner and some may benefit from being more closely monitored for complications.

This is the first step in understanding the breakdown of Type 2 diabetes but, there is still a long way to go before the time comes when treatments of Type 2 diabetes can be tailored to individual need.

It is worth noting that research is going on around the world into subtypes of Type 1 diabetes. (The Lancet Diabetes and Endocrinology, March 1st 2018)

More about blood pressure

Blood pressure drugs and the risk of falls

A recent study has shown that people over 70 years had a 30-40% greater risk of injuries from falls if they were taking tablets to lower blood pressure. The risk is more than twice in those with a previous history of falls.

Experts advise that GPs should weigh up whether using drugs to lower blood pressure to reduce the risk heart attack and stroke outweighs the increased risk of serious injury from a fall. Dizziness and light-headedness are common side effects of blood pressure tablets.

Previous research in older adults has shown that there may be a higher risk of falls in older adults with multiple chronic conditions. The research concluded that the possible harms versus benefits of blood pressure tablets should be considered when deciding to continue the tablets in older adults with multiple chronic conditions.

Blood pressure lowering in people with Type 2 diabetes leads to lower risk of cardiovascular disease and improved mortality

Type 2 diabetes is associated with a substantially increased risk of events such as heart attack and stroke. On average blood pressure levels are higher in people with Type 2 diabetes but there is still some debate about what blood pressure targets should be achieved and who should receive treatment.

Researchers at Oxford University carried out a review of 40 trials from 1966 to 2014 involving over 100,000 people with Type 2 diabetes and found that

- each 10mm Hg lower systolic BP (the top number) was associated with a lower risk of mortality, cardiovascular disease events, coronary heart disease events, stroke, albuminuria,
- a further reduction below 130mm Hg was associated with a lower risk of stroke, retinopathy, and albuminuria, potentially leading to benefits for many people at high risk for those complications.

The findings support the use of medications for lowering blood pressure in people with Type 2 diabetes. (JAMA. 2015;313(6):603-61)

Not enough attention to salt intake

A survey carried out in Australia, showed that most adults with Type 1 and Type 2 diabetes know that a high-salt diet is linked to high blood pressure and stroke but most of them still eat too much salt. There is some debate about the appropriate level of salt intake but, there is good evidence showing that a reduction in salt intake may help to prevent strokes, heart attacks and other cardiac problems. People with diabetes are at increased risk of cardiovascular disease, so it is important that they take extra care with their salt intake.

There were 143 people in the survey, but only a third knew that salt contains sodium and only 6% knew the upper limit for salt intake – 6gms per day in Australia.

- 80% knew that processed foods, such as bacon and pizza, are high in salt.
- 90% knew that foods such as carrots were low in salt.
- Less than 30% knew that white bread and cheese are high in salt.
- When asked which nutrients were their biggest concern, 65 listed sugar, 41 said saturated fat, 35 fat in general and only 14 said that salt was their biggest worry.
- On average, people with Type 1 diabetes had lower sodium intake than those with Type 2, and men had higher intake per day than women. (Appetite August 13, 2014)

What is the correct salt intake in the UK?

- 75% of salt we eat is already in the food we eat every day - bread, cereals and ready meals, so there is no need to add salt to meals.
- Adults should eat no more than 6gms of salt a day.
- Children and babies under 11 years should have less salt than adults – babies under one year need less than 1 gm of salt per day. Salt should not be added to their milk or food.

The EU food labelling regulations state that sodium should no longer be used on labels, only salt. If the label does give sodium, the way to work out the salt content of the sodium figure is: salt = sodium x 2.5. This means that adults should eat no more than 2.4gms of sodium per day.

White coat syndrome

White coat syndrome is the term used when blood pressure rises because it is being measured by a doctor or nurse. Research has shown that 75% of people with hypertension (high blood pressure) have white coat syndrome and when nurses take blood pressure white coat syndrome is less than when a doctor measures it. The researchers suggest that if blood pressure is higher when measured by doctors, there is a risk of misclassification and inappropriate treatment. [British Journal of General Practice, March 2014]

If this causes you concern, it is worth remembering that many people with suspected high blood pressure are given a monitor to wear for 24 hours while carrying out their normal activities and this gives more accurate information about blood pressure.

NHS NEWS

Steps to reduce 20% of calories in popular foods by 2024 announced to tackle childhood obesity.

Last year it was the reduction in sugar to reduce obesity and this year, the plan is to cut people's calorie intake. This is part of the government's strategy to cut childhood and adult obesity announced in March this year by Public Health England (PHE) and the Department of Health and Social Care (DHSC). The package includes (and I quote from the press release):

- new evidence highlighting overweight or obese boys and girls consume up to 500 and 290 calories too many each day respectively,
- a challenge to the food industry to reduce calories by 20% in products consumed by families by 2024,
- as adults consume 200 to 300 calories in excess each day, the launch of the latest One You campaign, encouraging adults to consume 400 calories at breakfast, and 600 for lunch and dinner.

The government's challenge to the food industry is similar to the approach to sugar content:

- change the recipe of products,
- reduce portion size,
- encourage consumers to purchase lower calorie products.

Categories of food covered by the programme include pizzas, ready meals, ready-made sandwiches, meat products and savoury snacks.

The next step in the programme involves engagement with the whole food industry such as retailers, manufacturers, major restaurant, café, takeaway, and delivery companies, and health and charity sectors, to develop category guidelines. These will be published in mid-2019.

NHS U-turns on their plans on over-the-counter medicines

NHS England has backtracked on its proposal for blanket bans on the prescribing of over-the-counter drugs. It has listened to concerns expressed by the Royal College of GPs that this would result in them losing their freedom to make decisions in the best interests of patients taking into account physical, psychological and social factors. NHS England has now decided that GPs will retain the ability to use their medical judgement and skills to prescribe medicines that are also available to buy over the counter in certain circumstances.

At the same time, GPs will encourage people who can afford to buy over-the-counter to do so for minor and self-limiting conditions.

Cash rewards offered to NHS GP practices not to refer people to hospital

Clinical Commissioning Groups (CCGs) in some areas of England are offering cash incentives for GPs surgeries not to refer patients to hospital by:

- offering GP surgeries as much as 50% of any savings they make
- offering a payment of £5.00 for every patient registered at the practice if they can cut down referrals by 10% compared to the previous year.

These so-called 'profit-sharing' schemes mean that GP practices benefit financially by not sending patients for treatment or to see a specialist. CCGs maintain that these schemes are meant to 'improve the quality of referrals and ensure that patients are seen at the best service to meet their needs.

Reactions from doctors: GP leaders have stated that cash incentives based on how many referrals GPs make, have no place in the NHS. They have also said that it is "insulting" to suggest doctors are sending patients to hospital arbitrarily, and this incentive scheme erodes the trust patients have in their GP. GPs are being paid not to look after patients!

IDDT's reaction: We're in agreement with the medical profession, this is not the way to run the NHS. While it may not erode our trust in our individual GP, it does mean that we, as patients, may question decision- making about referrals. Am I not being referred because of the finances or because I don't need to be? We won't know the answer!

Prescription charge increase in April 2018

Prescription charges went up in April 2018 from £8.60 per item to £8.80. This does not affect people with diabetes on medication but it does affect those with diabetes managing their diabetes with diet and exercise if they also have to take other medicines, such as blood pressure pills and statins. It also affects many people with other long-term conditions that are not allowed free medicine and this can be a huge financial burden to bear.

The health conditions that are allowed free prescriptions have not changed for 50 years!

The Prescription Charges Coalition are campaigning to provide free prescriptions for all long-term conditions. A third of people they questioned said they have not collected a prescription due to cost - they are having to make choices between buying food, turning on their heating or paying for their medicines. Not only is their health being affected by not having the medicines they need, but it also results in the extra cost of more GP and hospital appointments. After 50 years, it is time for a change!

Pharmacists funded to work in care homes

180 new roles for pharmacists and 60 for pharmacy technicians are to be funded by £20 million from the

Pharmacy Integration Fund to work in care homes. The driving force behind this are concerns that too many care home residents are taking too many medicines which could do them more harm than good. The aim is that pharmacy teams will provide better healthcare outcomes for residents, improve efficiency, reduce hospital admissions and reduce medicines waste.

The pharmacists and technicians will be employed by providers and commissioned by the lead CCG to work in care homes where there is the most need. The pharmacists will be in post by early summer and they will be supported by a training programme so that they can become independent prescribers.

Viagra no longer a prescription only medicine

From the end of 2017, Viagra Connect (containing sildenafil 50mg) has been changed from being classified as a prescription only medicine (POM) to a pharmacy medicine (P). This means it could be available without prescription for use by men over 18 who have erectile dysfunction.

Viagra Connect may be sold after a discussion with the pharmacist who will then be able to determine whether the treatment is appropriate and can give advice on erectile dysfunction, usage of the medicine, potential side effects, and if further consultation with a general practitioner is required. However, Viagra Connect will not be sold by pharmacists to people with severe cardiovascular disorders, at high cardiovascular risk, liver failure, severe kidney failure or taking certain interacting medicines. In these groups, men must continue to be under the supervision of a doctor.

One of the aims of this decision is to make Viagra more accessible and to encourage men with erectile dysfunction to look for help within the NHS system rather than turning to internet and possibly counterfeit sources of Viagra which could have serious side effects.

THE NHS IS 70 YEARS OLD!

On July 5th this year, the NHS will be 70 years old and it seems right that this Newsletter marks 70 years of the UK health system.

The principles of the NHS were based on the 1942 Beveridge Report and when the NHS formed in 1948, it replaced a mixture of voluntary and private hospitals and independent practitioners with a universal health system funded by general taxation. There were 3 core principles.

- It should meet the needs of everyone.
- It should be free at the point of delivery.
- Care should be provided according to clinical need, not the ability to pay.

Almost from the outset of the NHS, there have been questions about whether the NHS could be maintained from taxation. This has never been more emphasised than during the last 7 years of the worst budget restrictions in the history of the NHS. This has not been helped by the 2012 Health and Social Care Act which has produced greater complexity without associated benefits. (Kings Fund, February 6th 2015)

The challenges facing the NHS today are complicated and wide ranging. However,70 years of the NHS is still a time to celebrate and be thankful. People with long-term conditions, such as diabetes, have good reasons to be grateful to the NHS.

Over the years since my daughter was diagnosed with Type 1 diabetes in 1975, I have come to realise just how grateful we have to be for the 'free at the point of delivery' treatment. We have always received emergency treatment if we needed it; we have never had to restrict the use of insulin because we can't afford it and while hospitals in the UK may vary, we don't have poor hospitals for poor people, as some people even in the US have to do.

The challenges facing the NHS today maybe different but challenges have been present over the years and for people with diabetes.

- In 1975, my daughter had to use glass syringes with long, thick needles that had to be reused until they were blunt, and some of our readers will remember sharpening their own needles! Friday night was boil up night in our house when the syringe and needles were boiled in a pan for cleanliness. The challenge – campaigning for disposable syringes and needles to be available on the NHS, and later we campaigned for pen devices.
- An even greater challenge was the change from urine testing to blood glucose testing. Urine testing involved dropping a Clinitest tablet into a test tube of urine and watching it change colour. Then came blood testing strips but they were not available on the NHS, so we used to cut them in half to make them last longer – yet another challenge!
- And there were other challenges along the way – the campaign for diabetes specialist nurses to help treat people with diabetes and diabetes, there have been many challenges. Today, we may criticise the NHS, or more accurately the system, but we have received free treatment on the basis of need and not on the ability to pay for insulin pumps to be available on the NHS.

Innovations have challenged the NHS over the years and in. While recognising that there are competing interests within the NHS, when I look at the improvements in treatment and care of children and adults with diabetes, I for one, am very grateful it has been there……. So many thanks for the NHS and to the many staff working within it. Long may it continue.

Jenny Hirst
IDDT, Co-Chair

Jeremy Hunt Watch

Drug errors that kill tens of thousands of patients a year must stop

In February, Jeremy Hunt said mistakes made by medical staff when prescribing drugs to patients must stop as they are causing up to 22,300 unnecessary deaths a year. He called for an end to drug errors.

According to a government study, NHS staff make 237 million drug errors every year at a cost of £1.6 billion and causing "appalling levels of harm and death" to patients. Mr Hunt announced plans to tackle the problem, setting a five-year target to halve harm from drug mistakes. He called for an end to hand written prescriptions which are a key source of mistakes and he has promised £3.5 billion to pay for the change to electronic prescriptions.

He also said that part of the change needs to be 'cultural'- "moving from a blame culture to a learning culture so doctors and nurses are supported to be open about mistakes rather than covering them up for fear of losing their job."

New pay deal for NHS staff

The new NHS pay deal for NHS staff was announced in March by Health Secretary, Jeremy Hunt when he claimed that the unions involved in negotiating the new NHS pay deal on behalf of staff believe that the terms of the agreement will be 'very motivating' for workers.

The new deal no longer includes automatic annual pay increments but Mr Hunt maintained on 'Peston on Sunday', 25.03.18, that it was more modern than the current system. In the new deal, there will be the high skilled employees who are highly paid and their pay will go up as their skill levels go up. For this there will need to be a proper system of appraisals.

Jeremy Hunt forced to apologise for breaching money laundering rules over property firm

In April 2018, Jeremy Hunt was forced to apologise after he failed to declare a stake in a company which bought seven luxury flats in Southampton. He admitted breaching money laundering legislation by failing to notify Companies House or the parliamentary register of MP's interests. Mr Hunt said that he had rectified the issue before the revelations came to light, and the error was a result of an "honest administrative mistake". A Downing Street spokesman said: "Jeremy has rightly apologised for an administrative oversight, and as the Cabinet Office have made clear there has been no breach of the ministerial code. We consider the matter closed."

Jeremy Hunt writes to Facebook and Twitter to protect children

In April, the Health Secretary accused the tech companies such as Facebook and Twitter of being 'irresponsible' for failing to protect children using them. He has sent a strongly worded letter telling them that new legislation to enforce screen time limits is being considered after research showed that children spending too long on these platforms are more likely to suffer mental health problems.

Mr Hunt has given social media companies a week to explain the steps they are taking to tackle cyber-bullying, encourage healthy screen time and set out their plans for the future. He added that that "turning a blind eye" to the problem was "unacceptable and irresponsible". He is particularly keen to crackdown on breaches of minimum age limits by social media companies.

As part of the Government's plans, Mr Hunt has ordered the chief medical office to launch a review into the effects of social media on children's mental health.

Professional Care Conference raises disturbing questions

Highlights from the Professional Care Conference, held in November 2017, provided some disturbing key points that must raise some questions and perhaps a re-think.

Achieving HbA1cs targets in the UK is the poorest compared to other similar countries

A study carried out in 2013 in European countries which achieved HbA1cs of less than 7% (53mmol/mol) showed:

- the UK was the bottom,
- only 40% of UK patients achieved HBA1cs of less than 7% (53mmol/mol) despite having one of the highest testing rates.

The speaker suggested that the UK needs to have a re-think of its strategies.

In Type 2 diabetes earlier introduction of medication needs to be considered

This speaker pointed out that in the UK lifestyle changes are the emphasis for the treatment of Type 2 diabetes but if these don't work we need to introduce metformin more quickly. Similarly, if people consistently have no reduction in their HbA1cs, then insulin treatment needs to be considered much sooner.

In the UK, after starting metformin, people wait on average 2 years before starting a second drug, 7 years before starting a third drug and an average of a further 6 years before being put on insulin.

The speaker, Professor Khunti from Leicester University, told the conference that HbA1cs should be brought down from diagnosis and kept as low as possible, unless there are complications. He also pointed out that older people with additional conditions may need their medications for diabetes reduced or stopped because many get hypoglycaemia and have falls. A recent study showed that in people with diabetes over 69, the rate of hospital admissions for hypos significantly increases.

Funding

Professor Valabhji, National Clinical Director for Obesity and Diabetes, told the Conference that £65million has been allocated to diabetes care this year and it will be spent on:

- the treatment and care of diabetes (£42million)
- a diabetes digitalisation programme - a tool to help to achieve education targets for people with diabetes. In 2018, the aim is to develop a digital service for people with Type 1 to access all their information and to download blood glucose results.
- the prevention of Type 2 diabetes. (Worth noting that this is not actually 'diabetes care' but a public health issue, so should it be funded from the £65 million allocated to diabetes care?)

Diabetes care is "too complex for a bureaucratic solution"

Finally, what appears to be the most valid point was from Professor Sir Muir Gray who said that the level of change required to tackle the present and future situation in diabetes care is "too complex for a bureaucratic solution". Primary and secondary care need to work together to treat the patient as an individual.

He also added that smaller savings could be made by making the NHS more paper-free and he cited the example of 500 million (paper) lab reports being sent out which could be emailed!

Colour change for insulin Fiasp to avoid mix ups with Tresiba

European Medicines Agency, 23/03/2018

The colour of cartridges, pre-filled pens and vials of the rapid-acting insulin Fiasp is changing from yellow to red and yellow following cases where patients have mistakenly injected Fiasp instead of the long-acting insulin Tresiba (in light green cartridges and pens) or the other way around. Such mix-ups, can cause hypo- or hyperglycaemia (low or high blood glucose levels), which can lead to serious health problems.

Patients using both these medicines should be careful to avoid mixing them up and healthcare professionals should make patients aware of the risk, particularly during the time while yellow Fiasp products are still available. Pharmacists will receive a letter with this information and local timelines for when red and yellow Fiasp products will be introduced

Information for patients

- The colour of cartridges, pre-filled pens and vials of Fiasp is changing from yellow to red and yellow.
- Fiasp should be injected around mealtimes and Tresiba should be injected once a day, preferably at the same time every day, as advised by your doctor.
- Before each injection, check the name of the medicine. Take extra care if preparing injections in poor light to make sure you are using the correct medicine at the correct time.
- Contact your healthcare professional immediately if you have mixed up your injections. Your healthcare professional can also advise you if you have any questions about your treatment.

New red and yellow Fiasp pen and cartridge.

Current yellow Fiasp and light green Tresiba pen and cartridge.

Heart attacks and sexual activity – doctors need to talk

We have published this article in a previous Newsletter but thought that it may well be worth another read in case things have not changed.

Research carried out in 2009 showed that survivors of heart attacks are very likely to avoid sexual activity because they fear it could kill them. The leader of the study said the chance of dying during sex was 'really small'. Experts say that it is safe for heart attack survivors to start having sex again once they are capable of moderate exercise, such as climbing a few flights of stairs.

The study of 1,184 men and 576 women heart attack survivors involved assessing them one month after the heart attack and a year later. The findings showed:

- Patients whose doctors had failed to discuss resuming sexual activity with them were more likely to avoid it.
- If people had not been given information on resuming sexual activity, men were 30% and women 40% more likely to report having less sex a year on, compared with before their heart attacks.

If you have had a heart attack and your doctor does not discuss sexual activity with you, while it may be embarrassing, it is better for you to ask the question than live with unnecessary fears.

Note: If you would like a copy of IDDT's FREE leaflet, 'Sexual dysfunction in men and women', call IDDT on 01604 622837, email or write to IDDT, PO Box 294, Northampton NN1 4XS

Diabetes UK surveys

Survey: all types of diabetes have more than doubled since 1998

An analysis by Diabetes UK has shown that all types of diabetes have more than doubled since 1998. The diagnosis of both Type 1 and Type 2 has increased, although the rise has been greater for Type 2 diabetes.

In 1998 the number of people over 16 with diabetes was 1.8 million but now there are 3.7 million people aged 17 and over with diabetes – this is nearly 6.7% of the population in England. The analysis did not break down the figures into Type 1 and Type 2 diabetes but other research shows that the rise in Type 2 diabetes has been greater and some experts believe this is connected to the rise in obesity.

There are large variations around the country:

- Bradford has the highest levels of diabetes in the country at 10.43%, followed by Harrow, and Sandwell and West Birmingham at 9.40% and 9.14% respectively.
- However, in Richmond the levels are only 3.6% and in Camden and London just over 4%.

In addition…..

It is also estimated that there may be nearly a million people in the UK with undiagnosed diabetes. Further analysis of figures relating to obesity and waist circumference suggest that 12.3 million people in the UK are at risk of developing Type 2 diabetes.

The good side

This is not all bad news. A letter in a recent edition of The Lancet made an interesting point in terms of the numbers of people with Type 2 diabetes being on the increase, especially in articles in the media.

There is no evidence to support this claim in developed countries as research has shown that the incidence of Type 2 diabetes levelled off a few years ago, this means a levelling off in the numbers being diagnosed. However, the prevalence of diabetes has increased, meaning the number of people living with it has increased. This is quite different and could be due to better diagnosis and reporting, more people being treated and simply people living longer.

It is important to distinguish between the incidence and prevalence of Type 2 diabetes but this does not alter the fact that more people are living with diabetes and probably the complications, so there needs to be more resources in terms of healthcare professionals and funding.

One in six people with diabetes discriminated against at work according to survey by Diabetes UK

The survey of nearly 10,000 people found:

- 16% (one in six) people with diabetes at work feel they have been discriminated against by their employer because of their diabetes.
- 37% said that living with diabetes had caused them difficulty at work.
- 7% had not told their employer they had diabetes.
- 25% said they would like time off work for diabetes-related appointments and flexibility to take regular breaks for testing or taking medication.

Diabetes UK quoted the experiences of Megan who was diagnosed with Type 1 diabetes 14 years ago and she said: "I've experienced a lot of problems in the workplace due to staff not understanding my diabetes. In my previous job, I was constantly undermined and told that my diabetes wasn't that serious. This included being told off for having medical appointments during the day and being made to feel bad for talking about my diabetes, even though it's really important for staff to know I have diabetes in case of an emergency. I even had staff react negatively towards me after I ended up spending a night in hospital and taking a bit of time off work due to very high blood glucose levels. The impact of all of this left me feeling frustrated, anxious and stressed, and in turn meant I struggled to manage my diabetes. I eventually decided that enough was enough, and I quit my job so I could spend some time taking care of myself."

Comments from Martin Hirst, CEO of IDDT: The survey highlights the need for BOTH employers AND employees to be aware of both their Rights and Responsibilities at work under the Equality Act. For example, failure to disclose the condition could force a breach of health and safety regulations and could pose a risk to not only the person with diabetes but also their co-workers. It is also worth noting that employees are entitled to time off work for doctors' appointments.

It is interesting that a lot of the negativity comes from co-workers. By making employers aware of the condition and its management, they are enabled to support the person with diabetes, challenge negativity from employees and to foster an environment that is positive and supportive for all.

On a more positive note – while one in six people with diabetes feel they have been discriminated against, five out of 6 don't!

Diabetes doubles chance of developing cataract

A new UK study has found that the relative risk of cataracts is highest among people between the ages of 45 and 54. However, people with diabetes are twice as likely to develop cataract as the general population.

The researchers analysed the medical records from 56,510 people with diabetes aged 40 and over and found the following:

- cataract was diagnosed at an overall rate of 20.4 per 1,000 people compared with 10.8 per 1,000 in the general population.
- People with diabetes aged between 45 and 49 were 4.6 times and those between 50 and 54 were 5.7 times more at risk than the general population.
- The risk is six times higher if a person with diabetes has significant diabetic retinal disease.

This report emphasises the importance of the NHS Diabetic Eye Screening programme in early identification and treatment of diabetic eye disease to prevent sight loss. (Eye, February 2018)

What is cataract?

Many people fear cataracts but sometimes understanding what they are helps to alleviate that worry.

- In a normal eye the lens, behind iris and pupil, is clear and transparent but when a cataract forms the lens becomes cloudy or opaque so preventing the light that passes through the pupil from reaching the retina. The image or picture on the retina is fuzzy and blurred.
- Cataracts usually develop in adult life and are caused by the normal aging process in which the lens becomes harder and cloudy. As this happens there may be a need to have new, stronger glasses more frequently but when the cataract worsens stronger glasses will not improve vision.

Facts

- Cataracts usually form slowly with a gradual blurring of vision.
- Cataracts are usually formed as part of the normal aging process but they can be formed as a result of injury to the eye. Cataracts can be present from birth.
- Cataracts are more common in people with diabetes and can develop at an earlier age than in the general population.
- Cataracts cannot be caused by overuse of the eyes and 'resting' the eyes will not stop cataracts from developing or progressing.
- There is no known prevention for cataracts.

IDDT has a leaflet, The Eye and Diabetes, which explains many of the conditions of the eye that may happen. If you would like a copy, please contact IDDT on 01604 622837, email enquiries@ iddtinternational.org or write to IDDT, PO Box 294, Northampton NN1 4XS

Research bits and pieces

Cardiovascular risks in children with Type 1 diabetes 20 years after diagnosis

Children with Type 1 diabetes had significantly higher rates of hypercholesterolemia (high cholesterol levels), hypertension (high blood pressure) and cardiovascular medication use 20 years after the onset of diabetes than those without diabetes.

UK researchers looked at 22,241 children with and without diabetes younger than 19 years. They found that those who were diagnosed between the ages of 15 to 18 were at an increased risk of having hypercholesterolemia and hypertension than those who were diagnosed with Type 1 diabetes at a younger age. (Endocrinology, January 2018)

Latest technology in diabetic wound care

US researchers have shown that it is possible to induce skin cells to regenerate themselves to heal a wound. They first extracted skin cells from the wounds of people with diabetes and then genetically reprogramed them to turn into cells called induced pluripotent stem cells (IPSCs). These cells can grow and mature into different kinds of cells, depending on their environment.

Other ways of stimulating skin cell regrowth have been investigated. An example of this is a plaster made of shark cartilage, cow collagen and silicone. This acts as a protective device and also speeds up wound healing when placed over the wound. Scientists are also working on growth factors that aim to promote wound healing.

The present standards of the care of wounds in people with diabetes include blood glucose control, wound cleaning, adequate dressing and education on the prevention of wounds so we look forward to better forms of treatment in the future.

Association between diabetes and other autoimmune diseases

A study showed that Type 1 diabetes onset after age 40 is linked to a more than double increased risk for one or more autoimmune diseases when compared to diagnosis at 10 years or younger including gastrointestinal autoimmune conditions, pernicious anaemia, thyroid disease and vitiligo. The research involved 1,167 adult diabetes patients with an average age of 46.9 years and found women older than 60 had a 63% likelihood of developing at least one additional autoimmune condition, compared with 27% for women younger than 29 and 33% for men in the same age group. (Presented at the Endocrine Society's annual meeting, March 2018)

Study shows benefits of islet transplantation for diabetes patients

According to a study, 42 out of 48 patients with Type 1 diabetes who underwent pancreatic islet transplantation had near-normal blood glucose control, no severe hypoglycaemic events and restored hypoglycaemia awareness one year later. However, about half needed to continue insulin treatment for blood glucose control. Researchers also found patients reported having better overall health status after the transplantation. (Diabetes Care, March 2018)

Diabetes risk in men associated with life satisfaction

German researchers evaluated data from two population-based surveys involving 7,107 adults, average age of 47.8, and found that men with high life satisfaction had a 28% lower risk of developing type 2 diabetes than those with medium or low life satisfaction, but no association was found between life satisfaction and diabetes risk among women. (Diabetic Medicine, December 2017)

Another patch for measuring glucose levels looks promising

Scientists from the University of Bath have developed a non-invasive, adhesive patch which promises to measure glucose levels through the skin without a finger-prick test. The patch does not pierce the skin but draws glucose from the fluid between cells across hair follicles. These are individually accessed by an array of miniature sensors using a small electric current. The glucose collects in reservoirs and is measured. Readings can be taken every 10 to 15 minutes.

Significantly, due to the design of the sensors and reservoirs, the patch does not require calibration with a blood sample. A further advantage over other similar devices is that each miniature sensor can operate on a small area over the individual hair follicle which significantly reduces the inter- and intra-skin variability in glucose extraction and increases the accuracy of the measurements, so calibration with a blood sample is not necessary.

The researchers tested the patch on pig skin, where it could accurately track glucose levels across the range seen in people with diabetes, and on healthy human volunteers, where again the patch was able to track blood sugar variations throughout the day.

They hope that the device can eventually become a low-cost, wearable sensor that sends regular, relevant glucose readings to the wearer's phone or smartwatch to alert them when they need to take action. (Nature Nanotechnology, April 9, 2018)

DPP-4 inhibitors increase the risk of IBS

Dipeptidyl peptidase-4 inhibitors (DPP-4 inhibitors), a group of drugs for Type 2 diabetes known as gliptins, have been linked to a 75% increase in risk of inflammatory bowel disease (IBS) compared to other Type 2 diabetes drugs, according to recent study. The researchers, from Canada and Germany, analysed more than 140,000 adults who were starting Type 2 drugs between 2007 and 2016 from 700 UK general practices. They found:

- Per 100,000 people per year, the number of cases involving people on DPP-4 inhibitor stood at 53.4, compared to 34.5 for those on other therapies.
- Compared with use of other antidiabetic drugs, use of DPP-4 inhibitors was associated with a 75% increase in risk of inflammatory bowel disease. The risk increased with the length of use and this peaked after three to four years.

The researchers advised that doctors need to be aware of the possible association between DPP-4 inhibitors and the risk of IBS and perhaps not prescribe them for people at high risk, such as those with a family history of IBS or those with known autoimmune conditions. (BMJ, 08.04.18)

From our own correspondents

A variety of issues

Hi Jenny,

Just a short email to say I thought your last issue was bang on and a good read. I particularly enjoyed "Getting the most from your Health Care Professional/ Know your Rights" in Type 2 and You. It was reassuring because it looks like I'm in a good place and getting all items listed.

I was part of the Freestyle Libre trial and found the product to be great and made it a lot easier to control my blood sugars. I did want to carry on using the product after the trial, but the only way would be to pay for the sensors.

I heard a radio programme about the Pioppi Diet, I bought the book which is an interesting read and tried to follow that style of diet. I eat a lot of the things it recommends but in general cut out big carbs like rice, chips and bread, which I find quiet easy to do. The result is I am losing weight and now wearing clothes I could not fit into, even better the amount of insulin I take has reduced considerably instead of taking in both mornings and evenings I'm now down to just evenings so about 50 to 60% of what I used to take.

Mr K.M. - West Yorks

Some good news!

Finally – some good news about being diabetic! Our central heating broke down last week (during that very cold spell) and British Gas said they wouldn't be able to come and have a look at it for 4 days. We escalated it and, as soon as they found out I was diabetic, they said it was therefore an emergency and they would be there in 2 hours. And they were. At last an advantage!

By email

Travel Insurance

Dear Jenny,

I recently purchased a travel insurance policy from 'All Clear Insurance' because they offer cover for diabetes and are advertised by Diabetes UK. However, although they offer medical cover, they do not re-imburse expenses incurred by cancelled flights.

I was caught up in the disruption due to snow when Bristol airport was closed and our flight was cancelled. I had to get to fly into Heathrow and get a train to S Wales at an additional cost of £400. All Clear Insurance passed me to 'Reactive Claims' who, after much deliberation paid out £40! I thought you could let your readers know that they should check the level of cover offered very carefully to avoid being out of pocket if their flight is cancelled.

Mr A.B. - S Wales

Support shoes

One area of care that confuses me is footwear, I have to wear a supportive shoe because of deformed/misshaped foot. I do not understand how many pairs of shoes you are entitled to, and over what period of time, is it two pairs a year? It would be good to have some clarity around the subject.

By email

Here's an answer: At my recent shoe review at the local hospital, I asked how many pairs of shoes I can have and was told a maximum of two a year, which will be repaired if they get damaged. They did say it is a difficult question to answer because people wear shoes in different ways, in different environments and walk different distances. However, I am not sure whether this just applies in my area or applies across the country.

Problems with Personal Independence Payments

Personal Independence Payments (PIPs) were introduced in 2013. This is a benefit that helps with the extra costs of a long-term health condition or disability for people aged 16 to 64. It has replaced the Disability Living Allowance (DLA). Since its introduction, IDDT has received a significant number of calls from people who have had difficulties with PIPs or who have been receiving DLA but then been refused the Personal Independence Payment even though their health or disability has not improved, and in many cases, is not likely to improve.

The government brought in private contractors, such as Atos, Capita and Maximus to carry out assessments and make the decisions about who should and who should not receive PIPs. It appears that since 2013, 290,000 appeals against decisions have been granted!

The Work and Pensions Committee have been looking into this system for disability benefits and has warned that it is having an 'untenable human cost' on claimants. It has also said that there is a strong case for the government to take the assessments back in-house rather contract them out to private companies as "none of the providers hit the quality performance targets set for them and many claimants experience a great deal of anxiety and other deleterious health impacts over a process that is regarded as opaque and unfriendly throughout."

The report highlighted four main areas in which the worst mistakes were made:

- factual errors about people's situations,
- problems caused by an assessor's lack of knowledge,
- issues with completing the PIP and ESA (Employment Support Allowance) forms, and the difficulty of challenging decisions.

And IDDT has heard all of these, and more!

The response of the Department of Work and Pensions was that it was "disappointing that this report uses a number of anonymous claims that we are unable to investigate. We've already commissioned five independent reviews of the work capability assessment – accepting over 100 of their recommendations – and two independent reviews of PIP assessments. Anyone needing extra support can request it, and if someone is unhappy with a decision, they can appeal."

If you are having trouble filling in the PIP forms, you can ask for help with this from your local Citizens Advise Bureau.

If you think the decision is unfair, then you can appeal if any of the following applies:

- you think the office dealing with your claim has made an error or missed important evidence,
- you disagree with the reasons for the decision,
- you want to have the decision looked at again.

Some decisions can't be reconsidered - it'll say on your original decision letter.

You need to ask for mandatory reconsideration within one month of the date of the decision.

PARENTS PART

NICE quality standard for children and young people with suspected diabetes

The NICE quality standard states that when a GP suspects a child or young person has diabetes, they should immediately be sent to hospital and seen by a multi-disciplinary paediatric diabetes team the same day. Prompt diagnosis is vital because if left untreated diabetes can cause tissue damage resulting in diabetes complications. Around 26,400 children and young people have Type 1 diabetes and 500 have Type 2 diabetes.

- Those with Type 1 diabetes should be offered intensive insulin therapy to help them achieve near normal blood glucose levels. This means that they will need multiple daily injections or insulin pump therapy, along with carbohydrate counting.
- Those with Type 1 and Type 2 diabetes should be offered access to mental health professionals with an understanding of diabetes.
- Diabetes management should include education, support and access to psychological services.

The quality standard amalgamates children and young people with Type 1 and Type 2 diabetes which may be criticised by some, but it is important to recognise the need for early diagnosis and treatment of both types of diabetes.

The quality standard can be found at https://www.nice.org.uk/guidance/qs125

Teenager with Type 1 receives a horse racing licence

A teenager has become the first person with Type 1 diabetes to be given a horse racing license. Historically, people with Type 1 diabetes have been unable to horse race because of safety concerns.

Hector Barr, 16, grew up around horses as his father, Stephen, raced horses as a youngster but he was forced to give it up when he was diagnosed with Type 1 diabetes. However, Hector's family worked with the British Horseracing Authority (BHA) to create a new protocol which allows him to race. In order to allow him to do this, Hector's blood sugar levels are tested rigorously on the day. He uses a patch on his arm, (the FreeStyle Libre), which shows blood sugar levels and whether they are going up or down.

His mother told the local newspaper that the adrenaline produced when he is racing makes his sugar levels go up which means if Hector has multiple races at a meeting, he has to work to bring them down before starting another race.

Since Hector has tried out the new policy he has managed to race around the country. Hopefully this will encourage others who want to horse race to know that it is possible. Of course, horse riding does not require a licence so there is nothing to deter youngsters riding, and it is good exercise!

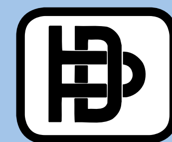
Increased risk of progression to Type 1 diabetes in children under 12 years with high BMI

For autoantibody-positive relatives of people with Type 1 diabetes, high body mass index (BMI) is associated with increased risk of progression to Type 1 diabetes, especially for those aged younger than 12 years.

The study carried out at the University of California, involved 1,117 children with autoantibody-positive relatives with Type 1 diabetes. The researchers found that those children with higher BMI had a greater risk of developing Type 1 diabetes. In children younger than 12 years, the increased risk occurred at lower BMI values compared to older participants in the study. The risk was also greater in females than males.

So although it has always been said that weight does not cause Type 1 diabetes, it is a factor in certain groups of people. (February 2017, Diabetes Care)

InDependent Diabetes Trust



SNIPPETS

Coffee intake and Type 1 diabetes

A study carried out in Finland involving 1,040 adults with Type 1 diabetes, has shown that people with Type 1 who drank 3 to 5 cups of coffee or more daily were at an increased risk of developing metabolic syndrome when compared to those who drank less coffee. Increased coffee intake was also associated with impaired insulin resistance. (Nutrition, Metabolism and Cardiovascular Diseases, February 2018)

Type 2 diabetes: higher blood sugars 20 years before diagnosis

Researchers looked at the history of 296,428 people who developed Type 2 diabetes. They found that they showed higher levels of fasting glucose, triglycerides and average body mass index (BMI) more than 20 years before diagnosis when compared to controls who did not develop diabetes. (Diabetes, Obesity and Metabolism, February 2018)

Vegetarian and Mediterranean diets have similar heart effects

Researchers in Italy studied 107 healthy slightly overweight people between the ages of 18 and 75 years. They found that those on a low calorie vegetarian diet or low calorie Mediterranean diet lost nearly 4 pounds in weight and nearly 3 pounds of body fat. However, the vegetarian diet was more effective at lowering LDL (bad) cholesterol and the Mediterranean diet was more effective at lowering triglyceride levels. (Circulation, February 2018)

Good news – lower risk of migraines in people with diabetes

A study evaluated the Norwegian prescription database of more than 100,000 people with diabetes. They found that those with Type 1 diabetes had a 26% lower risk of migraine and in those with Type 2 diabetes the risk was 11% when compared to people without diabetes. However, the study did not find out why diabetes may have a protective effect against developing migraines. (Cephalalgia: An international Journal of Headaches, January 2018)

One In Ten: The Male Diabetes Crisis

This is a report by The Men's Health Forum which showed that men are more likely to develop Type 2 diabetes than women and tend to be more likely to develop the complications of diabetes. The report shows:

- Men are 26% more likely to develop Type 2 diabetes than women and are more likely to be overweight.
- Men are more likely to develop Type 2 diabetes at a lower BMI than women.
- They are also more likely to be aware that they are overweight than women and are less likely to attend weight management programmes.
- Men have a greater risk of developing diabetic retinopathy, foot ulcers and having amputations or dying prematurely as a result of Type 2 diabetes.

The report emphasises that sex inequalities have not been highlighted by policy makers and that the National Diabetes Prevention Programme must be designed and delivered in ways that work for men. The Men's Health Forum wants a serious programme of research and investment to ensure that men get the support and care they need.

The points are well made when one thinks about the National Diabetes Prevention Programme. It does seem to be largely people being referred to weight management and other courses but if men are unlikely to attend these, then a re-think for men is necessary.

Blood glucose trends across the world

- The highest average blood glucose levels in people with diabetes were found on Valentine's Day followed by Halloween, Christmas Day and New Year's Eve respectively.
- By country, Australia had the highest blood glucose levels, followed by the UK and then the US.
- The highest frequency of hyperglycaemia was found in Australia at 72.1% of days.
- The highest frequency of hypoglycaemia was found in the Netherlands, at 23.1% of days.
- Belgium had the lowest frequencies for hyper- and hypoglycaemia at 36.4% and 6.4% respectively. (February 2018)

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