

INDEPENDENT DIABETES TRUST Newsletter



AUTUMN 2026 Newsletter, Issue 131

PO Box 294 Northampton NN1 4XS Telephone: 01604 622837

Welcome!

We welcome you to our Autumn Newsletter and once again, I must say a big thank you to all the people who are still donating to help IDDT in response to our appeal in the Spring issue. We very much appreciate the help and support you are giving!

We hope that you have enjoyed the summer. If you still have holidays to come, we'd just like to remind you that we have a free booklet containing holiday tips which is particularly useful for people who are newly diagnosed, just give IDDT a call on 01604 622837,

In this issue, we report on the new NHS Modernisation Bill which will affect all of us, especially the NHS single patient record that should combine all our health and social care records from GPs and hospitals. While we are being assured that confidentiality, and therefore our privacy, will be maintained by the new system being secure, this is a bit worrying.

In addition, the Bill also abolishes NHS England and importantly transfers the work of HeathWatch to the Department of Health and Social Care. HealthWatch has represented patients' views and has been independent, but this change means there is a loss of independence for patients' views!

In addition, we cover the latest research with a special interest immunotherapy as a preventative treatment for Type 1 diabetes in children, hopefully a way forward in the future.

Another reminder to join 'IDDT's Get Together'

We would love to see you at our annual Get Together on Saturday, 3rd October 2026 at the Kettering Park Hotel and Spa. If you are wondering where Kettering is, it is easily accessible from all directions – north, south on the M1 and east and west on the M6 and A14.

Included with this issue is the booking form for the day, together with the programme. The title for the day is 'Everyday Diabetes' to reflect that the programme has something of interest to everyone.

We hope that many of you will be able to join us as it is your opportunity to listen, learn and meet other people living with diabetes.



'Thinking about Christmas' is included with this Newsletter.

We know it sounds early but we also know that many of you like to get Christmas cards and bits and pieces in good time for Christmas. So if you are able, please support IDDT by purchasing our Christmas cards.



The new NHS Modernisation

This new Bill which is going through parliament represents a major NHS restructure.

These changes in the Bill are being described as representing one of the most significant restructures in the history of the NHS. It abolishes NHS England and merges it with the Department of Health and Social Care (DHSC). It grants the Secretary of State new powers to intervene in and direct NHS organisations and requires the creation of a Single Patient Record.

- The Bill grants more powers to the Secretary of State and their Department to intervene in NHS trusts and boards. This includes redirecting some of the duties of ICBs firing trust staff and limiting spending.
- The Bill abolishes NHS England, passing its powers to DHSC. This forms part of a wider reorganisation which will involve the need for 50% job cuts to cut back on duplication of staff roles. The scale of this reorganisation will mean major disruption.
- The Bill abolishes HealthWatch, which represents patient views. The Health Services Safety Investigations Body (HSSIB), which investigates patient safety issues, is to be merged into the Care Quality Commission (CQC) regulator. This is concerning because some independence will be lost, and there is no clear explanation for reorganising HSSIB and what is to be gained.
- The Bill gives the Secretary of State new powers to compel all parts of the NHS, including GPs, to disclose data to combine in a single patient record. Better joined-up data would be a relief to patients and clinicians. Past experience shows there must be enough safeguards on data shared with public and private researchers, or public trust will be lost.



The NHS single patient record

The aim of a single patient record is to combine GP, hospital and social care data so patients don't have to keep repeating their medical history unnecessarily at appointments.

An example of its use is that A&E clinicians, who sometimes cannot access GP patient records, will be able to quickly check patients' complete histories, medication and allergies if they arrive needing urgent care. Concerns have been raised by the British Medical Association and other organisations, about the sensitivity of patient data and who will have access to it under the new system.

The new Health and Social Care Secretary, James Murray, has said it will be "crucial to have strict legal safeguards in place". He also said: **"We will make sure only specified people can access the data and there will be an audit trail of exactly who has accessed the data. There will be strong cyber security protections for it as well and we will protect this data like we do all of our health data today."**

The single patient record will be made available on the NHS App and the new system will be rolled out from 2027.

The Department of Health and Social Care predicts that introducing the single patient record and other reforms will result in 20,000 fewer patients a year will have to go to A&E. It is assumed there will be fewer patients wrongly diagnosed as a result of lack of access to records and more of the frail elderly will be treated in their communities.

What are the positives?

- Paramedics will be able to see full information on a patient they are blue-lighting to hospital.
- Presently pregnant women have to go through their entire medical history from memory at their first midwife appointment, because midwives don't have access to official records.
- Carers will benefit from the planned new system because they will be able to find out up-to-date information on a patient's treatment and medication.
- Officials say GPs will save time because they will be able to find information about their patients more quickly.

What are the concerns and are these negatives?

The British Medical Association (BMA) have real concerns about what the plans mean for confidentiality, pointing out that GPs have protected patients' confidential records since the start of the NHS in 1948, a legal duty that they take very seriously. The BMA want assurances that this important GP oversight will not be taken away, otherwise it will raise serious questions about who is safeguarding patients' data. In addition, patients, we the public who pay for the NHS through our taxes, also have concerns, not least about the confidentiality and how this will be maintained.

- Who will be able to have access to patient data?
- Can this really be tracked?
- We know that this data is very valuable to companies who can make money from it, so how do we know this is not going to happen? We saw what companies did during Covid and more recently!
- Researchers use patient databases, how can we be sure that confidentiality is going to be maintained, especially if the research is pharmaceutical company funded.
- Scrapping HealthWatch and merging the HSSIB with the CQC, reduces patient representation, so will it be more difficult for patients' voices and views to be heard and listened to?
- There is no mention of public health or reforming social care, suggesting adult social care is not a high priority. If the government is serious about its policy of prevention, then the new Bill could, for example, include addressing obesity and alcohol misuse.
- Recently a major NHS IT contract was awarded to the US tech giant Palantir, founded by an ally of Donald Trump, a cause for considerable concern. So will Palantir be involved in the system for the single patient record?

The track record shows such restructures are often disappointing. The last time there was an attempt by government to bring about similar changes to access of patient records, patients were allowed to opt out by writing to their GP practice. Not so this time and can we be assured that this huge NHS organisation is complying with GDPR?

Those of us that have been around a long time, have seen NHS restructuring in the past and experience tells us that political involvement in the NHS does not always work. Time will tell...

New NHS online hospital

Last year, it was announced that the NHS is to set up an 'online hospital', NHS Online in England. The online hospital will digitally connect patients to expert clinicians anywhere in England.

The first patients are expected to use the service in 2027, meanwhile in June 2026, the job of the chair of NHS Online was advertised to appoint a chair to lead the new organisation who will receive an annual salary of £55,000 for working one day a week. Recruitment has also begun for 6 non-executive directors to help to shape it into a fully operational provider of virtual elective care services.

The announcement said that patients can be seen faster, as teams triage them quickly through the NHS App and let them book in scans at times that suit them at Community Diagnostic Centres closer to home.

When a patient has an appointment with their GP, they will have the option of being referred to the online hospital for their specialist care. They will then be able to book directly through the NHS App and have the ability to see specialists from around the country online without leaving their home or having to wait longer for a face-to-face appointment.

If they need a scan, test or procedure, they'll be able to book this in at a time that suits them at Community Diagnostic Centres closer to home. They'll be able to track their prescriptions and get advice on managing their condition from the comfort of their home.

NHS Online will help to improve patient waiting times by delivering the equivalent of up to 8.5 million appointments and assessments in its first three years. However, once again we have to point out that the NHS will need to ensure that people without access to technology or the right skills are supported to get the help they need.

Initially the focus will be on a small number of planned treatment areas with the longest waits. Over time this will be expanded to more treatment areas. Treatment areas will only be offered if the NHS knows it is clinically safe to do so remotely.



Whatever next?

Drug to stop 'Ozempic butt'!

People on weight loss drugs may experience exaggerated loss of fat, muscle and tissue volume, thought to be due to rapid loss of weight rather than the medication itself. Some users complain that their body shape changes, including a deflated or saggy bottom, often called the Ozempic butt! A new drug called apitegromab could help people on obesity jabs to avoid unwanted muscle loss linked to "Ozempic butt".

Research suggests that around a third of the weight loss from GLP-1 jabs, such as Wegovy, Ozempic and Mounjaro, may come from muscle rather than fat. Unlike fat, it is harder to put muscle back on quickly, however, in a trial of 102 adults, those who took apitegromab with their obesity medication maintained more muscle while still losing fat.

Apitegromab works by blocking a protein involved in the breakdown of muscle and is also being explored as a treatment for other medical conditions affecting muscles.

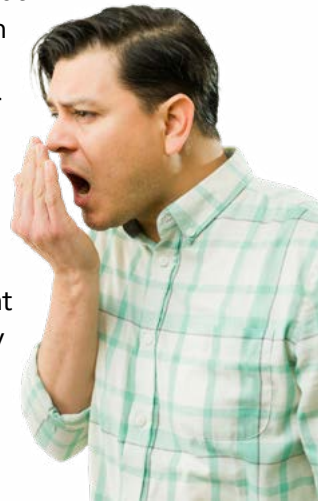
Currently, apitegromab must be given into a vein as an infusion and manufacturers are investigating whether it could be self-injected. More studies are needed before it can be recommended. (Nature Medicine, June 2026)

Now 'Ozempic Mouth' has become a thing!

GLP-1 drugs like Ozempic may cause oral issues due to delayed gastric emptying. Dry mouth is the most common oral change which can contribute to other challenges like bad breath, changes in taste such as a metallic or bitter sensation, tooth sensitivity and an increased risk of cavities and gum disease. Up to 24% of users report vomiting, which brings harsh stomach acids into the mouth which again can lead to tooth decay and bad breath. Dentists recommend good oral hygiene and hydration to manage these symptoms effectively.

There is research suggesting that gastrointestinal adverse effects and dry mouth occur more often with semaglutide (Ozempic and Wegovy) than with other GLP-1 receptor agonists. (June 12, 2026)

Worth a reminder - GLP-1 drugs are not meant for a short-term or cosmetic weight loss and health experts strongly advise against using them as a quick-fix to get "beach body" ready, although it is clear people do misuse them.



Again!! Two arrested during the MHRA's largest ever seizure of unlicensed weight loss medicines

Officers from the Medicines and Healthcare products Regulatory Agency's (MHRA) Criminal Enforcement Unit have arrested two people after raiding a country estate near Northampton, recovering around 12,000 doses of unlicensed weight loss medicines in the largest ever seizure of such products by the agency.

During the operation along with Northamptonshire Police, two male suspects were arrested on suspicion of offences under the Human Medicines Regulations 2012.

The property is believed to have been used as a large-scale facility to manufacture, assemble and distribute unlicensed weight loss medicines, retatrutide, tirzepatide and peptide products.



Note: *retatrutide* is a new weight loss jab that has not yet been licensed but is being championed as enabling people to lose **significant** amounts of weight! It is also the first drug of its kind too cause UTIs (urinary tract infections) as an adverse effect.

Fake medicines can kill

It is a sign of the times that we have to write about fake medical products (FakeMeds) bought online and this is because they can lead to serious negative health effects.

It is illegal to sell fake or unauthorised medicines and medical devices in the UK. The Medicines and Healthcare products Regulatory Agency (MHRA) are warning that if you buy from dodgy websites, scammers can not only rip you off through credit card fraud but also steal your identity. The FakeMeds campaign, run by the MHRA, aims to protect your health and money by providing quick and easy tools to buy medical products online safely.

Nearly half (44%) of UK adults aged between 18–30 years old have bought medicine or medical product online. This could pose a serious risk to your health, especially if you end up purchasing from a dodgy or illegal website.

Fake prescription and over-the-counter medicines not only fail to work but can also make you sick. Even worse, in the most severe cases, they may contain dangerous ingredients, potentially leading to death.

How to spot a dodgy website

No one sure way exists to spot a 'dodgy' website, but any of the following 10 tell-tale signs can be an early warning and should make you suspicious:

1. Unusual web address – legitimate retailers will not use a product name in the URL
2. Poor website design with spelling or grammatical errors
3. Pop-up ads
4. Exaggerated claims like '100% safe', 'no side effects' or 'quick results'
5. Promise of quick 'next day' delivery. Taking shortcuts could expose you to unlicensed medicines, identity theft and credit card fraud.
6. Advertising prescription-only medicines and prices on the 'home page' (illegal in the UK)
7. No prescription required for prescription medicines
8. Payment accepted in crypto currencies
9. You are asked not to name the medicine or website in your banking transaction reference
10. No physical or street address available

How to spot fake medicines or medical devices

Fake medical products can look convincing, especially if you haven't seen the genuine product before. Manufacturers must label all medicines sold in the UK and the label should say 'UK Only' on the packet.

Look out for these warning signs to help detect a fake medicine:

- Poor quality capsules or crumbly tablets
- Medicines with a homemade appearance or where the packaging is open or damaged and the 'UK Only' label is missing
- Active ingredient(s) not listed on the packet
- Missing or past expiry date

Look out for these warning signs to help detect counterfeited or non-compliant medical devices which have not followed regulations:

- Poor quality colour printing on packaging
- Spelling mistakes on packaging/Instructions for Use (IFU)
- Lot numbering not in keeping with original formation
- Incorrect UKCA/CE marking format
- No Instructions for Use (IFU) leaflet
- No manufacturers details on packaging (i.e. just states made in China)

Here are some logos to look out for:

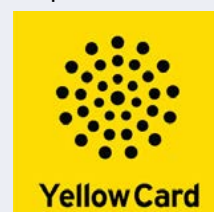
UKCA The UKCA mark stands for UK Conformity Assessed. It is a product approval logo used in England, Wales, and Scotland from 1 January 2021 and applies to most goods that used to need the CE mark, including licensed medicines.

CE The CE mark on medical devices is an indicator that it has been approved within the EEA (European Economic Area), and recognised by the UK until 30 June 2028.

If you suspect you have bought or taken a fake medicine

Cheap medicine can come at a cost to your health, if it is fake. If you suspect you have bought a fake medicine, do not take it. If you think you have taken a fake medicine and experience any side effects, seek medical help right away. Report fake medicines, fake medical devices or side effects using the Yellow Card scheme. Anyone who suspects they are having a side effect from a medicine, whether a fake or real one, Class 1 are encouraged to talk to their doctor, pharmacist or nurse and report it directly to the MHRA Yellow Card scheme online <https://yellowcard.mhra.gov.uk/>

You can help the MHRA keep people safe!



Nothing is perfect – let's look at issues with devices

While each new development seems may like a major step forward, it is important to remember that any problems may not show themselves until a new medicine or device has been on the market and used in many, many more people than in the pre-approval trials. So we shouldn't be surprised if problems do occur but we can hope that regulations change so that trials of new products contain many more people and over a longer period of time!

Below are just a couple examples of recent problems with devices for people with diabetes.

FDA announces recall on insulin pump pods after leaks cause 29 serious injuries

In the US, there has been a Class 1 recall on insulin pump pods by the US Food and Drug Administration (FDA) after 29 serious injuries were reported - a Class I recall is the agency's most serious type.



The defective device is the Omnipod 5 and to date there have been no deaths but certain lots used in the automated insulin delivery system for people with Type 1 diabetes will need to be removed from where they are used or sold in order to prevent any potential fatalities.

This insulin pump system uses invisible tubing unlike other wearable models and a set of patches to administer insulin into the body as glucose levels change in people with diabetes throughout the day. When working properly, the Omnipod 5 should correct insulin levels in the body every five minutes.

According to the manufacturers, the problem with the recalled lot is due to a manufacturing defect in the pods - internal tubes through which insulin flows may contain small tears, leading to leaks that could cause an under delivery of insulin. This means that patients may not receive the proper dose from the pump, resulting in their blood glucose levels being higher than they should be. This could lead to diabetic ketoacidosis, a potentially life-threatening condition that could cause patients to become delirious or unresponsive and put others at risk if the patient is driving a car or operating heavy machinery.

A worse situation - the tears in the pods could cause the insulin pump to enter a state of Automated Delivery Restriction due to it not registering an underdose of insulin being delivered. This could happen without warning or alert, leaving the patient unaware that they received a lower-than-necessary dose of insulin. There is an alarm that is supposed to trigger if insulin enters the pod but reportedly this is not always happening.

Defective pods must NOT be used and according to the manufacturers (Insulet) and the FDA, the only solution is to find a replacement for the defective

pods. This starts with identifying those classed as defective and in the US this is done by identifying the batch numbers. So far, this recall has not applied to the Omnipod 5s in countries outside the US but the advice is just to make people aware of the possibility.

Freestyle Libre 3 and FreeStyle Libre 3 plus sensors linked 7 deaths and more than 700 serious injuries

In December 2025, Abbott reported that about 3 million FreeStyle Libre 3 and FreeStyle Libre 3 Plus sensors may be providing incorrectly low glucose readings. This is an error that has been linked with the deaths of at least seven people and more than 700 serious injuries worldwide, according to an alert from the US Food and Drug Administration. According to Abbott, about 60 of the injuries have happened in the US, none of them fatal.

Incorrect glucose readings can lead to improper treatment. Abbott warned that about 3 million FreeStyle Libre 3 and FreeStyle Libre 3 Plus sensors are affected, but no other Libre products. Patients can visit [FreeStyleCheck.com](https://www.freeslycheck.com) to see if their sensors are affected and to get a replacement for free.

The FDA has also published specific information about the affected products in its alert, considered to be a "potentially high-risk issue" and will continue to update its website as information becomes available. The advice is:

- People should check if their sensors are impacted and immediately discontinue use and dispose of the affected sensor(s)
- If undetected, incorrect low glucose readings over an extended period may lead to wrong treatment decisions, people living with diabetes, such as excessive carbohydrate intake or skipping or delaying insulin doses, which may pose serious health risks.

Abbott said that the manufacturing issue affecting the products has been resolved and that it is continuing to produce the products. The company does "not expect significant supply disruptions" for people seeking to replace their monitor or for new orders.

Calorie labelling in restaurants and away from home food outlets for people with Type 1 diabetes

In April 2026, a Parliamentary Question asked what assessment has been made of the adequacy of current requirements for the provision of carbohydrate and nutritional information in restaurants and other out-of-home food settings for people living with Type 1 diabetes.

The answer was as follows: legislation requiring large businesses in England, those with 250 or more employees, to display calorie information on non-prepacked food and soft drinks came into force in April 2022. A careful balance needed to be struck between making calorie labels as accessible and informative as possible for consumers while not disproportionately impacting businesses.

It was decided that large businesses, who are responsible for nearly half of all food and drink sales, would only be required to display calorie

information. This ensures that the regulations deliver the projected health benefits while minimising the risk of disproportionately burdening smaller businesses who might find the new requirement more challenging to implement.

It is at the discretion of an individual business if they choose to display additional nutritional information, such as carbohydrates, on their menus. We will publish a post-implementation review within five years of implementation which will consider the effectiveness and impact of the policy.

Note – most people with Type 1 diabetes count carbohydrates, so it is understandable that this question was asked even if it has not brought any change.

What's new?

European approval for new dual Glucose-Ketone Libre Sensor could help to spot DKA risk sooner

Ketones in the blood can rise before someone realises they may be at risk for diabetic ketoacidosis (DKA). DKA commonly occurs when glucose levels are high, such as with an illness or infection, but it can also occur without high glucose levels, when insulin levels are low.

In diabetic ketoacidosis (DKA) the body does not have enough insulin and begins breaking down fat for energy, causing ketones to rise to dangerous levels in the blood. Raised ketones can escalate to DKA within hours and, if left untreated, can lead to coma or even death. However, although ketone testing is recommended during illness or times of raised blood sugars, early detection remains a persistent challenge.

Abbott recently announced European approval for the Libre Duo and Libre Duo 10 Day, two new wearable sensors designed to continuously track both glucose and ketones in one device. The Libre Duo is approved for adults 18 and older, and the Libre Duo 10 Day is for people aged 2 and older and Abbott plans to begin launching these systems in selected European countries later this year.

Tracking both ketones and glucose could help people to see when ketones are a problem and know when to take action – such as seeing a doctor, changing an insulin pump site, taking correction insulin or modifying a sick-day plan.

This is the first time people with diabetes will be able to monitor ketones without traditional blood or urine tests. Abbott is also working with leading pump companies to allow automated insulin delivery (AID) systems to connect with the sensors. (Published June 1, 2026)



Inhaled insulin safe in young people with Type 1 diabetes

Inhaled Technosphere insulin was found to be safe for young people with Type 1 diabetes and offered greater satisfaction and less weight gain than injected rapid-acting analogue insulin.

Researchers carried out a trial across 38 diabetes centres in the US involving 230 young people aged 4-17 years 225 with Type 1 and 5 with Type 2 diabetes, all treated with multiple daily insulin injections for at least 2 weeks.

Participants were randomly assigned to receive either inhaled Technosphere insulin or rapid-acting analogue insulin, with both groups continuing basal insulin and undergoing continuous glucose monitoring. Technosphere insulin was administered via inhaler for meals and correction dosing, with initial doses based on doubling the rapid-acting analogue insulin dose and adjusted according to glucose response to the meal. The rapid-acting analogue group continued using insulin aspart, lispro or glulisine, with dosing adjustments based on premeal glucose levels over a 3-day period.

The safety results plus the findings of greater treatment satisfaction and less weight gain support the view that Technosphere insulin is a treatment option for some paediatric patients with Type 1 diabetes, particularly for young people who choose not to or are unable to use an automated insulin delivery system.

Weight loss drug Wegovy to be available in pill form in UK for first time

A pill version of the popular weight-loss drug Wegovy has been approved in the UK. It is the first tablet of its kind to be approved by the Medicines and Healthcare products Regulatory Agency (MHRA) for people with a BMI of 30 or over and only available on a private prescription.

At the time of writing, it will not be available on the NHS until the National Institute for Health and Care Excellence (NICE) decide if it should be recommended on the NHS. NICE has reported that manufacturer, Novo Nordisk had not yet approached them but they are "in active dialogue" with the company.

Similar to its injection form, the tablets contain semaglutide which works by mimicking the actions of the natural hormone, GLP-1 that suppresses appetite and slows digestion to keep people feeling fuller and less hungry. (June 2026)

At the time of writing, there is not yet a date for its availability in the UK.

Dosage according to the MHRA

- starting dose for the tablet is 1.5 mg once daily, escalating to 4 mg, 9 mg and 25 mg with a minimum duration of one month at each dose level.
- Patients currently treated privately with a 2.4 mg semaglutide injection once weekly can be transitioned straight to semaglutide 25 mg tablets once daily.
- The tablets should be taken on an empty stomach and people should also eat a healthy diet and get enough exercise. Like any medication, there can be side effects, including nausea, diarrhoea, constipation and vomiting.

Some high street and online pharmacies plan to add it to their doctor prescribing services in the coming weeks. The cost of Wegovy pills in the UK is not yet known, but in the US the manufacturer listed the starting dose of 1.5 mg at \$149 (around £110) a month.

Biocon eyes crown of world's top insulin supplier amid rush for GLP-1

Biocon is taking a measured approach on GLP-1s, choosing to target only select markets. Indian drugmaker Biocon Ltd. is aiming to become the world's top supplier of insulin in the coming years by capturing growing demand for insulin.

Biocon makes generic drugs and biosimilars (biological medicines that are similar to brand-name drugs) and is currently the third-largest insulin supplier by volume globally. It is taking advantage of the \$30 billion global insulin market, as the biggest insulin manufacturers are increasingly redirecting their resources towards weight loss drugs such as the glucagon-like peptides, GLP-1s. For decades Novo Nordisk and Eli Lilly & Co, pharmaceutical giants, have grown as a result of insulin sales but they are now concentrating on other diabetes and weight-loss drugs to generate higher growth and profits.

More than 830 million people around the world live with diabetes and millions depend on insulin to manage the disease. Demand is expected to rise as diabetes prevalence increases across Asia, Africa and Latin America, where access to affordable drugs remains uneven. The patent for semaglutide, the key ingredient in Novo Nordisk's Wegovy and Ozempic, has started to expire globally, including in countries like India and Canada, allowing cheaper versions to start flooding those markets. (June 2026)

The eyes and NHS services

NHS funds optometrist referrals direct to eye specialists

In June 2026, NHS England announced a £20 million investment so that high street optometrists can have direct access to NHS digital systems. This will enable them to refer patients with certain eye conditions directly to NHS hospital eye services. This should save patients from unnecessary GP appointments because under this new guidance patients will no longer need a separate GP appointment to be sent to a specialist. It will also mean that hundreds of thousands of people with glaucoma will have speedier follow-up care.

Every optical practice with an NHS contract in England will have access to the NHS e-Referral service. They will also have access to the National Care Record Service which will allow optometrists to view relevant eye care records to aid their decisions and save patients having to repeat their issues. The government is aiming for optometrists to have 100% access to the systems by 2028.

New guidance targets faster glaucoma follow-up care

In addition, NHS England has published its Getting It Right First Time (Girft) Glaucoma Best Practice Guidance. This will aim to give hundreds of thousands of glaucoma patients speedier follow-up care in order to try to prevent sight loss.

It is estimated that 700,000 people in the UK have glaucoma but a study published earlier this year suggests the estimate could be much higher, possibly 1.1 million people or the equivalent of 3% of the population over the age of 40.



 **Note:** IDDT has a free booklet 'The Eye and diabetes' which provides information on many eye conditions, especially those affected by diabetes. If you would like a copy, please just give IDDT a call on 01604 622837 or email enquiries@iddtinternational.org

Gaps in support for people with disabilities managing insulin

In May 2026, a new report from the Health Services Safety Investigations Body warns that people with diabetes and a disability may be left without the support they need to safely administer insulin at home, creating life-threatening risks. The findings suggested community support can be fragmented, with services not always working together to recognise changing needs and make reasonable adjustments. Diabetes care involves GPs, community pharmacy, community nursing, specialist diabetes teams, and urgent and emergency care services.

The report calls on NHS England and the Department of Health and Social Care to strengthen community support and develop a practical way for services to assess whether patients, families and carers can manage insulin safely.

Self-administration of insulin with a disability

If people with a disability or impairment are not supported, their ability to safely manage insulin is affected. Self-administration of insulin has many benefits.

- It can support better control of blood sugar levels and reduce the risk of diabetes-related complications.
- These complications can be short-term, eg diabetic ketoacidosis (high sugars), or long-

term, including eye problems, foot problems, heart attacks and nerve damage.

Around 16.8 million people in the UK had a disability in 2023/24 and the most common impairments relate to mobility, stamina, breathing, fatigue and mental health. For people of state pension age, additional impairments relate to dexterity, hearing, vision and memory.

People with these disabilities may have difficulty administering insulin, putting them at risk of harm when pre-existing or new disabilities have not been recognised and necessary adjustments are not made.

Conclusions in the report

Looking at patient safety incident reports from patients, families, carers and NHS staff, three themes emerged that need to be addressed:

- supporting the development of people's competency to manage insulin, including their skills, experience, knowledge and ability
- recognising and responding when people's circumstances change, such as deterioration in a disability
- assessment of people's mental capacity to make decisions in relation to insulin.

NICE guidance on teplizumab

Teplizumab was licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) in August 2025, to delay the onset of Stage 3 Type 1 diabetes for up to 3 years in adult and paediatric patients 8 years of age and older with Stage 2 Type 1 diabetes. The National Institute for Health and Care Excellence (NICE) is responsible for developing evidence-based guidance for the NHS on new medicines and on June 23rd, NICE has approved the use of teplizumab on the NHS for the people described above.

In the UK, there is no screening programme available on the NHS so instead people are likely to learn they are at risk of Type 1 diabetes through blood tests carried out for other conditions or because it runs in the family. This new drug needs to be given in hospital through a drip into the vein once a day for 14 days.

NICE – a new non-hormonal treatment for hot flushes caused by menopause

A new treatment option for menopausal hot flushes and night sweats can be used in the NHS when HRT is not suitable. Fezolinetant (also called Veoza) is recommended to treat moderate to severe symptoms. It is a 45mg tablet is taken once a day that blocks the nerve pathways in the brain which trigger hot flushes and night sweats.



According to NICE, the evidence shows fezolinetant can meaningfully reduce symptoms and is cost effective, offering value for the taxpayer.

HRT remains the first-line treatment option given its established benefits, but fezolinetant addresses an important need for those who cannot or do not wish to use HRT, eg where HRT is contraindicated in cases of deep vein thrombosis or pulmonary embolism. It can also be used following a clinical risk assessment in some cases of diabetes or heart disease.

Fezolinetant is not recommended for those with current breast cancer, other oestrogen-dependent cancers or liver disease. Those who have previously had these cancers and have completed treatment should have an individual risk assessment before being considered for fezolinetant. Liver function monitoring is required before starting treatment and regularly thereafter.

Should routine testing for Type 1 diabetes in children be offered?

Many of our readers will have seen the petition that there should be mandatory testing for Type 1 diabetes in babies, toddlers and young children as a routine part of medical assessments. Sadly a little girl name Lyla died as a result of undiagnosed Type 1 diabetes and diabetic ketoacidosis and the petition was set up as a result.

It received 121,152 signatures so was debated in parliament on 9th March 2026.

The initial government response was given in July 2025 and was:

- Due to insufficient evidence supporting routine mandatory testing for paediatric Type 1 diabetes, there are no plans to introduce screening.
- NICE NG18 guideline for Type 1 diabetes states that clinicians should be aware of the signs of Type 1 diabetes in children and young people.
- NG18 recommends that children and young people with suspected Type 1 diabetes are referred immediately (same day) to a multidisciplinary paediatric diabetes team able to confirm diagnosis and provide immediate care.
- The UK National Screening Committee advises the NHS on screening programmes and in 2019 concluded that more research and evidence of the benefits of screening for Type 1 diabetes were required.

Petition debates do not with a vote to implement the request of a petition.

Irene Campbell (Lab) led the debate noting the NICE guidelines above that GPs had been expected to follow, but she emphasised that the guidelines are not legally binding. The other points raised were:

- The Royal College of GPs stated that a GP might never have seen another child in their practice with undiagnosed Type 1 diabetes and it has been a rare occurrence.
- One of the challenges has been determining the most appropriate age for testing. Questions remained: (i) when the antibodies developed (ii) what triggered their development and (iii) whether testing would need to be repeated and if so, how frequently.



Actions taken: the NHS has been exploring how information technology could have been used more effectively to support GPs in making more accurate diagnoses, for example:

- examining how electronic patient record systems could be used to prompt GPs to consider Type 1 diabetes when specific symptoms were entered.
- GP practices should have the necessary equipment and finger-prick testing kits, funding has not been a barrier to this..

The Minister also discussed treatment developments in children with Type 1 diabetes and government funded research including a study to identify infants at risk of Type 1 diabetes and testing new treatments to prevent the development of the condition.

The Minister explained that although screening for antibodies would not have helped Lyla's case, such screening might improve the ability to identify individuals who were at risk of developing Type 1 diabetes in the future. She said that the Government had relied on the independent scientific advice of the UK National Screening Committee, emphasising that screening programmes needed to be evidence-based.

Type 1 diabetes and disordered eating services – update

In the last issue, we reported on a Parliamentary debate led by Josh Newbury MP (Lab, Cannock Chase) on the correlation between Type 1 diabetes and disordered eating (T1DE). After giving information about the conditions, he praised the NHS



England T1DE pilot sites, which combine diabetes and eating disorder support, helping patients recover faster. He urged the Government to provide long-term funding for these pilots to ensure sustainability and national expansion.

Newbury also called for increased awareness and training for healthcare professionals to improve early diagnosis and treatment.

Ashley Dalton, Parliamentary Under-Secretary of State for Health and Social Care, confirmed that NHS England had extended funding for five T1DE pilot sites until March 2026 and it will publish an evaluation of the pilots in September. The data will be shared across Integrated Care Boards (ICBs) to encourage further investment.

She also highlighted the £14.5m NHS investment to provide tailored health checks for 140,000 young adults with diabetes, aiming to reduce stigma and improve management. She emphasised the role of technology, including continuous glucose monitors and hybrid closed-loop insulin systems, which NHS England is rolling out under a five-year plan.

Finally, she praised the ELSA (Early Surveillance for Autoimmune Diabetes) programme, which screens children for early signs of type 1 diabetes. She committed to updating Parliament on its progress and reaffirmed the Government's commitment to improving support, integrating services, and ensuring patients receive timely, compassionate care.

Are weight loss drugs safe in Type 1 diabetes?

GLP-1-based treatments like Ozempic, Wegovy, Mounjaro and Zepbound have proven benefits in Type 2 diabetes but they are not yet approved for people with Type 1, yet they face significant challenges. It is becoming increasingly common to use these drugs in weight management, insulin resistance and diabetes related complications in Type 1 diabetes. However, these drugs are not licensed / approved for use in Type 1 diabetes, so people are using them without structured guidance or safety information. Large trials are taking place but in the meantime, experts have produced some recommendations to help doctors who are prescribing them and these aim to reduce risk.

Here are the comments from one person with Type 1 diabetes: *"Living with Type 1 diabetes, I struggled with my diabetes management and weight for years, despite having access to all the approved tools and therapies. Five years ago, my doctor and I decided to try a GLP-1, and the results were life-changing."*

It is a matter of time to see if the trials will show that the weight loss drugs are safe to be used in people with Type 1 diabetes.

Type 1 diabetes rose among Swedish young people in the pandemic

The incidence of Type 1 diabetes in Sweden rose by 12% in 2021 and 9% in 2022 but returned to pre-pandemic levels in 2023. This increase was particularly marked in children younger than 5 years and in young men and was only partially linked to the SARS-CoV-2 infection.

Previous studies have reported a rise in new Type 1 diabetes cases during the COVID pandemic, but it is unclear whether this rise is linked to infections or other environmental and behavioural factors. Researchers analysed trends in Type 1 incidence in those under 30 years in Sweden from 2007 to 2023 to identify changes during the pandemic years.

Compared with 33.1 in the pre-pandemic period, the incidence of Type 1 diabetes per 100,000 person-years was:

- 35.6 in 2020,
- 41.1 in 2021,
- 40.5 in 2022
- 36.2 in 2023.

The researchers concluded that the increases in Type 1 diabetes in Sweden during the pandemic can only partially be attributed to a potential triggering effect of SARS-CoV-2 infections. The findings suggest that other behavioural and lifestyle risks for developing Type 1 diabetes may have contributed to the increased incidence. Infections do not seem to cause Type 1 diabetes but may accelerate or trigger the onset among people who are already on the way to developing the condition. (Diabetologia, November 2025)

A role for metformin in adolescents with Type 1 diabetes

New research has shown that adding 2.0 g/day of metformin significantly improves BMI, insulin needs and lipid profiles in adolescents with Type 1 diabetes. Metformin is commonly used to treat Type 2 diabetes as it decreases the amount of glucose absorbed from food, the amount of glucose made by your liver and also increases the body's response to insulin,

Managing Type 1 diabetes in adolescents is increasingly complex due to the frequent presence of insulin resistance, dyslipidaemia and early cardiovascular risk. A new meta-analysis of 764 adolescents aged 10–19 assessed the dose-dependent effects of metformin combined with insulin compared five regimens against placebo. The results were as follows: Key endpoints included HbA1c, BMI, insulin dose, lipid levels, and adverse events, providing a robust overview of both efficacy and safety.

- The highest fixed dose of metformin (2.0 g/day) was better than other regimens in reducing BMI and LDL (bad) cholesterol compared with placebo. However, no dose significantly improved HbA1c or triglycerides, suggesting only a limited glycaemic benefit. Daily insulin requirements were significantly reduced with 1.0 g/day, 2.0 g/day, and the ≥ 60 kg weight-based regimen.
- Favourable safety profile across all doses - metformin showed a reassuring safety profile in this age group. Rates of gastrointestinal side effects, hypoglycaemia, diabetic ketoacidosis and liver enzyme elevations were comparable to placebo across all dosing strategies.

Conclusions

Adding metformin at 2.0 g/day may offer a practical strategy to improve cardiometabolic outcomes in

adolescents with Type 1 diabetes but further research is needed to check long-term outcomes and real-world applicability. (BMC Endocr Disord. 2025)

Immunotherapy as a treatment for childhood Type 1 diabetes

As we know, Type 1 diabetes in children remains a chronic condition with lifelong dependence on insulin. While insulin therapy manages blood glucose, it does not address the underlying autoimmune process. Immunotherapy is a potential additional treatment which aims to preserve pancreatic function and reduce insulin needs.

A study evaluating immunotherapy's effects on glycaemic markers and insulin dependency in children with Type 1 diabetes showed a statistically significant reduction in HbA1c levels with immunotherapy. This systematic review included 12 clinical trials evaluating the impact of various immunotherapies on C-peptide levels, HbA1c and daily insulin dosage. The findings were as follows:

- Immunotherapy was associated with increased C-peptide levels but this was not statistically significant.
- A significant reduction in HbA1c levels was observed suggesting improved glycaemic control.
- A decrease in daily insulin requirements was seen but this did not reach statistical significance.

This study highlights the potential of immunotherapy to help glycaemic control in paediatric Type 1 diabetes by reducing HbA1c, a key marker of long-term glucose regulation. However, the impact on C-peptide preservation and insulin dosage reduction remains inconclusive. Further large-scale, long-term randomised controlled trials are needed to evaluate whether immunotherapy can be integrated effectively into standard paediatric diabetes care. (PLoS One. 2025)

Genetic risk score may help in the early detection of Type 1 diabetes

Researchers at the University of Exeter have developed a genetic risk score to predict the likelihood of developing Type 1 diabetes, which could be used in large-scale health studies. This test identifies people at high risk to allow for early intervention with drugs like teplizumab, which can delay the onset of Type 1 diabetes. The research highlights the importance of early detection as the drug is only effective if administered before symptoms appear. In addition, saving years before

Type 1 diabetes is actually present means that the onset of complications could be delayed. (The Lancet Diabetes & Endocrinology)

Stem cell treatment may free some people with Type 1 diabetes from insulin treatment

Research has shown that a single infusion of a new stem cell-based treatment may have helped 10 out of 12 people with Type 1 diabetes to stop using insulin. A year after getting the therapy, 10 patients no longer needed insulin injections. The other two were able to reduce how much insulin they needed. The treatment, called zimislecel and made by Vertex Pharmaceuticals, is intended to replace the no longer working pancreas cells. It's an infusion of lab-grown islet cells, special cells that help regulate blood sugar but the treatment requires patients to take immunosuppressive drugs, which may raise the risk of infections. The new islet cells are then infused into the patient, where they settle in the liver and begin making the hormone insulin.

The study focused on people with one of the complications of Type 1 diabetes, hypoglycaemic unawareness, where those affected cannot tell when their blood sugar is dangerously low. They often miss warning signs and as a result, they may faint, go into a coma or have seizures - quite a frightening way of life! The good news is that in the study, episodes of dangerously low blood sugar stopped within the first 90 days after infusion of the stem cells. The treatment has not yet been approved. (The New England Journal of Medicine, June 2025)

Breath test to detect diabetes

Researchers at US Penn State created a breath sensor that identifies diabetes by detecting acetone. The device is fast, non-invasive and built with laser induced graphene for precision.

Standard methods for diagnosing diabetes and prediabetes often involve clinic visits and laboratory tests, which can be both costly and time-consuming.

Traditional diagnostic approaches have typically relied on measuring glucose levels in blood, however, this new sensor focuses on acetone in exhaled breath. Although acetone is naturally present as a byproduct of fat metabolism, levels higher than approximately 1.8 parts per million are a strong indicator of diabetes. This sensor only requires that you exhale into a bag, dip the sensor in and wait a few minutes for results. (Chemical Engineering Journal, September 2025)

International News

Low and middle income countries – insulin is elusive and expensive

A report from the Access to Medicine Foundation evaluated 11 company-supported initiatives targeting children and young people by three dominant insulin producers – Lilly, Sanofi and Novo Nordisk and biosimilar manufacturer, Biocon. They all donate vital products or funding in 71 of 113 low and middle income countries (LMICs) and the lives of children and young people depend on these initiatives. Any reduction of this support could result in a sudden loss of critical products for the many children and young people with diabetes. For many children, the 11 industry initiatives remain their only way to access treatment but in 2023, collectively these only reached 8% of the estimated 825,000 children and young people in need in the 71 countries studied.



CM Insulin Card scheme

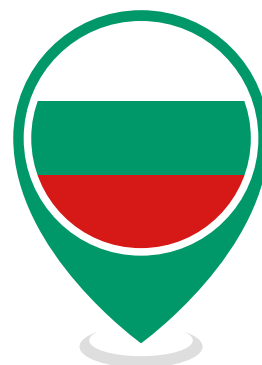
Type 1 congenital diabetes, also known as neonatal diabetes, is a rare form of diabetes diagnosed in infants under six months old. It's different from the more common Type 1 diabetes, which usually develops in older children and adults. Neonatal diabetes is caused by a genetic mutation, while Type 1 diabetes is an autoimmune condition.

Last year, Punjab Chief Minister launched a pioneering initiative, the "CM Insulin for Diabetes" programme, to support children diagnosed with Type 1 congenital diabetes. The programme included the introduction of the 'CM Insulin Card' scheme, which will ensure the free delivery of insulin and related medical supplies directly to the homes of 1,500 affected children in the first phase.



Modern insulin pump technology access demanded in Bulgaria

When we have an NHS, we can forget that modern technology is a privilege, not a right and that families of people with diabetes struggle to afford rising costs. In Bulgaria, people with Type 1 diabetes have launched a petition demanding full public reimbursement of insulin pumps and their consumables. They argue that limited state coverage is turning life-saving modern technology into a financial burden, deepening health inequalities. Even though insulin pumps are provided free to people with Type 1 diabetes, the National Health Insurance Fund covers only part of the cost for their consumables, so people have to pay up to €200 per month themselves. (28 January, 2026)



Iran's insulin crisis – empty pharmacy shelves and high prices

This information was published before the political situation in Iran! Insulin has become scarce or unavailable in pharmacies nationwide in Iran, while prices for remaining supplies have surged beyond reach for many families. Blood sugar testing strips cost nearly doubled, if they can be found at all. The shortage affects an estimated 7 million Iranians with Type 2 diabetes and hundreds of thousands more with Type 1. The recent shortage extends beyond just insulin as medical equipment, including insulin pens and blood glucose testing supplies, have also disappeared from pharmacy shelves, forcing patients to choose between inadequate care or financial ruin. (26.11.25)



Drugs from China

China has rapidly become a world leader in developing next-generation drugs, which has huge implications for the American pharmaceutical industry, US national security and patients. China has manufactured drugs that were developed in the US for a long time and it is a key source of active pharmaceutical ingredients. Over the last five years, China's ability to make its own new drugs has grown greatly.

Experimental products from Chinese biopharma companies now account for 40% of licensing deals, up from 5% in 2020. Morgan Stanley recently estimated that revenue from drugs originating in China could rise to \$34 billion by 2030 and \$220 billion by 2040. These drugs could also account for 35% of FDA approvals by 2040, compared with about 5% now.



Egyptians still face barriers to access of insulin

Nearly 11 million Egyptians (18%) live with diabetes, expected to reach 20 million by 2045. To address the growing burden of diabetes, the Egyptian National Health Insurance system has begun to cover the cost of a glucose meter with 25 test strips per month for newly diagnosed people. Most low-income Egyptian labourers don't have health insurance but their incomes are not enough to afford their monthly diabetes supplies, as it can cost more than 50% of their salary.

There is little local insulin manufacturing in Egypt which leaves people dependent on expensive, imported supplies. There are 170 pharmaceutical factories in Egypt and state-owned companies already produce 15 million vials of insulin yearly but much of this goes to export. Egyptians need some 27 million vials a year so there is a considerable shortfall in supplies.



From our own correspondents

Mypen2 and the correct needles

Dear Jenny,

I read with interest the article on Mypen and the correct injection technique. I think I may have found another issue. I have used syringes for many years but also tried an insulin pen previously so I know it is a different injection technique.

I was issued with GlucoRx Carepoint pen needles and Mypen2. I realised there was a problem as my blood sugar levels kept shooting up and I was giving myself 3 times the normal doses for each injection to no avail. Sometimes it was impossible to get an insulin drop out when checking for bubbles so I thought it was the pen and got a replacement. Same problem. I noticed that if I changed the pen needle sometimes the new pen worked and sometimes not. One day after replacing the pen needle 6 times in a row and still not being able to get any insulin out, I had a brain wave. I still had an Autopen classic pen and some Viva 5mm pen needles. The Viva pen needles worked perfectly with Mypen2 and I could reduce my insulin amounts back to the same level as when I used syringes.

By email

A lot learn!

Dear Jenny,

Many thanks again for another excellent newsletter. Despite having had diabetes for 50 years I still look forward to, and learn a lot from, your amazing newsletter.

This time it was these three things that I found particularly interesting:-

1. Advice about not injecting into one's arm - which I only started to do a few years ago (page 8) !
2. Numbers around increased risk of dementia (page 9).
3. 3Compression Lows – at last a reason for them! (page 12)

By email

GP responses

Dear Jenny,

I needed a form about my care to be signed by my GP. I went to my GP practice and they asked that I left the form there for my GP to sign. Two weeks later it had not been signed and I was told that the reason was that my doctor only works 2 days a week. A week later, it still hadn't been signed, so I chased again and was told that the practice is allowed 28 days to sign forms. This time, after a phone call a prescribing nurse signed the form.

I know we all have named GPs now but surely if your named GP only works 2 days a week, another GP in the practice should step in a deal with his work load?

By email



IDDT's updated booklets

In addition to our Newsletters, IDDT publishes a range of printed information leaflets and this year, they have all been updated. They are available online or in booklets which are free of charge so that no one is denied information on the basis of cost. Below is a list of the updated booklets in 4 categories and if you would like any of them, please call IDDT on 01604 622837 or email enquiries@iddtinternational.org

General Information

Type 1 – Know the Facts - this is an autoimmune condition that has to be treated with insulin, diet and exercise.

Type 2 – Management and Medication - can be as a result of overweight or obesity but it can be inherited. It is progressive so medication and insulin may be necessary.

Understanding Your Diabetes - this provides information about the various types of diabetes, how they develop and how they are treated to control blood glucose levels.

Gestational Diabetes - diabetes can develop during pregnancy and needs treatment to protect mother and baby.

Diabetes and Physical Activity - physical activity is an important part of the treatment of Type 1 and Type 2 diabetes and also includes armchair exercises to help people with limited mobility.

Looking After Your Feet - provides information about how to look after your feet on a day-to-day basis, important as damage to the feet is a complications of diabetes.

Your 9 Key Checks – helps you to ensure that you receive the 9 important checks you should receive at least annually to help to prevent the complications of diabetes.

Holiday Tips - going on holiday needs planning but for people with diabetes, it means more planning, especially for people who are newly diagnosed.

Diet

Diabetes Everyday Eating - our most popular booklet containing 28 days of meal plans for breakfast, lunch and evening meal with tips for eating out and snacks.

Diet and Diabetes - popular because it contains information on various diets, nutritional values and their effects on blood glucose levels.

Diabetes at Christmas – tips for Christmas which can be a difficult time with excitement, stress, lots of foods and snacks, all of which can make control of blood glucose more difficult.

Health

Diabetes and Pregnancy - pregnancy in women with diabetes means that blood glucose levels have to be kept as near normal as possible to look after the health of mother and baby.

Diabetes – Stress, Anxiety and Depression - we can all be affected by these conditions from time to time, but they can be particularly difficult for people with diabetes as they can affect diabetes control.

Hypoglycaemia - learn more about low blood sugars (hypoglycaemia) and are the most common daily worries of people with diabetes, especially those taking insulin.

The Eye and Diabetes - one of the complications of long-term diabetes, especially if blood sugars are not well controlled, is damage to the blood vessels at the back of the eye.

The Importance of Sleep - with or without diabetes, sleep can have a direct impact on health and there are things we can do to improve the quality of our sleep to avoid a range of possible health problems.

Joint, Muscle and Bone Problems - connective tissue disorders are known to be complications of diabetes. They are not life threatening but can be distressing and painful.

Kidneys and Diabetes - kidney damage is one of the common complications of diabetes through damage to the many small blood vessels in the kidneys.

Sexual Dysfunction in Men and Women - these conditions can often be difficult to talk about and this booklet enables people to realise they are not alone and help and advice is available.

Parents and Family

What Schools Need to Know - teachers have students with diabetes, usually Type 1 diabetes, this booklet provides information to help them to understand the needs of a child with diabetes in school.

Parents Passport for Schools - this enables parents to fill in details about their child's preferences and treatments, such as treating low blood sugars, when they are at school.

Just a couple of reminders!

As we have said on many occasions, we are very grateful for all your donations to help us to continue with our work. There are a few ways that you can help further without it costing you anything!

- **Gift Aid** – if you are a tax payer and make a donation to IDDT using our membership renewal form, please don't forget to tick the Gift Aid box as this enables IDDT to claim 25% of your donation back from the government.
- **Bank transfer** – many of our members are making donations via a direct bank transfer and we are very grateful for these. It would help IDDT, if you could just give us a call on 01604 622837 or email enquiries@iddtinternational.org to let us know that you have made the transfer and if you are a UK taxpayer so we can claim 25% Gift Aid.
- **Platforms charge!** We are all aware of various platforms through which donations can be made, such as JustGiving, Enthuse, PayPal and again we are very grateful for these but we do wonder if donors realise that these platforms all make a charge to the charity for the service (IDDT in this case). These charges can be avoided if you donate directly to IDDT by bank transfer or by credit/debit card, again, just give us a call.



Help for Ukraine!

In May this year, we had another collection of all the items that have been donated by our members and visitors to our website to help people with diabetes in Ukraine. As well as diabetes items and insulin, we have sent knitted goods for the children to enjoy which have been given by people in knitting groups. We are very grateful for all the donations so that we can help people in Ukraine and children in orphanages.

This picture shows Tarras the driver, Carol, an IDDT Trustee alongside IDDT staff members Andrew, Karl and Matt packing the goods for Ukraine.





IDDT Lottery Results

WINNERS OF THE APRIL 2026 DRAW ARE:

- 1st prize of £453.12 goes to Anon from Ashford
- 2nd prize of £339.84 goes to Arabella from Pwllheli
- 3rd prize of £226.56 goes to Janice from Newport
- 4th prize of £113.28 goes to Margaret from Wolverhampton

WINNERS OF THE MAY 2026 DRAW ARE:

- 1st prize of £453.60 goes to Anon from Cardiff
- 2nd prize of £340.30 goes to Shirley from Rochdale
- 3rd prize of £226.80 goes to Graham from Desborough
- 4th prize of £113.40 goes to Barbara from Hope Valley

WINNERS OF THE JUNE 2026 DRAW ARE:

- 1st prize of £449.28 goes to Anon from Northampton
- 2nd prize of £336.96 goes to Anon from Newark
- 3rd prize of £224.64 goes to Irene from Glasgow
- 4th prize of £112.32 goes to Anon from Solihull

Note: The winners of the draws for **July, August and September 2026** will be announced in our **Winter 2026 Newsletter** and on our website.

A huge 'Thank You' to everyone who supports 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 karl@iddtinternational.org

SNIPPETS

NHS staff battling wave of food supplement disinformation

Social media misinformation about the use of dietary supplements such as turmeric, St John's wort and magnesium is now so common that dispelling online claims has become a routine part of NHS clinicians work. Two out of five frontline health workers say they encounter patients who raise inaccurate or misleading information about supplements at least once a week. Polling by YouGov for the World Cancer Research Fund found that the figure is even higher (53%) among nurses and midwives, with false information about nutrition and supplements now taking up what doctors describe as "precious time" in NHS consultations. (The Guardian, 14th June 2026)

NHS workloads increase pressure

NHS staff are facing increasing workloads, time constraints and administrative burdens. The chair of the Royal College of General Practitioners (RCGP) said that far too many GPs are reporting stress and burnout. In addition, the General Medical Council has reported that GPs are the doctors least likely to be satisfied with their job and most likely to struggle with their workload. An RCGP poll found that over 40% of GPs doubt they will still be working in general practice in 5 years, with many citing stress and burnout as reasons why they would quit.

The upcoming review of the NHS long-term workforce plan is an opportunity to improve things by the government devoting more funding and investment in recruitment and retention initiatives.

SNIPPETS

Glycaemic control may improve with automated insulin delivery

A study has found that automated insulin delivery systems (AID) may improve glycaemic control in children and young people aged 6 to 18 with Type 1 diabetes, compared with traditional insulin regimens. The meta-analysis of 11 trials involving 901 patients showed increased time in range and reduced HbA1c levels with AID systems, especially at night. (JAMA Paediatrics, 2025)

Language used for insulin management impacts diabetes outcomes

With pharmacists taking a greater role in treating patients with various conditions, there was an interesting article published about the relationship between the pharmacist and the patient and the effect of the language used.



The first conversation is usually at the shop counter and new research suggests that the most critical exchange may not be about the insulin but the language used. Diabetes management is unique to each person and embedded in every aspect of life, physically, psychologically and socially and a negative psychological relationship with diabetes can contribute to distress, burnout, depression, anxiety and non-adherence.

According to a 2026 study, for pharmacists who frequently monitor medication-taking behaviours, understanding the subtle linguistic patterns is essential for fostering the trust required for effective insulin management. (Global Qualitative Nursing Research, March 2026)

Corridor Care

In June 2026, NHS England published figures on "corridor care" showing that nearly 3000 patients every day were cared for in hospital corridors or makeshift treatment areas in England last month. One expert commented that "they confirm the scale of something that should never have been normalised in the NHS".



Corridor care is classed as treatment that does not take place in a safe or clinically appropriate setting. An appropriate setting includes things such as patients having privacy, access to food, water and toilets and whether lights can be turned off and noise levels minimised to allow sleep.

Overall, there were an average of 2241 instances each day in May of a patient receiving corridor care for more than 45 minutes at hospital A&E departments. This includes patients receiving treatment, or waiting for assessment, admission or transfer, but not delays involving ambulances handing over patients to A&E staff.

Scotland has free eye tests and prescriptions

Recent research has shown that families in Scotland are making significant savings on healthcare costs as a result of free eye tests and prescriptions. In February 2026 it was shown that 2.4 million eye tests were carried out during 2025, more than ever before with 36.7 million free eye tests being carried out since 2007/8.

In addition to eye tests, the number of people receiving free prescriptions has also risen to record levels since the present government abolished NHS prescription charges in 2013.