

Cross Party Group on Diabetes

Friday 26th June 2020

Held over Zoom virtual conferencing system

In attendance:

Jayne Bryant MS – Chair
Josh James (Diabetes UK) - Secretary
Wendy Gane (Chair of the AWPRG)
Mark Isherwood MS
Dr Dai Lloyd MS
Dr Julia Platts (NHS Clinical Lead)
Dai Williams (Diabetes UK)

Guests and Speakers

Sophie Augarde	Richard Frame	Gwyneth Price
Prof. Steve Bain	Sarah Gibbs	David Stephens
Scott Cawley	Ros Gray	Dr Rose Stewart
Abi Clarke	Teresa Harris	Sujatha Thaladi
Paul Coker	Rob Lee	Cath Washbrook

JJ Welcomed everyone, gave apologies for having to cancel the first meeting of 2020 and reschedule dates for the remainder of the year as a result of coronavirus.

JB Thank you for attending, great we can continue these meetings over virtually. Held a minute silence for young person from ABUHB who sadly passed away from late diagnosis.

JB Introduced Wendy Gane to talk about the all-Wales Patient Reference Group (AWPRG) report on patient experience during coronavirus.

WG Thanked all NHS and social care staff for support through pandemic. AWPRG is funded by WG's DDP implementation group and has representation from all sectors of diabetes community. Report is a result of survey from April 2020 which received around 100 responses.

The report covered people with diabetes' access to food during the pandemic, availability of medical care and support, communication from health boards to patients, workplace concerns, eye screening, mental health, return of essential services, recognizing good practice and recommendations.

Copies of the report are available by emailing joshua.james@diabetes.org.uk and will be submitted to the Senedd Health, Social Care and Sport Committee.

WG highlighted the importance of including people with diabetes when we talk about working together to support people with diabetes through the pandemic and hoped that MS's would take note of the report. WG also thanked other members of the AWPRG for their work in pulling the report together.

JB Thanked WG for the report, and paid tribute to the AWPRG and DUK for their work during the pandemic to communicate to people with diabetes during the pandemic.

Promised that this would be heard as part of the evidence sessions in the Health Committee.

Introduced JP who will give a presentation on the challenges to diabetes services as a result of the coronavirus pandemic and how we can overcome them.

JP Thanked WG for the AWPRG report.

Acknowledged that we are still currently in the middle of the coronavirus pandemic so is important to continue to look to the future. Also, important to recognise the direct threat of coronavirus to people with diabetes, as well as the threat of an overwhelmed NHS. Focus on recognising potential harms and reducing them.

Some aims included maintaining diabetes teams to ensure expertise and prevent admissions, development of hyperglycaemia and hypoglycaemia during coronavirus guidance, suspension of face-to-face consultations and replaced with virtual and telephone surgeries and screenings. As a result, there is a threat of short-term effects and acute complications, long-term effects of poor glucose management, long-term harms of suspending screening and education etc, and psychological harms.

Talked through the plans to maintain services where possible including protecting inpatient services, and foot services to avoid amputation. Noted problems such as retinal screening being unable to be carried out at a distance.

Plans include maintaining routine care by phone and video consultations. However, there could be issues with blood tests going problems, there are some examples of good practice i.e. testing in car parks.

There has also been plans to continue diabetes education etc in other modes of delivery. Prevention services have been suspended but JP stressed feels strongly that this does need to be rolled out across Wales, as the effects of coronavirus will exacerbate the issue. Also looking at the transfer of people from paediatrics to adult services.

Looking ahead there is an opportunity to change and improve services, and there must be a focus on equity in new provision when thinking about digital services.

JB Thanked JP, and noted there were many comments

TH Talking about her personal situation, she felt very let down in terms of communication from health board regarding support and changes to services.

JP Acknowledged that people with diabetes aren't alone, coronavirus has affected the care of people from all services, and a lot of people share concerns. Highlighted that diabetes teams across the NHS are working harder than ever and haven't forgotten about their diabetes patients but many have been sent to the front-line.

DS For people with type 1 diabetes, they are now told to talk to GPs rather than in secondary care, but GPs aren't diabetes experts. What should people like me be doing?

JP There are options like the DUK careline, but for ongoing support and care, but if there are ongoing issues please get in touch.

- MI One issue that has been raised with me is testing of pre-diabetes and the effects of worsening diets under lockdown.
- JP It is important to do annual checks to see if people have developed diabetes, but more important is trying to put in place interventions before they develop it. We have tried to get support for a prevention programme that is much cheaper than the Scottish and English programmes. We want long-term funding for this programme so we can roll it out across the country. We also want to be able to offer the diabetes remission programme, which is being led by dietician Catherine Washbrook. So far continued telephone success for those on that programme has been successful. Hope to take more people on post-coronavirus.
- LH Prevention and remission programmes shouldn't be so micromanaged. Also, podiatry seems to have disappeared.
- JP Remission programmes often involve taking people off medications as part of the therapy which requires constant clinical evaluation and it has to be safe. Furthermore, people on the programme often need further support.
- CW It isn't the access to shakes that is difficult it is reintroducing normal food that can be difficult. There are many people who have experienced traumas etc, this can be a difficult process to manage.
- SC Podiatry services across Wales continue to provide emergency and urgent foot problem management in line with Essential services and like most other services had some staff deployed during the crisis. We are governed by social distancing and location as some surgeries have been closed. You should always be able to contact your local service for advice.
- JB Thanked JP and introduced RS who is speaking about the psychological consequences of coronavirus on diabetes patients and staff working in the NHS.
- RS Thanked JB for being invited to speak, noted that there are 5.1 WTE specialist paediatric diabetes psychologist posts in Wales for roughly 1172 children and there is no universally agreed model of service delivery. Provision is patchy at best, and in some areas, it is completely missing. In adult services there are 1.9 WTE for around 200,000 adults across Wales – roughly 1 psychologist for every 100,000 people with diabetes.

Coronavirus has driven new innovations in Wales. Psychologists across Wales have also been working incredibly hard. Many psychologists have been drafted into NHS staff support, to try and stop NHS staff from experiencing trauma which has been incredibly important. Some resources created in Wales have been downloaded over 200,000 times around the world – showing diabetes psychology resources are desperately wanted.

There will be subsequent waves of demand, following the initial coronavirus waves the NHS will still have to deal with a wave of those requiring urgent, serious, non-coronavirus care, then a wave of those who have had their care for chronic conditions interrupted, and lastly, an expected huge wave of poor mental health manifesting in psychological trauma, mental illness, economic injury and burnout. This last wave is already starting to show particularly in those with chronic conditions.

RS Those most affected will be young adults, people living in poverty, people with multiple ACEs, people with pre-existing mental health issues, healthcare staff and people with long-term conditions like diabetes.

People with diabetes already have 50% higher prevalence of anxiety and depression. People with type 1 diabetes are most vulnerable. We also know that a lot of people have delayed accessing support for suspected diabetes, leading to higher rates of people being diagnosed in DKA, which we know leads to worse outcomes long-term. There is likely an increase number of people with both type 1 and type 2 diabetes being diagnosed for different reasons.

Risk of suicidal thoughts for people with type diabetes is three times higher than those without type 1 diabetes. Psychological distress causes worse outcomes in individuals diabetes management.

RS then gave three examples of case studies the full details of which cannot be shared.

One case study suggested that lack of psychological support for one individual led to multiple serious hospital admissions costing a total of £172,961 over two years. This individual passed away in winter 2019, the individual was 30 years old.

Without urgent action the psychological consequences of coronavirus on people with diabetes and healthcare professional swill be huge. Services for people with diabetes are already severely underfunded and are currently unable to meet the demand that is coming. Where diabetes psychology services do exist, there is clear evidence they work, save money and lives. Current professionals working in the sector are highly motivated to do more.

JB That was an excellent presentation, thank you for such a powerful presentation and very much appreciated.

DW We have all been on a steep learning curb due to coronavirus, it is important we build on innovations, and improve communications to people with diabetes, because we are going to be experience the effects of coronavirus for a long time.

It is clear that those who live in deprived communities, those who are BAME are at increased risk of coronavirus, quite like diabetes, and that is wrong. We have a few projects in the pipelines at Diabetes UK Cymru to try and undo some of these negative increased risk factors.

JB Thank you to all those who contributed to the discussions today. I will be feeding notes from today to meetings in the Senedd's Health and Social Care Committee.

JB Closed the meeting.