Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Cefnogi pobl sydd â chyflyrau cronig

This response was submitted to the Health and Social Care Committee consultation on supporting people with chronic conditions.

CC40: Ymateb gan: | Response from:

Gweithrediaeth y GIG, Grŵp Gweithredu Diabetes Cymru Gyfan a Bwrdd Iechyd Prifysgol Caerdydd a'r Fro/
NHS Executive, All Wales Diabetes Implementation Group & Cardiff & Vale UHB

Supporting people with chronic conditions

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On behalf of NHS Executive All Wales Diabetes Implementation Group & Cardiff & Vale UHB

Supporting People Living with Diabetes to self-manage

Stage 1

NHS and social care services

The readiness of local NHS services to treat people with chronic conditions within the community.

Dietetic departments across Wales support people living with diabetes via a number of different options. The key to nutrition support is being able to provide a menu of options to people. For example:

Those living with type 2 diabetes: across Wales people are offered a menu of options which includes: X-PERT (6-week diabetes structured education), Diabetes awareness session, one to one dietetic consultation. All these options provide help and advice in relation to food and nutrition to support diabetes management.

An all Wales agreement was made in 2006 to ensure standardisation of diabetes education. The implementation of X-PERT diabetes education ensured that the content of diabetes education was consistent across Wales. X-PERT programme provides structured education that meets the key criteria to implement NICE Guidance (NICE 2008). It has been shown to be effective in improving health and quality of life outcomes in people with existing and newly diagnosed diabetes both in a randomised controlled trial and in national implementation.

Those living with type 1 diabetes across Wales: support is available in the form of one to one dietetic consultation, DAFNE (diabetes structured education) and carbohydrate counting workshops.

Prevention and management of obesity are key to reducing the burden of diabetes both on individuals and the healthcare system. Clinical trials have shown that weight management is an effective intervention to place type 2 diabetes into remission. In recent years, the focus on supporting people with T2D has shifted from an upward titration of medication to manage what has been considered to be a progressive life-long condition to one that can be potentially (at least for a period of time) put into remission. Delivery of cohort 2 of the pilot for type 2 diabetes remission service is currently underway by dietetic departments within 3 health boards. Results from cohort 1 demonstrated for patients with two HbA1c results available at 12 months 87% had an improvement in their diabetes control from baseline and 69% achieved remission. A business case to support the implementation of a type 2 diabetes remission service across Wales is currently being written and a letter of support has been received by Eluned Morgan, minister for Health and social services.

Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.

Work is ongoing with partner organisations such as Diabetes UK regarding tackling inequalities across the population of Wales living with diabetes. At a local level, within C&V culturally specific resources have been produced to support delivery of diabetes education to individuals where English is not their first language.

Support available to enable effective Self-management where appropriate, including mental health support.

Patient education is an integral and vital component of successful diabetes care. The main goal of diabetes patient education is to promote and support positive self-management behaviours to optimize metabolic control, improve long-term diabetes outcomes and quality of life (QOL), prevent complications, and reduce morbidity and mortality, while remaining cost-efficient.

The aim of all the structured education groups is to support the individuals to identify what they would like to do to improve their diabetes control and how they would like to do it. In addition to the health care professional led programmes stated above there is currently free access to everyone in Wales living with type 2 diabetes to MyDESMOND an interactive digital platform designed to support and educate them to better self-manage their condition.

Multiple conditions

The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.

Type 2 diabetes is the commonest form of diabetes and accounts for 90% of cases. Type 2 diabetes primarily occurs as a result of obesity and lack of exercise which results in resistance to insulin. Other risk factors include age, genetic predisposition and ethnicity. Conventional treatment revolves around aiming for good glycaemic control and reducing cardiovascular risks via lifestyle change with a focus on diet and physical activity, and antidiabetic medication when indicated. Complications from diabetes can result in a shortened life expectancy of up to six years. Poor diabetes control increases healthcare utilisation with the associated cost impact on health services.

The interaction between mental health conditions and long-term physical health conditions.

Allocative value positioning of resources earlier in the diabetes care pathway ie. Within the first 6 years of diagnosis, would potentially lead to avoiding the resource consumption later through avoidance of treatment escalation and complications. The personal value this service adds ensuring the individual can access the services that will deliver the outcomes that matter to them personally, empowering them through co-production to make informed decisions and choices.

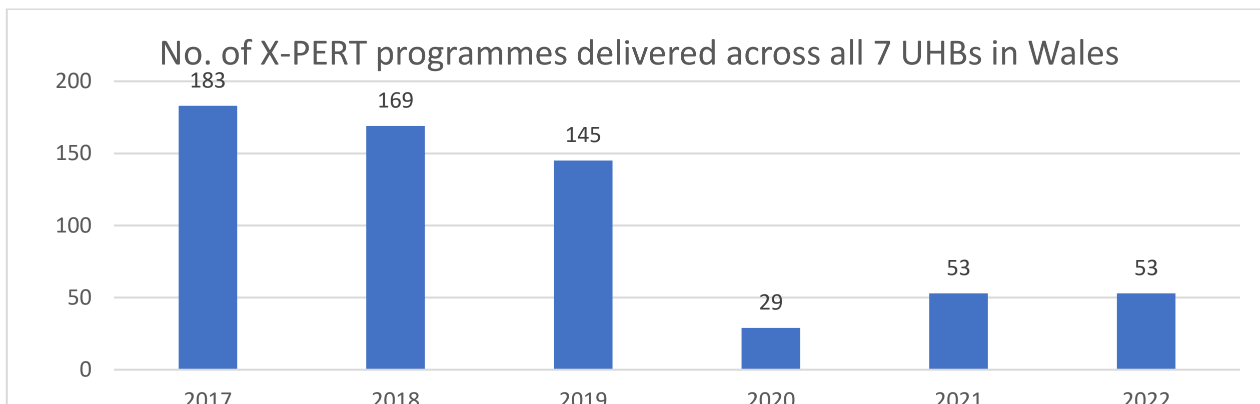
Provision of support to self-manage diabetes could facilitate cost avoidance due to reduced length of stay, reduction in GP visits, this also does not consider the possible reduction in long term complication of diabetes. Alongside, the potential savings on reductions on diabetes medication, blood pressure medication or the reduction in other health costs such as reduction in number of GP appointments or other specialist health services and improved quality of life.

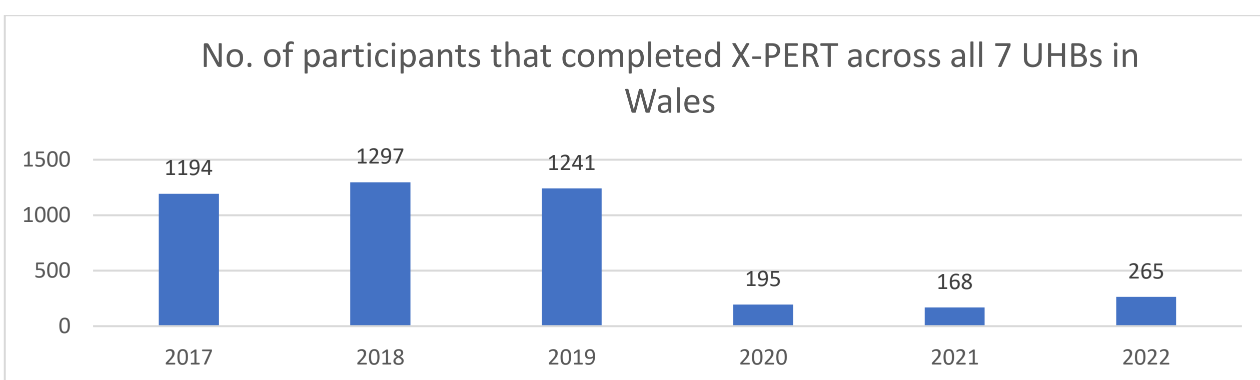
Impact of additional factors

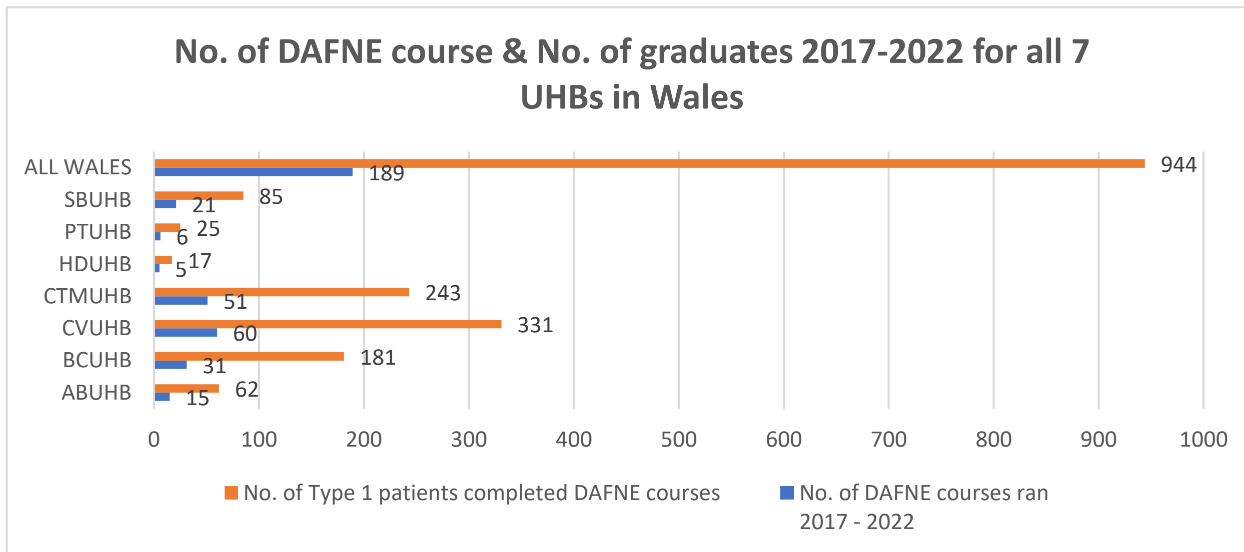
The impact of the pandemic on quality of care across chronic conditions.

The delivery of face to face Diabetes group education was stopped due to covid in March 2020. Teams worked extremely hard to move delivery to virtual platforms utilising Zoom initially then moved to Microsoft teams. This enabled those who were able, to still have access to diabetes structured education, until face to face service delivery could resume. The graphs below illustrate the number of X-PERT and DAFNE programmes which were delivered across Wales from 2017 (I.e. pre-pandemic and to illustrate the post covid recovery of these services). Many areas have been delivering the programmes for longer, this provides an insight into the last 5 years.

Between 2017-2022: **4360** people living with type 2 diabetes have completed X-PERT and **944** people living with type 1 diabetes have completed DAFNE. In addition to these, various other group interventions have also been available such as carbohydrate counting workshops, diabetes awareness sessions, gestational diabetes sessions plus one to one dietetic consultations.







Prevention and lifestyle

Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating).

Following Welsh Government's funding commitment in March 2021, the All Wales Diabetes Prevention Programme (AWDPP) was established to begin the roll out, with in-built evaluation, of a national type 2 diabetes prevention programme, based on Prudent healthcare principles and delivered through Primary Care Clusters. Patients with non-diabetic hyperglycaemia [HbA1c 42-47 mmol/mol] will receive a single, face-to-face 30-minute brief intervention with a trained healthcare professional, focused on understanding the risk of developing

diabetes, dietary changes and increasing levels of physical activity, including signposting to additional services to support health behaviour change. Patients will then be reviewed after a year, to measure any changes in their HbA1c.

The initial activity report for the AWDPP demonstrated that there is now programme activity across Wales and in Welsh Government funded primary care clusters, a 50% uptake* of the programme has been observed. This is in line with the assumptions included in the original delivery model, which informed the staffing structure for the AWDPP. [*In this context, 'uptake' describes the proportion of 'booked consultations' in relation to the number of 'invitations sent'].
Following input into contract negotiations, it has been agreed that the GMS contract agreement 2022-23 will include the development of a QI approach to consider how practices currently, and will in future: ensure HbA1C measurements are taken and referrals made into the AWDPP where appropriate. It is anticipated that the AWDPP will be referenced within future Welsh Government quality statements for diabetes in Wales.

The AWDPP has demonstrated the potential for a national prevention programme to be designed, delivered and evaluated in primary care in Wales, with a dedicated resource for programme delivery. This shows the potential for this type of approach to be utilised to support broader secondary prevention activity.

Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking etc); and to address inequalities and barriers faced by certain groups.

Various pieces of work have been undertaken to address inequalities and barriers faced within diabetes services by different communities. These include development of resources to support culturally specific diabetes awareness education session, development of an equity tool kit to support the AWDPP, the use of virtual consultation platforms to support those with mobility issues/ hearing loss and to continue delivery of education during covid, access to resources in different languages.