

Health and Social Care Committee

HSC(4)-21-12 paper 1

Inquiry into the implementation of the NSF for diabetes in Wales and its future direction - Suggested Terms of Reference

Introduction

The Committee agreed at its meeting on 20 June 2012 to launch an inquiry to examine the progress made on implementing the *National Service Framework for Diabetes in Wales* across the local health boards and its adequacy and effectiveness in preventing and treating diabetes in Wales. The Committee will also consider potential future actions which are required to drive this agenda forward.

The purpose of this paper is to present the Committee with some background information, suggested terms of reference and suggested witnesses.

This briefing has been produced by the Research Service for use by the Health and Social Care Committee.

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Research
Service

Background information

National Service Framework (NSF)

The NSF programme was established to improve services by setting national standards to drive up service quality and tackle variations in care. Each NSF sets national standards, identifies the interventions and actions that will help meet those standards and the milestones against which NHS performance will be measured.¹

NSF for Diabetes

In March 2003 the Welsh Government published *A National Service Framework for Diabetes in Wales – Delivery Strategy*, a 10 year plan designed to ‘tackle the increasing prevalence of the condition, improve services and maximise outcomes for those diagnosed with diabetes’.² It sets out milestones, performance management arrangements, the actions to be taken by local health boards (LHBs) and social care systems and the underpinning programmes to support local delivery. In 2008, LHBs were asked to produce action plans mapping the activity and setting targets leading to full compliance with the NSF standards by March 2013.

Diabetes and its prevalence in Wales

Diabetes mellitus, often referred to simply as diabetes, is a chronic disease found in two major forms: type 1 and type 2. There are more than 160,000 diagnosed diabetes sufferers in Wales, affecting all age groups, with an estimated 66,000 more people that have the condition but have not yet been diagnosed. If not properly treated, diabetes can lead to heart disease, stroke, blindness, kidney failure and foot ulceration leading to amputation.³

- Type 1 is the rarer of the two diabetes forms; in Wales approximately 15 per cent of people diagnosed with diabetes suffer from type 1. It is characterised by the destruction of the insulin producing β -cells of the pancreas by the body’s own immune system. β -cell destruction results in an inability of the pancreas to produce insulin, allowing glucose to build up in the blood. It mostly develops in children, young people, and young adults.
- Approximately 85 per cent of people with diabetes have type 2. Symptoms develop when the body does not respond properly to the presence of insulin (insulin resistance), and is sometimes combined with a deficiency in absolute insulin levels. It is most

¹ Welsh Government, [National Service Framework for Diabetes \(Wales\) Standards](#) [accessed 03 July 2012]

² Welsh Government, [National Service Framework for Diabetes in Wales – Delivery Strategy](#), March 2003 [accessed 29 June 2012]

³ Diabetes UK, [Diabetes in the UK 2010: Key statistics on diabetes](#), March 2010 [accessed 02 July 2012]

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commonly diagnosed in adults over the age of 40 years (although it is increasingly found in children and young adults).⁴

Causes and treatment

- The cause of type 1 diabetes is not currently known, although there are most likely hereditary genetic factors involved.⁵ Sufferers require daily injections of insulin, failure to do so may result in hyperglycaemia (too much blood sugar), leading to diabetic ketoacidosis and potentially life-threatening complications.
- Exact causes of type 2 diabetes are not yet fully understood, although poor nutrition and being over-weight are known risk factors.⁶ Symptoms are often less marked than those of type 1. As a result, the disease may not be diagnosed until several years after onset, once complications have already arisen.⁷ For many people diagnosed with type 2 diabetes, the first approach to treatment is the establishment of positive lifestyle changes. However, type 2 diabetes usually gets worse over time, and diet and exercise may become insufficient to control blood glucose.⁸ Hyperglycaemia can be reversed by a variety of measures and medications that improve insulin sensitivity, or reduce glucose production in the liver.

Guidance

- In July 2004 the National Institute for Health and Clinical Excellence (NICE) published *Type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults*⁹ giving guidance on a variety of aspects concerned with management of type 1 diabetes.
- In May 2007 the Welsh Government published *Designed for the Management of Type 1 Diabetes in Children and Young People in Wales: Consensus Guidelines*¹⁰, outlining the care that should be provided for children and young people with Type 1 diabetes.
- In March 2008 NICE published clinical guidance on *Diabetes in pregnancy*¹¹ which provides information on the management of diabetes and its complications from pre-conception to the postnatal period.

⁴ Diabetes UK, [Diabetes in Wales](#) [accessed 03 July 2012]

⁵ Huber A et al., (2008), [Joint Genetic Susceptibility to Type 1 Diabetes and Autoimmune Thyroiditis: From Epidemiology to Mechanisms](#), *Endocrine Reviews*, 29 (6), 697-725.

⁶ Diabetes UK, [Causes and risk factors](#) [accessed 02 June 2012]

⁷ World Health Organization, [Diabetes: Fact sheet no. 312](#), August 2011 [Accessed 02 July 2012]

⁸ NHS Choices, [Diabetes, type -2](#) [accessed 02 July 2012]

⁹ National Institute for Health and Clinical Excellence, [Type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults](#), July 2004 [accessed 03 July 2012]

¹⁰ Welsh Government, [Designed for the Management of Type 1 Diabetes in Children and Young People in Wales: Consensus Guidelines](#), May 2007 [accessed 03 July 2012]

¹¹ National Institute for Health and Clinical Excellence, [Diabetes in pregnancy](#), March 2008 [accessed 03 July 2012]



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- In October 2008 the Welsh Government published *Designed for the Management of Adults with Diabetes Mellitus across Wales: Consensus Guidelines*¹², in order to support the implementation of the Diabetes NSF Wales quality requirements.
- In 2008 the Royal College of Physicians published *Type 2 Diabetes*¹³ providing national clinical guidance for the management of type 2 diabetes in primary and secondary care.
- In March 2011 NICE published *Quality Standards Programme – Diabetes in adults*¹⁴ providing advice on the clinical management of diabetes in adults excluding children, young people and pregnant women.
- In 2012 the Health and Social Care Information Centre published *National Diabetes Audit 2010-2011 – Report 1: Care Processes and Treatment Targets*¹⁵ providing information on diabetes prevalence, epidemiology, and care in England and Wales.
- In 2012 the Health and Social Care Information Centre published *National Diabetes Inpatient Audit 2011*¹⁶ providing information about the quality of care of inpatients with diabetes in England and Wales.

¹² Welsh Government [*Designed for the Management of Adults in Diabetes Mellitus across Wales: Consensus Guidelines*](#), October 2008 [accessed 03 July 2012]

¹³ Royal College of Physicians [*Type 2 Diabetes*](#), 2008 [accessed 03 July 2012]

¹⁴ National Institute for Health and Clinical Excellence [*Quality standard topic: Diabetes in adults*](#), March 2011 [accessed 03 July 2012]

¹⁵ Health and Social Care Information Centre [*National Diabetes Audit 2010-2011 – Report 1: Care Process and Treatment Targets*](#), 2012 [accessed 03 July 2012]

¹⁶ Health and Social Care Information Centre [*National Diabetes Inpatient Audit 2011*](#), 2012 [accessed 03 July 2012]



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Suggested Terms of Reference

To examine the progress made on implementing the *National Service Framework for Diabetes in Wales* across the local health boards and its adequacy and effectiveness in preventing and treating diabetes in Wales.

The Committee will also consider potential future actions which are required to drive this agenda forward.



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Witnesses

It is suggested that the Committee takes evidence from the following:

- Public sector bodies e.g. Minister for Health and Social Services and/or the Chief Medical Officer, LHB Diabetes Planning and Delivery Groups, Diabetes Retinopathy Screening Service Wales, Public Health Wales;
- Professional bodies e.g. Royal College of Nursing Wales, British Medical Association, Community Pharmacy Wales;
- Third sector organisations e.g. Diabetes UK Cymru, Diabetes Peer Support, Juvenile Diabetes Research Foundation, Diabetes Research Network Wales

Members might also wish to seek written evidence from interested parties in addition to the general call for evidence.