Introduction
The London Assembly’s Health and Environment Committee intends to review diabetes care in London.

Aim of review
The purpose of this review is for the Committee to understand the extent of diabetes prevalence across London, how diabetes care is delivered and where improvements can be made in providing care, and to identify what can be done to better manage diagnosis and care of the condition in the future.

The Committee will seek to have an impact by:

- Examining in public with key stakeholders the contributory factors to the growth in diabetes and associated care and treatment costs in the capital;
- Exploring the landscape for diabetes care within the new structures for NHS and public health service delivery, looking at the interface between the two and how health outcomes can be improved; and by
- Providing a pan-London perspective on the topic.

The Committee will also seek to hold the Mayor to account on his statutory duty to promote the reduction of health inequalities within the Greater London boundary, particularly in relation to Type 2 Diabetes.¹

Terms of reference
The terms of reference for this review are:

- To determine the scale of diabetes prevalence across London.
- To understand how diabetes care is delivered and where improvements can be made in providing care.
- To identify and make recommendations on what can be done to better manage the diagnosis and care of diabetes across London.

Background
Diabetes: the condition
Diabetes, also known as diabetes mellitus, is a condition in which the body does not use or produce insulin properly; there are two types.

Type 1 Diabetes develops if the body cannot produce any insulin. It usually appears before the age of 40, especially in childhood, and is the less common of the two types of diabetes. It cannot be prevented and it is not known why exactly it develops. Type 1 Diabetes is treated by daily insulin doses by injections or via an insulin pump.

Type 2 Diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). Type 2 Diabetes is treated with a healthy diet

¹ Part 4, Section 22 Greater London Authority Act 2007
Diabetes: an emerging crisis for the National Health Service

There is a widely-held view that the National Health Service (NHS) is facing a potential crisis from an exponential growth in Type 2 Diabetes. Evidence presented by the National Audit office points to a significant and growing challenge in treating the condition. Between 2006 and 2011, there was a 25 per cent increase in the number of people diagnosed with diabetes, and a correlating increase in complication rates. Diabetes is now the biggest single cause of amputation, stroke, blindness and end stage kidney failure and is estimated to account for around 10 per cent of the NHS budget.

Approximately two and a half million people in England, live with the condition, with an estimated further 850,000 people who are either unaware that they have diabetes or have no confirmed diagnosis. It is expected that 3.8 million people will have diabetes by 2020 - an increase of 23 per cent. By some estimations the proportion of national spending on diabetes could rise to 17 per cent over the next 25 years.

The key message from campaigners such as Diabetes UK is that early diagnosis, improved service provisions and effective interventions will help provide better outcomes for people diagnosed with diabetes and lessen the financial burden on the NHS in the future.

The National Service Framework for diabetes care

The previous Government implemented the National Service Framework for Diabetes (NSF) in 2003, setting out a ten-year strategy for improving diabetes care and services. The NSF was built around seven key objectives (including prevention and early diagnosis, decision-making via patient empowerment, quality of care during adulthood and childhood, treating diabetic emergencies and inpatient care, pregnancy care, and complications management). The NSF is supported by a Quality Outcomes Framework, encouraging, among other things, diabetes data collection, alongside the annual National Diabetes Audit, which reports on key indicators.

The National Institute for Health and Clinical Excellence (NICE) Quality standards has issued guidance on agreed essential standards on diabetes care. It recommends that all people with diabetes should receive nine key tests (also known as processes - see below) at an annual diabetes review.

Since 2003, there have been demonstrable improvements in services but wide variations in the quality of service provided persist nationally, with a significant number of people with diabetes not being able to access the agreed essential

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2 Definitions taken from State of the Nation 2012, Diabetes UK, May 2012
3 Proponents of this view include the Association of British Clinical Diabetologists
4 The management of adult diabetes services in the NHS, National Audit Office, May 2012
5 State of the nation 2012, Diabetes UK
6 Figure based on date from the Association of Public Health Observatories diabetes prevalence model figures. The data provides estimates of the number of people aged 16 or older with diagnosed and undiagnosed diabetes.
7 The management of adult diabetes services in the NHS, National Audit Office, May 2012
8 According to the Impact Diabetes report published in April 2012 and developed in partnership with Diabetes UK, the Juvenile Diabetes Research Foundation and Sanofi Diabetes

9 The nine key tests are: weight, blood pressure, smoking status, HbA1c, urinary albumin, serum creatinine, cholesterol, eye examinations and foot examinations.
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standards of care. Data collation and reporting on it has also improved but remains patchy and is also not being used to full potential to assess quality of care and improve on it, or to fully capture the financial impact of diabetes. The Department of Health recently conceded to the Public Accounts Committee that there were improvements to be made to existing accountability arrangements.\(^{10}\)

Diabetes: a major health concern for London

**London has a higher prevalence of Type 2 Diabetes and diabetes-related complications.** There are an estimated 480,719 people with diabetes across London.\(^{11}\) Type 2 Diabetes is more common in people of black and south Asian origin, and tends to present at a younger age in these ethnic groups, therefore there is a higher risk of developing diabetes-related long-term complications.

**There has been a significant increase in the incidence and prevalence of Type 2 Diabetes in London over the last decade.** Data suggests a 75 per cent increase.\(^{12}\) The rising prevalence of diabetes is believed to be due to an ageing population and unhealthy lifestyles leading to obesity. A similar trend in increase is expected to continue, potentially leading an increase by up to 200,000 people with Type 2 Diabetes by 2025, unless successful obesity prevention strategies are introduced.\(^{13}\)

**London is performing poorly in diagnosing Type 2 Diabetes.** Across London, 19 per cent of eligible people were offered an NHS Health Check during 2011/12. In some boroughs the check was offered to as little as two per cent of eligible people. The NHS Health Check programme is offered to adults between 40 to 74 years for the detection/prevention of stroke, diabetes, heart disease and kidney disease. It is estimated that around one in four people with diabetes in London may not be aware they have it.

**The standards of services offered in London compares unfavourably with the rest of the country.** The annual tests or care processes recommended by NICE provide vital opportunities for patients to receive timely care to prevent diabetic tissue damage, or early treatment to prevent worsening of their condition. Fewer than half of patients in London (45.8 per cent) received all nine care processes in 2010/11, as opposed to 54 four per cent nationally.

**There is a considerable variation in service provision and health outcomes for diabetes in London.** London’s diverse and mobile population makes delivering diabetes care challenging, as does the higher proportion of at-risk communities in the capital. However there is a view that the

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\(^{10}\) Department of Health: The management of adult diabetes services in the NHS, House of Commons Committee of Public Health, November 2012

\(^{11}\) Yorkshire and Humber Public Health Observatory Diabetes Prevalence Model for Local Authorities 2012. The data provides estimates of the number of people aged 16 or older with diagnosed and undiagnosed diabetes.


\(^{13}\) Ibid
substantial variation in performance of PCTs in London cannot be explained solely by the demographics of the population.\textsuperscript{14}

Issues with the delivery of care in London stem from:

- Structural limitations – diabetes care is poorly structured with organisational boundaries significantly affecting diabetes care provision and access to services for patients.
- Lack of co-ordination shortcomings - between community and hospital health staff, and between health and social services.
- Insufficient support to help people manage their own condition through self-care, by taking the correct medication or accessing therapies

The issues raised above point to the need for an integrated model of care for diabetes care. In March 2009, NHS London, the strategic Health Authority published a Diabetes Guide for London in which it set out a model of care which sought to improve prioritisation, investment and organisation of integrated diabetes care across London, the end goal being to improve prevention and early detection of diabetes.\textsuperscript{15}

**Diabetes: a role for the Mayor**

**The Mayor's Health Inequalities Strategy** The Mayor has a statutory duty to publish a Health Inequalities Strategy identifying “major health issues where there are health inequalities between persons living in Greater London” and “specify priorities for reducing (them)”.\textsuperscript{16}

Equitable access to high quality health and social care services is one of five high-level objectives set out in the Strategy published in April 2010.

**Strategic overview** From April 2013 new structural arrangements for delivering NHS services and managing diabetes care will be in place.\textsuperscript{17} The strategic health authority, NHS London, will not be part of the new structures, potentially leaving a void in the oversight that will be needed to help develop consistency in service provision and patient access. The return of public health responsibilities to local authorities will present an added challenge to ensure communication and coherence across the piece. The London Health Improvement Board, a partnership between the Mayor, NHS and London Councils, was set up to provide a pan-London overview with a view to reducing health inequalities; it will not form part of the structural set-up post April 2013.

This review will provide an opportunity for the Committee to establish a sense of the scale and impact of diabetes in the capital, and to explore the extent to which the new structures and arrangements will address existing service limitations and improve patient care and outcomes.


\textsuperscript{15}This guide was published as part of the Healthcare for London Programme, a pan-London programme aimed at delivering the Framework for London, a London-wide strategy developed by Lord Darzi in 2008, to improve care across the capital

\textsuperscript{16}Part 4, Section 22 Greater London Authority Act 2007

\textsuperscript{17}Under the Health and Social Care Act 2012 which sets out major reforms to NHS service delivery and public health
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Questions for the review

During the review the Health and Environment Committee will seek to answer the following key questions:

- Why is London experiencing such high growth in Type 2 Diabetes prevalence and what impact is this growth having on health spend? How might further growth be curbed?
- How could early diagnosis of both Type 1 and Type 2 Diabetes be better achieved, in the new NHS and public health structural arrangements?
- Why is diabetes care across London so varied and what can be done to improve patient care and outcomes?
- How might effective strategic overview on managing diabetes in London be maintained under the new NHS and public health structural arrangements?

Details of the review

The Committee will seek written submissions and hold two public meetings to gather views and information for its report.

The Committee will invite written submissions from a wide range of organisations including:

- Mayor/GLA
- London Councils/boroughs
- Department of Health
- NHS Commissioning Board - London office/Clinical Commissioning Group representatives
- Public Health England - London
- Diabetes support and advocacy organisations including Diabetes UK, Diabetes Sisters and Children with Diabetes UK
- Academic and research organisations including the Yorkshire and Humber Public Health Observatory, Diabetes Research Network, the Diabetes Research and Wellness Foundation and the Juvenile Diabetes Research Foundation
- Professional representative organisations including the Association of British Clinical Diabetologists and British Society for Paediatric Endocrinology
- Third sector and other independent service providers of non traditional services

The Committee will also seek Londoners’ views on diabetes care in the capital. The review will be publicised on the London Assembly website and through social media and diabetes online community support networks.

The Committee will use the views and information received, to inform discussion at two public meetings in April and May 2013. It may use its first meeting to hear from relevant stakeholders on the scale and rate of growth of diabetes in London and how they might be managed in the future and the second meeting to hear from patient groups and service providers about access to diabetes care and support.
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Following its public meetings, the Committee will publish a situation report, setting out recommendations on what can be done to better manage the diagnosis and care of diabetes in the capital.

Timetable for the review
This review will take place from April 2013 to May 2013. The stages in the review will include:
- Agreement of terms of reference: 6 March 2013
- Desk-based research/gather written views and information: March 2013 - May 2013;
- Formal meetings: 17 April 2013, with a further meeting in May 2013; and
- Produce a situation report: By July 2013.

How to contribute to the review
The Health and Environment Committee welcomes written views and information to inform its review. Written submissions should aim to address the questions outlined above.

Please send written submissions to Carmen Musonda, London Assembly, City Hall, The Queen’s Walk, London SE1 2AA, or email: carmen.musonda@london.gov.uk

It would be helpful to receive any initial written submissions, by Wednesday 10 April 2013 so they may be used to inform the Committee’s meeting mid- April 2013. However, the Committee will also accept written submissions provided after this date up until 3 May 2013.

About the Health and Environment Committee
The Health and Environment Committee examines the Mayor’s work and matters of importance to Londoners on the environment, sustainable development and the promotion of health in London. The Committee pays particular attention to how the Mayor’s Environment and Health Inequalities Strategies are being implemented.

The membership of the Health and Environment Committee and details of its work are available on its website