

Written evidence submitted by Diabetes UK (EPW0044)

Introduction

Diabetes is one of the fastest growing and potentially most devastating health crises of our time. Over 4.9 million people are currently living with diabetes in the UK. Diabetes UK is committed to creating a world where diabetes can do no harm. Our aim is to fund crucial health research, improve healthcare and treatment, and prevent yet more people developing this potentially life-threatening condition.

Diabetes UK is the UK's leading funder of medical research for diabetes, and conducts policy and campaigns work to improve the lives and health outcomes for people living with or at risk of diabetes.

Diabetes UK's submission focuses on the need to ensure there are enough condition specific specialists within the NHS, and also that all healthcare professionals are sufficiently trained in diabetes.

Planning for the workforce

1. Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.

- 1.1. 4.9 million people in the UK are living with diabetes, and that number is growing rapidly, largely driven by the rise in type 2 diabetes. There are 13.6 million people at increased risk of type 2 diabetes and diagnoses have doubled in the last 15 years. It is essential that everyone living with diabetes has appropriate access to a team of healthcare professionals to manage their needs. Further planning is needed to ensure the NHS workforce is prepared to meet the increased demand that the rise in diabetes will create.
- 1.2. Plans for the future of the diabetes workforce must also recognise that the rise in comorbidities, an ageing population and increasing obesity rates are leading to more complex diabetes cases. Planning the workforce of the future must give due consideration to condition specific specialists, who play a vital role in supporting people to manage their condition directly and indirectly, by supporting other healthcare professionals.
- 1.3. Due to the complex and demanding nature of diabetes, the impact of the condition on a person's emotional and psychological wellbeing can be profound. In a Diabetes UK survey in 2019, 7 out of 10 people with diabetes said they felt overwhelmed by the demands of the condition and further studies have also shown that around 40 per cent of people with diabetes experience poor psychological wellbeing at any one timeⁱ. Workforce planning for the future must meet both the physical and psychological needs of people living with the condition, and significant focus must be given to development of the mental health workforce to meet the needs of growing numbers of people living with long term and complex conditions such as diabetes. The Government must address these needs in a long-term workforce plan which invests in a sustainable mental health workforce which is integrated with diabetes care.
- 1.4. There is not an adequate system in place for determining the workforce training requirements to meet the long term needs of the population. This has been repeatedly highlighted by many organisations including the Kings Funds, Nuffield Trust and Health Foundation, and well as the Health and Care Committee itself. The Health and Care Act 2022 represents a missed opportunity for the Government to commit to regular forecasts on workforce to inform plans to end the enduring staff shortages in the NHS. Diabetes UK supported amendments in both the House of Commons and House of Lords to mandate this forecasting, but these were rejected. The Government should now throw their support

behind the upcoming workforce plans from Health Education England and NHS England to ensure the NHS is equipped to tackle the backlog from the pandemic and meet the changing needs of the population.

- 1.5. The pandemic necessitated rapid change and innovation within healthcare delivery, which will have a lasting impact on the NHS. As the Government looks to develop a health service suitable for the future, it is essential that patients and healthcare professionals are involved in planning new models of care to ensure they meet local needs. New ways to deliver care will determine the workforce needs for the long-term and these must be informed by those delivering and receiving healthcare.

Building a skilled workforce

2. Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

- 2.1. More training is needed for healthcare workers to understand diabetes. By 2030, it is estimated that 1 in 10 adults will be living with diabetes and before the pandemic 1 in 6 people in hospital had diabetes, it is therefore essential that throughout the NHS, all professionals have sufficient understanding of the condition to treat these patients. Managing diabetes affects all aspects of a person's physical and mental health, so all healthcare professionals need to understand the condition to be able to offer optimal care. A lack of widespread understanding of diabetes carries significant risk; it leads to medication errors and sub-optimal care, which not only impacts the long-term management of the condition but can also cause acute complications including diabetic ketoacidosis or severe hypoglycaemia. As well as diabetes specialists, training is needed to ensure all those working in the NHS and social care have the knowledge necessary to treat people with diabetes safely.
- 2.2. Over 3.1 million people have a diagnosis of type 2 diabetes, which is predominantly treated in primary care. More needs to be done to ensure that the primary care workforce has the skills to deliver high quality diabetes care. Practice nurses carry out most routine care for people with diabetes within the general practice setting and it is essential that they have the support they need to take on leadership roles and feel confident delivering diabetes care as it becomes increasingly complex. Training for practice nurses should focus more on leadership and communication skills to enable them to lead in this growing area and relieve pressure on GPs.
- 2.3. Training in diabetes and other complex long-term conditions is also needed within the mental health workforce. More than 1 in ten (10.7%) people with type 1 diabetes, and more than 1 in 20 (5.3%) people with type 2 diabetes accessed IAPT (Improving Access to Psychological Therapies) services in 2019-20, according to the latest figures available in the National Diabetes Audit.
- 2.4. However initial apprentice training for Personal Wellbeing Practitioners (PWP), who deliver a large portion of all IAPT interventions, does not include supporting people with long-term health conditions in its curriculum. Indeed, this learning is not mandatory and is only available to PWPs after a year on the job. Given that nearly 200,000 people with diabetes accessed IAPT services in 2019-20, this demonstrates a gap in PWP training that must be closed.
- 2.5. Diabetes UK is also concerned about the high vacancy rate within the IAPT programme. Results from Higher Education England's Adult IAPT Workforce Census 2020 reported the vacancy rate was 11% of total funded whole time equivalent posts.

- 2.6. Diabetes inpatient care teams are crucial for providing quality care for people with diabetes in hospital. They are key to offering expert knowledge to support quick turnaround of patients in A&E and effective care across the hospital which prevents deaths, and they help to make hospital stays shorter and safer for people with diabetes. Almost one third of inpatients with diabetes have a medication error during their hospital stayⁱⁱ. Diabetes UK was therefore concerned that in some areas inpatient diabetes teams were disbanded during the first peak of the pandemic, which left some people with diabetes without the specialist care they needed in hospital. These teams offer ongoing support and training to colleagues as well as delivering care themselves. In planning the workforce for the future, specialist teams like inpatient diabetes teams should be prioritised and they must be protected, even in times of crisis. Despite dedicated funding, there are still some hospitals without Diabetes Specialist inpatient nurses – the lynchpin of a diabetes specialist inpatient team. This needs to be addressed urgently and in the longer term workforce planning at national and local level should ensure that all hospitals have fully staffed multidisciplinary inpatient diabetes teams.
 - 2.7. Further training is also needed to tackle weight related stigma in the NHS. The APPG on Obesity’s 2018 survey found that only a quarter of people living with obesity felt that they were treated with dignity and respect when seeking advice or treatment related to their weight. There is a need for healthcare professionals to be better trained on the causes, impacts and treatment of obesity, and learn to challenge stigmatising views in themselves, their colleagues and their patients.
 - 2.8. Healthcare professionals need to develop a knowledge of and promote the weight management pathway in their local area, including formal services and informal community services. Qualitative insight work conducted with GPs on behalf of Diabetes UK indicates that many healthcare professionals see bariatric surgery as a ‘last resort’ intervention, making them unwilling to make referrals in recently diagnosed people, despite NICE guidance that adults with a body mass index of 35 or more who have been diagnosed with type 2 diabetes within the past 10 years are offered an expedited referral for bariatric surgery assessment.
3. **£1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.**
 4. **Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient’s care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.**
 - 4.1. There are 13.6 million people in the UK at increased risk of developing type 2 diabetes. Community-based staff are on the frontline of type 2 diabetes prevention and must be equipped with the skills, knowledge and resources to support people at risk of developing the condition. This includes sufficient services onto which to refer such as weight management services and the NHS Diabetes Prevention Programme.
 - 4.2. The Government’s commitment to supporting moves towards prevention and support must focus on tackling health inequality. The prevalence of diabetes is over twice as high for people living in the lowest income households compared to those with the highest incomes. The forthcoming White Paper on Health Disparities should set out a cross Government strategy to tackle health inequalities by addressing the social determinants of health,

including poverty, that underly and compound the unequal impact of diabetes. It should also include plans to increase the resource available for social prescribing in communities, address digital access issues and face-to-face delivery of healthcare services.

- 4.3. For those at the highest risk of type 2 diabetes, the NHS Diabetes Prevention Programme is a valuable tool to prevent or delay onset of the condition. Investment in the programme in recent years has supported thousands of people to take action to reduce their risk. To maximise the impact of the programme, more must now be done to increase referrals to the DPP for people from South Asian, Black African, and Black Caribbean backgrounds, as these groups are two to four times more likely to develop type 2 diabetes, frequently at a younger age and lower BMI than White Europeans. It is also important to increase referrals for those living in more deprived areas, who are currently underrepresented on the programme.
- 4.4. Provision of weight management services for people with diabetes must also be improved, addressing uneven provision and ensuring that there are fully staffed services across the country, and particularly in areas of high deprivation. Training is also needed to make sure healthcare professionals have sufficient knowledge of the weight management pathway in their local area, including formal services and informal community services, and that they promote it accordingly.
- 4.5. Further training is also needed to tackle weight related stigma amongst the NHS workforce. The APPG on Obesity's 2018 survey found that only a quarter of people living with obesity felt that they were treated with dignity and respect when seeking advice or treatment related to their weight. There is a need for healthcare professionals to be better trained on the causes, impacts and treatment of obesity, and learn to challenge stigmatising views in themselves, their colleagues and their patients. This is vital for community-based staff to support their patients to maintain a healthy weight and reduce their risk of developing type 2 diabetes.
- 4.6. We welcome the Government's ambition to reduce preventable disease and focus increased support in community settings. We urge that this includes giving significant attention to preventing diabetes complications. Every week, diabetes leads to 190 amputations, 770 strokes, 590 heart attacks and 2,300 cases of heart failure, the majority of which could be prevented with the right care, support and management, integrated around the person with diabetes. Diabetes UK is concerned that the disruption caused by the pandemic could have devastating and lasting impacts on the health of people with diabetes. In our recent survey of 10,000 people with diabetes almost half (47%) said they had difficulties managing their condition during 2021. Three in five (63%) of the people who had experienced difficulties attributed this at least in part to not having sufficient access to their health care team, rising to 71% in the most deprived areas of the country. To prevent the mounting crisis, the Government, NHS England and local health systems must focus on restoring and improving diabetes services, this includes building on the commitment to diabetes care within the NHS long term plan refresh. Integrated diabetes care requires good IT infrastructure across primary, community and specialist diabetes teams; specialist support for primary care with clinical leadership, and dedicated time for teams to learn together.
- 4.7. As well as receiving the right care and support, it is vital that those living with diabetes have access to the technology that can best enable them to manage their condition. Wearable diabetes technologies help improve clinical outcomes while simultaneously providing a better quality of life for people who use them. In our recent survey, 79% of those using diabetes technology agreed that it had helped them to manage their diabetes during the pandemic, but not everyone who could benefit from these life-changing technologies gets access, even when recommended by NICE. The Government must ensure that Integrated

Care Systems have adequate funding to ensure that they can meet the NICE guidelines for everyone who meets criteria and address any inequalities in access. They must also have the resources to train all those providing diabetes care so that they are sufficiently skilled to advise on, and prescribe, diabetes technology appropriately.

- 4.8. With 1 in 14 people in the UK already living with diabetes, reducing the rise in type 2 and preventing complications from the condition has the potential to transform public health and reduce pressure on the NHS. It has been calculated that prior to the pandemic, 10 per cent of the NHS budget was spent on diabetes, the majority of which was spent on treating complications. The Government's commitment to shift focus onto prevention should therefore include investment and emphasis on diabetes prevention and care, including within the new NHS long term plan and workforce planning.

Wellbeing at work

5. Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

- 5.1. Whilst staff shortages were an issue even before the pandemic, it has had a massive impact on those working in the NHS and further impacted workforce pressures. Workforce burnout was described by many providing evidence to a Health and Social Care Committee inquiry last year as the highest in the history of the NHS. Furthermore, a recent RCGP survey found that 34% of GPs expect to leave the profession within 5 years, which could mean the loss of over 14,000 GPs from the workforce.
- 5.2. Integrated Care Systems must ensure healthcare professionals have sufficient support to maintain morale and support good staff wellbeing. To facilitate this, the Government must give ICSs adequate funding to offer mental health and wellbeing support services to NHS staff, which will improve the lives of NHS staff and in turn promote retention.

6. Reduce bullying rates in the NHS which are far too high.

7. Listen to the views of social care staff to learn how we can better support them – individually and collectively.

ⁱ Diabetes UK (2019), Too often missing: Making emotional and psychological support routine in diabetes care

ⁱⁱ Diabetes UK (2019), Us, diabetes and a lot of facts and stats