

# Diabetes care and you

*What diabetes care you can expect*



**Includes your care review checklist**

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This information is available in large print and other formats. For details call Diabetes UK's Supporter Services on 0845 123 2399.

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Diabetes

# Introduction

If you have diabetes, it is important to understand what care you can expect to receive throughout your life and your role in managing your diabetes. We hope you will find this booklet helpful if you have been recently diagnosed, have had diabetes for some time or are caring for someone with diabetes.

To keep well and healthy, everyone with diabetes needs regular healthcare and attention. Effective treatment and ongoing management are essential to help reduce the risk of developing the long-term complications of diabetes such as stroke or eye disease. Routine healthcare also aims to:

- provide you with safe, effective and personal medical care
- support you to look after your diabetes yourself
- help you obtain the right information, equipment, skills and support to make healthy lifestyle choices.

This booklet explains how working together with your diabetes healthcare team in creating a care plan will help you manage your diabetes in the best possible way. It outlines the standard of care that you should receive from the National Health Service (NHS) and explains your role in managing your diabetes with the support your diabetes healthcare team and other organisations. It also features a care review checklist, see the back of this booklet.



# What is diabetes?

Diabetes is a common life-long condition where the amount of glucose in the blood is too high as the body cannot use it properly. This is because the pancreas does not produce any or not enough insulin or the insulin that is produced doesn't work properly (known as insulin resistance). Insulin helps glucose enter the body's cells, where it is used for energy.

Glucose comes from digesting carbohydrate from various kinds of food and drink, including starchy foods such as breads, rice and potatoes, fruit, some dairy products, sugar and other sweet foods. Glucose is also produced by the liver.

**There are two main types of diabetes: Type 1 and Type 2.**

**Type 1** diabetes develops when the insulin-producing cells have been destroyed and the body is unable to produce any insulin. Usually it appears before the age of 40, and especially in childhood. It is treated with insulin either by injection or pump, a healthy diet and regular physical activity.

**Type 2** diabetes develops when the body doesn't produce enough insulin or the insulin that is produced doesn't work properly. Usually it appears in people aged over 40, though in South Asian and Black people it can appear from the age of 25. It is becoming more common in children and young people of all ethnicities. Type 2 diabetes is treated with a healthy diet and regular physical activity, but medication and/or insulin is often required.

The main symptoms of undiagnosed diabetes include passing urine frequently (especially at night), increased thirst, extreme tiredness, unexplained weight loss, genital itching or regular episodes of thrush, slow healing of wounds and blurred vision.

The main aim of diabetes treatment is to achieve blood glucose, blood pressure and blood fat levels (including cholesterol) within the target ranges agreed by you and your healthcare team. This, together with a healthy lifestyle, will reduce the risk of developing the long-term complications of diabetes such as heart attack, stroke, amputation, blindness, kidney failure and nerve damage.

# Diabetes care across the UK

**There are national standards and guidelines for diabetes which have been agreed across the UK to make sure the level of care that you receive is of the highest quality and standard no matter where you live. These agreed standards and guidelines are known by different names depending on where you live.**

- In England and Wales there are the National Service Frameworks for Diabetes and National Institute for Health and Clinical Excellence (NICE) guidelines.
- In Scotland there are the Scottish Diabetes Framework and the Scottish Intercollegiate Guidelines Network (SIGN).
- In Northern Ireland there are currently no national standards for diabetes, although the cardiovascular (heart and blood vessels) framework contains three standards in the diabetes section which relate to screening, education and psychological support and annual reviews. Diabetes UK is campaigning vigorously for a dedicated diabetes framework.

**Although the standards vary, they contain information on:**

- the prevention and early identification of Type 2 diabetes
- encouraging partnership between a person with Type 1 or Type 2 diabetes and their diabetes healthcare team in relation to decision-making and provision of education
- improving clinical care, including provision of education, personal care plans and how these should be agreed
- prevention, early detection and management of diabetes-related complications
- improving the care of children and young people with diabetes
- better treatment of diabetes when someone is admitted to hospital
- integrated health and social care for those who need it
- support for women with pre-existing diabetes who wish to become pregnant, are pregnant, or those who develop diabetes during pregnancy (gestational diabetes).

In addition to these standards and guidelines, the Quality and Outcomes Framework (QOF) was introduced in 2004. This sets out a range of national quality measures for GP practices, financially rewarding them where they are able to demonstrate that they have provided good care.

For more information and contact details about the national diabetes frameworks and SIGN and NICE guidelines, see pages 21 and 22.



## What you should expect from the NHS

Living with a long-term condition such as diabetes can be difficult at times. It is important that you have access to the right information at the right time, and also the skills, equipment, and support you need to help you to look after your condition effectively.

*The NHS Constitution* (see page 22 for more information) explains what care everyone can expect to receive from the NHS and the rights you are entitled to. Below is a summary of these rights.

### Access to healthcare

You have the right:

- ✓ to receive NHS services free of charge
- ✓ to access NHS services regardless of your race, religion or belief, gender, sexual orientation or, disability (this includes learning disability or mental illness) and not to be unlawfully discriminated against.

### Quality of care

You have the right:

- ✓ to be treated with a professional standard of care by appropriately qualified and experienced staff, in a properly approved or registered organisation
- ✓ to receive high-quality care that is safe, effective and right for you
- ✓ to be treated with dignity and respect, according to your human rights.

### Information and choice

You have the right:

- ✓ to be given information about your treatment in advance, including any risks or benefits, alternative treatments and the risks if you do nothing

- ✓ to accept or refuse treatment offered to you, and not to be given any physical examination or treatment unless you have given valid consent
- ✓ to privacy and confidentiality and to expect the NHS to keep your information safe and secure
- ✓ to see your own health records
- ✓ to ask for, and receive copies of, letters about your care
- ✓ to make choices about your NHS care and access reliable and relevant information to support these choices depending on your needs
- ✓ to be informed about the health services available to you.

### Working together with your healthcare team

#### You have the right:

- ✓ to be involved in discussions and decisions about your healthcare, and be given information to help you with this
- ✓ to have your say in the planning of healthcare services
- ✓ to the NHS working in partnership with you, your family and carers.

### Complaints

#### You have the right:

- ✓ to have any complaint you make about NHS services dealt with efficiently, to have it properly investigated and to know the outcome.

All people with a long-term condition such as diabetes should be offered choices and support in order to self-manage their condition and stay healthy. For more details about your rights and access to services, see page 22.

## Working together with your healthcare team

**To achieve the best possible diabetes care, it is essential for you to work in partnership with your diabetes healthcare team and use your combined experience and expertise to agree what care and support you need.**

Your diabetes care may be provided in different settings depending on your specific needs, such as your GP surgery or your local hospital. If you are referred to see a specialist, this may be in a health centre, your local hospital or at another hospital.

You need to discuss with your consultant or GP the roles and responsibilities of those providing your diabetes care. Also, it is important to identify the key members of your diabetes healthcare team and agree the name of your contact, who you are likely to see most often. You may see some members of your team more often than others and they may change over time.

The box below shows some of the different people who may be part of your diabetes healthcare team and may contribute to your care plan.

#### Members in your diabetes healthcare team include you and possibly:

- a consultant physician/diabetologist
- a diabetes specialist nurse (DSN)
- a district nurse, midwife or health visitor.
- a GP
- an ophthalmologist
- an optometrist
- a practice nurse
- a pharmacist
- a podiatrist
- a psychologist
- a registered dietitian

For a brief explanation of these roles see *Glossary* on pages 19–21.

## Planning your care

The process of care planning describes the partnership with your diabetes healthcare team, where you are actively involved in deciding how your diabetes will be managed. During your appointments, you should discuss your concerns and questions with members of your healthcare team. It is important that you work together to set realistic goals and decide how you are going to achieve them.

The goals you agree as a result of your discussion will form the basis of your care plan. The care plan is the written summary of what you are both going to do to help you to manage your diabetes day-to-day. A paper copy of your care plan should be given to you by a member of your diabetes healthcare team. If not, ask for one. You should have a full review at least once a year and at ongoing intervals as agreed in your care plan.



## What care you should expect from your healthcare team

It is important that you understand your diabetes and the healthcare you can expect so that you are an effective member of your diabetes healthcare team. The following information will help you.

### When you have just been diagnosed with diabetes you should:

- ✓ have a full medical examination and discuss with a member of your diabetes healthcare team any immediate treatment you need; your concerns and unanswered questions; your feelings and reaction to being diagnosed.
- ✓ receive an explanation of what is on offer for you to learn more about diabetes and keeping well. This includes diabetes structured education and general self-management courses, as well as other sources of information and support. For information about diabetes education courses see pages 22.
- ✓ see a registered dietitian (either an individual appointment or as part of a group education course) to discuss what you usually eat, how this relates to your diabetes, and what other information and support will help you eat healthily with diabetes.

### Once you have received initial information and treatment, your ongoing care includes:

- ✓ a formal annual care planning review with a doctor or nurse experienced in diabetes. This should include a discussion of your tests, examinations as well as your experiences of living with diabetes and any other concerns, needs or anxieties. For more information on the topics you may wish to discuss see the care review checklist provided at the end of this booklet.
- ✓ an eyesight test once a year (see box on page 14 about eyesight).

- ✓ regular access to your diabetes healthcare team to assess your diabetes control. This could be every four to six months, or as agreed in your care plan. You should have time to ask questions and to discuss your care
- ✓ access to a member of your diabetes healthcare team for specific support and advice when you need it. This could be in person or by phone, email or text messages, depending on what methods are used locally.

**As part of your ongoing care your diabetes healthcare team is there to support you to manage your diabetes. They will:**

- ✓ provide continuity of care, ideally from the same doctors and nurses, or if this is not possible, doctors or nurses who are fully aware of your medical history and background and are experienced in diabetes
- ✓ work with you to continually review and update your care plan, including your diabetes management goals
- ✓ make sure that you understand and are involved in the decisions about your treatment or care. This means having access to your results with information about what they mean, so you can ask questions and make sure your personal goals are reflected in copies of any letters written about your diabetes
- ✓ ask you about how you are feeling and give you information about what emotional and psychological support is available to you locally
- ✓ if you need it, organise pre- and post-pregnancy advice together with your obstetric team
- ✓ encourage you to gain support from your friends, partner and/or relatives and from other people with diabetes
- ✓ provide you with ongoing education sessions, appointments and information on different ways you can learn about diabetes, for example websites, books, leaflets, support groups, courses and conferences



- ✓ offer you a review of your medicines, which may be via your pharmacist
- ✓ give you information on the effects of diabetes and treatments when you are ill or taking other medication
- ✓ give you information about how to dispose of your used sharps (insulin needles and/or blood glucose monitoring lancets) and local arrangements for collection of sharps disposal boxes
- ✓ help you access specialist services when you need them, for example specialist foot services.

**If your diabetes is treated by insulin your care should also include:**

- ✓ contact (face-to-face, telephone, email or text messages) with your healthcare team. This will be frequent at first, as you learn how to inject, look after your insulin, syringes, insulin pen, or insulin pump and how to dispose of needles (sharps)
- ✓ being shown how to test your blood glucose and test for ketones (if appropriate) and be informed what the results mean and what to do about them
- ✓ being given supplies of, or a prescription for, the medication and equipment you need (see box overleaf about 'prescriptions')
- ✓ a discussion about hypoglycaemia episodes (often referred to as hypos), when and why they may happen and how to deal with them
- ✓ an examination of your injection sites to check insulin can be absorbed properly.

**If your diabetes is treated by other medication or by healthy eating and physical activity, your care should include:**

- ✓ information about testing your blood or urine glucose at home and a discussion of what the results mean and what to do about them
- ✓ supplies of, or a prescription for, the medication and equipment you need (see box below about 'prescriptions')
- ✓ a discussion about hypoglycaemia (hypos) episodes if relevant to your treatment, when and why they may happen and how to deal with them.

### Prescriptions

If you are diagnosed with diabetes during a hospital admission or at a hospital clinic, your hospital team will only give you your first prescription. Further prescriptions for medication, test strips, etc will be provided through your GP.

In UK countries where people with long-term conditions have to pay for their prescriptions, people with Type 1 diabetes and those with Type 2 diabetes, who need insulin or other blood glucose lowering medications, are entitled to free prescriptions. Equipment such as test strips, lancets, syringes, insulin pens, pen needles and sharps boxes are available on prescription along with some blood glucose meters and finger-pricking devices.

You will need a prescription exemption certificate to obtain free prescriptions. Talk to your GP, diabetes nurse or pharmacist about how to apply for one.

### Eyesight

You are entitled to a free eyesight test, once a year, to check your vision. This is usually done by an optician and is different from retinal screening (see care review checklist, at the back of this booklet).

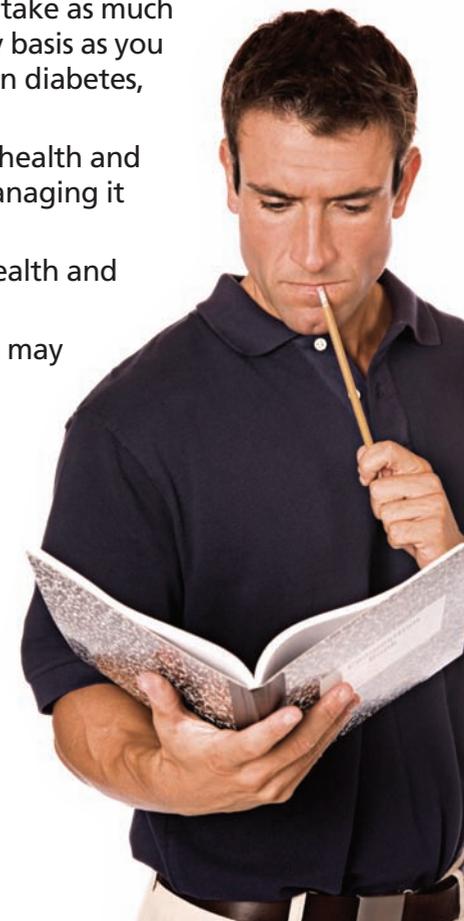
## Your role in self-managing your diabetes

**Managing your diabetes, making changes and fitting the demands of diabetes into your lifestyle can be challenging at times. Effective diabetes care can only be achieved through partnership between you and your diabetes healthcare team, who are there to support you to self-manage your diabetes. The most important person in the team is you – because the decisions made will affect you.**

Taking control of and responsibility for your diabetes will enable you to manage your diabetes more effectively. Ask questions and request more information if you need to.

### To take control of your diabetes

- obtain enough information to help you take as much control of your diabetes on a day-to-day basis as you can. The more you know about your own diabetes, the easier it will be to manage it
- you need to recognise your role in your health and take some personal responsibility for managing it day-to-day
- give accurate information about your health and how you are feeling
- put into everyday practice the goals you may have agreed in your care plan about healthy eating, physical activity, taking your medication and monitoring your blood glucose levels
- examine your feet regularly between reviews, or if you are unable to, ask someone you know check them for you
- know how to manage your diabetes



and when to ask for help if you are ill, for example if you have diarrhoea and are vomiting

- know when, where and how to contact your diabetes healthcare team
- attend your appointments or rearrange them as soon as possible
- make a list of points to raise at your appointments. If you find it helpful, ask someone else to write them down for you or come with you to support you. Use the checklist at the end of this booklet
- carry some form of medical identification about your diabetes
- discuss with your diabetes healthcare team if you are pregnant or planning to become pregnant, so that pre- and post-pregnancy advice can be organised with your obstetric team
- give feedback to your healthcare team about the treatment and care you have received
- treat NHS staff with respect.

### What support you may need from other people

As well as receiving support from your diabetes healthcare team, support from others is also important. Here are some suggestions:

- Talk about your feelings with your family and friends as they may be concerned about you and wish to help.
- Involve your family and friends in your understanding and care for your diabetes, as they may be able to help and support you on a daily basis.
- When you have an appointment with your healthcare team, ask someone to go with you, especially if they provide practical care for you, such as helping with your medication or meals.
- Get to know other people with diabetes. Sharing ideas, experiences and feelings with others, who also have or live with diabetes, can be reassuring and useful. You might like to join one of Diabetes UK's voluntary groups or take part in a support weekend or log on to a discussion forum on the internet. Visit our website for more information: [www.diabetes.org.uk](http://www.diabetes.org.uk)

## What to do if you have a complaint

It is important to try to discuss your concern or complaint with those providing you with your care, eg your GP, practice manager or hospital staff, but also to put it in writing. Each general practice and hospital will have internal procedures to deal with complaints. If you are unable to complain yourself, a relative or friend can help.



If this does not resolve the problem there are organisations that can provide you with information and advice about how to complain formally – translation services and interpreters can be provided for the complaints process, if necessary. See below for more information.

### If you live in:

- **England** contact the Patient Advice and Liaison Service (PALS) staff at your NHS trust hospital or primary care trust - [www.pals.nhs.uk](http://www.pals.nhs.uk) or contact NHS direct 0845 4647 or your local Citizens Advice Bureau (CAB) at [www.adviceguide.org.uk](http://www.adviceguide.org.uk). If your complaint is not resolved at the initial stage, you can contact the Independent Complaints Advocacy Service (ICAS). If still not resolved, it can be referred to the Ombudsman, see [www.adviceguide.org.uk](http://www.adviceguide.org.uk)
- **Scotland** contact your local health board [www.scotland.gov.uk/Topics/Health/NHS-Scotland/Boards](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Boards) or contact the NHS helpline on 0800 2244 88 for more information about NHS local boards or contact NHS24 on 08454 24 24 24. If your complaint is not resolved you can contact your local

Citizens Advice Bureau Independent Advice and Support Service at [www.cas.org.uk](http://www.cas.org.uk). If your complaint is not resolved at this stage, it can be referred to the Scottish Public Services Ombudsman at [www.spso.org.uk](http://www.spso.org.uk) or 0800 377 7330.

- **Wales** contact your Community Health Council (CHC) at [www.patienthelp.wales.nhs.uk](http://www.patienthelp.wales.nhs.uk). Telephone: 0845 644 7814 or contact NHS Direct: 0845 46 47 or your local Citizens Advice Bureau at [www.adviceguide.org.uk/wales](http://www.adviceguide.org.uk/wales). If your complaint is not resolved at the initial stage, it can be referred for an independent review. If still not resolved it can be referred to the Welsh Public Services Ombudsman, see [www.adviceguide.org.uk/Wales](http://www.adviceguide.org.uk/Wales)
- **Northern Ireland** A full copy of the *Standards and guidelines for complaints* can be accessed at: [www.dhsspsni.gov.uk/hsc\\_complaints\\_guidance\\_march\\_2009.pdf](http://www.dhsspsni.gov.uk/hsc_complaints_guidance_march_2009.pdf). If you would like support in submitting a complaint, you can contact the Patient and Client Council through [www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net) or [complaints.PCC@hscni.net](mailto:complaints.PCC@hscni.net) or Freephone 0800 917 0222. If you are not satisfied with the decision of the healthcare organisation you can then refer the matter to the Northern Ireland Ombudsman [www.ni-ombudsman.org.uk](http://www.ni-ombudsman.org.uk) or call 0800 343424.



### Waiting times

If you receive your care in a GP surgery and have been waiting a long time for your diabetes check up, for advice contact either your primary care organisation, PALS service, citizens advice bureau, community health council, or Patient and Client Council.

If you receive your care in hospital and have problems arranging your appointment, or a follow-up appointment, for advice contact your GP.

## How to get involved in diabetes care and services

Involving people who use NHS services in the planning and organisation of all services is a legal requirement for healthcare organisations. This can take a variety of forms depending on where you live.

If you would like to get involved in your diabetes service ask at your GP practice about whether there is a user group or patient forum and how you can get in touch.

To learn about becoming involved in your local NHS and diabetes services as a Diabetes UK service user representative: visit [http://www.diabetes.org.uk/Get\\_involved/Volunteer/User\\_representatives](http://www.diabetes.org.uk/Get_involved/Volunteer/User_representatives) or email: [userinvolvement@diabetes.org.uk](mailto:userinvolvement@diabetes.org.uk) or telephone: 020 7424 1000.

## Glossary

**Care plan:** the actions you agree as a result of your discussion with your healthcare team.

**Care planning:** the process by which you and your healthcare team work together to agree your care plan.

**Carer:** parents, friends, relatives, partner and anyone who supports you.

**Consultant physician/diabetologist:** a doctor who specialises in diabetes, often (but not always) based at a hospital clinic or diabetes centre.

**Diabetes specialist nurse (DSN):** a nurse with specialist expertise in diabetes who works solely with people with diabetes.

**District nurse:** a registered nurse responsible for providing care in the community, including care for people in their own homes, residential care homes and supporting family members.

**GP:** a general practitioner, who has overall responsibility for care at your local surgery. They may play a key role in monitoring your diabetes and prescribing treatment.

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**Health visitor:** a registered nurse with qualifications in community health, including child health, health promotion and education.

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**Hypoglycaemia (hypo):** low blood glucose level; usually below 4mmol/l.

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**Ketones:** poisonous chemicals which can be produced in the blood if the blood glucose level is high, most commonly in Type 1 diabetes.

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**Midwife:** a person with expertise in the care of pregnant women, newborn babies and their families.

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**Obstetric:** the care of women during pregnancy, childbirth and for a period of about six weeks after the birth.

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**Ophthalmologist:** a doctor with specialist training in the diagnosis and treatment of conditions that affect the eyes.

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**Optician:** a person qualified to prescribe and fit eyeglasses and contact lenses to correct vision problems.

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**Optometrist:** a person trained to perform eye examinations and test for eye problems. They do not treat eye disorders – see 'ophthalmologist'.

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**Pharmacist:** a person with expertise in the use of medicines. Many also provide lifestyle advice and carry out medicines use reviews, known as MURs.

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**Podiatrist:** a person with expert knowledge and a recognised qualification in conditions of the foot and lower limbs.

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**Practice nurse:** a nurse based at your surgery who may provide your diabetes care. Some may have a specialist knowledge of diabetes.

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**Primary Care Organisation (PCO):** the local NHS body that commissions health services. These are known as: Primary Care Trusts in England, Local Health Groups in Wales, Health Boards in Scotland, and Local Health and Social Services Boards in Northern Ireland.

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**Primary care:** the care received from a GP surgery or in the community (but not in hospital).

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**Psychologist:** an expert in psychology who can help you with some of the psychological difficulties of living with diabetes, anxiety or depression.

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**Registered dietitian:** a person who can work with you to assess your eating habits and help you make lifestyle and food choices to manage your diabetes.

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**Secondary care:** care you receive at a hospital.

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**Sharps:** a term used to describe any sharp pieces of medical equipment that need disposing of carefully, for example includes needles, syringes and lancets.

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**Sharps box:** a box to dispose of your sharps, obtained on prescription.

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**Structured education:** education programmes for people with Type 1 and Type 2 diabetes that fulfil national criteria set out by the NICE, Department of Health and Diabetes UK

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## Further information

### National Diabetes Frameworks

#### England

For copies of the *National Service Framework for Diabetes: Standards and Delivery Strategy for England*, contact: Department of Health Customer Service Centre on 020 7210 4850  
Email: [diabetes.nsf@dh.gsi.gov.uk](mailto:diabetes.nsf@dh.gsi.gov.uk) or visit: [www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Diabetes/DH\\_4015717](http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Diabetes/DH_4015717).

#### Wales

For information on the *National Service Framework for Diabetes in Wales* visit: [www.wales.nhs.uk](http://www.wales.nhs.uk) or contact: Diabetes UK Cymru (See back cover for contact details).

## Scotland

For copies of the *Scottish Diabetes Framework* contact: NHS Quality Improvement Scotland, visit: [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk) Telephone: 0131 623 4300 or contact: Diabetes UK Scotland (See back cover for contact details).

## Northern Ireland

For information on the *Regional Service Framework for Cardiovascular Health and Wellbeing* visit [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk). Northern Ireland on 028 905 20500 or contact: Diabetes UK Northern Ireland (See back cover for contact details).

## Clinical diabetes guidelines and appraisals

### National Institute for Health and Clinical Excellence (NICE) England and Wales

For further information about NICE guidelines visit: [www.nice.org.uk](http://www.nice.org.uk) or telephone: 0845 003 7780.

### Scottish Intercollegiate Guidelines Network (SIGN)

For further information about SIGN guidelines visit: [www.sign.ac.uk](http://www.sign.ac.uk) or telephone: 0131 623 4720

## Rights and access to services

### NHS choices

For more information visit NHS choices: <http://www.nhs.uk/Pages/HomePage.aspx> and the specific site for people with long-term conditions at <http://www.nhs.uk/YourHealth/Pages/Homepage.aspx>

### NHS constitution

For more information about the NHS constitution, visit: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093421](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093421)

## General self-management courses

Contact your Primary Care Trust for information about specific diabetes education courses and self-management training, such as the Expert Patient Programme, that are available in your local area.

## Further reading

Diabetes UK produces information on all aspects of living with diabetes. For further reading you may be interested in the following titles:

**Diabetes for beginners Type 1** code: 6015 (magazine)

**Diabetes for beginners Type 2** code: 6014 (magazine)

To order any of these, or for a free catalogue of all our publications, please call **0800 585 088** or visit [www.diabetes.org.uk](http://www.diabetes.org.uk).

We welcome any feedback you may have on this or any of our information. Please email [infofeedback@diabetes.org.uk/onlineshop](mailto:infofeedback@diabetes.org.uk/onlineshop)

## About Diabetes UK

**Diabetes UK is the charity for people with diabetes, their family, friends and carers. Our mission is to improve the lives of people with the condition and work towards a future without diabetes.**

Diabetes UK stands up for the interests of people with diabetes by campaigning for better standards of care. We are one of the main funders of diabetes research in the UK which includes research into cause and prevention, care and treatment and finding a cure. We provide practical support and information to help people manage their diabetes.

### Did you know?

There are 2.6 million people in the UK diagnosed with diabetes and up to 500,000 people who have the condition but don't know it.

- Our website [www.diabetes.org.uk](http://www.diabetes.org.uk) has over 5,000 visitors a day.
- We have a **network of offices throughout the UK** – see back cover.
- Diabetes UK Careline staff answer **over 100 enquiries a day**.
- We fund diabetes research, investing more than **£6 million each year**.
- We produce a wide range of **magazines, books and leaflets** covering all aspects of diabetes.

All of this and more is made possible through donations, fundraising and membership of Diabetes UK.

# Diabetes UK

## National and regional offices

	Telephone
Central Office	020 7424 1000
Diabetes UK Cymru	029 2066 8276
Diabetes UK Northern Ireland	028 9066 6646
Diabetes UK Scotland	0141 245 6380
Diabetes UK Eastern	01376 501390
Diabetes UK East Midlands	0115 950 7147
Diabetes UK London	020 7424 1116
Diabetes UK Northern and Yorkshire	01325 488606
Diabetes UK North West	01925 653281
Diabetes UK South East	01372 720148
Diabetes UK South West	01823 324007
Diabetes UK West Midlands	01922 614500

Visit [www.diabetes.org.uk/in\\_your\\_area](http://www.diabetes.org.uk/in_your_area) for email addresses

## Useful contacts

Become a Supporting Member	0800 138 5605
Supporter Services	0845 123 2399
Advocacy Service	020 7424 1840/1847
Publications orderline	0800 585 088

**Diabetes UK Careline** is here to give support and information about diabetes: [careline@diabetes.org.uk](mailto:careline@diabetes.org.uk) or call **0845 120 2960** (please check the costs of calls to 0845 numbers with your phone provider). Or call 020 7424 1000 and ask to be transferred to the Careline.

Visit [www.diabetes.org.uk](http://www.diabetes.org.uk) for further information about Diabetes UK.



## The charity for people with diabetes

Macleod House, 10 Parkway, London NW1 7AA

**Telephone** 020 7424 1000 **Fax** 020 7424 1001

**Email** [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

**Website** [www.diabetes.org.uk](http://www.diabetes.org.uk)

A charity registered in England and Wales (no. 215199)  
and in Scotland (no. SC039136). © Diabetes UK 2009

**You may like to discuss some of the topics below with your healthcare team, if they are important to you:**

Healthy eating, physical activity, diabetes medications and good control of your blood glucose levels.	ddmmyy
Your medication and what are the side effects.	ddmmyy
The effects of diabetes on your job, driving, insurance, prescription charges, and if you are a driver, whether you need to inform the DVLA and your insurance company.	ddmmyy
Information about diabetes management, complications, and how you can reduce your risk of developing them	ddmmyy
Signposting to structured education programmes meeting national criteria.	ddmmyy
Information about your diabetes healthcare team and diabetes services, as well as Diabetes UK services and details of your local Diabetes UK voluntary group.	ddmmyy
How you are feeling about your diabetes and what support you have to cope with it. If necessary, your diabetes care team can refer you for more specialist help.	ddmmyy
Information and advice about contraception and planning for a pregnancy.	ddmmyy
Anything that is causing you concern such as, sexual problems, alcohol, smoking or support needs.	ddmmyy

## Your care review checklist



**Your care planning review is important and is there to help you manage your diabetes effectively and lead a normal and healthy life. It is an opportunity to check that your care plan is what you want and need. Your care plan should be developed and agreed based on what you can do and what your diabetes healthcare team will do to help you achieve your goals.**

This care review checklist gives details of the important aspects of diabetes care that should be checked at least once a year, but may be done over a series of appointments and in different places. The results of all tests and examinations should be discussed with your healthcare team, during your appointment. You should receive copies of any letters written about you, if you wish, and have the opportunity to discuss your results and what they mean during your care planning review.

This checklist has been designed for you to record your main health professional contact and can be used as a record of your diabetes care. Additional copies of this checklist can be downloaded free from our website [www.diabetes.org.uk/onlineshop](http://www.diabetes.org.uk/onlineshop) or by calling our Supporter Services team on 0845 123 2399.

**My main diabetes healthcare professional contact is:**

**Name:** .....

**Telephone:** .....

**Email:** .....

At your next appointment you may want to discuss particular aspects about your diabetes healthcare. Make a note of these in the space below:

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**The charity for people with diabetes**

Macleod House, 10 Parkway, London NW1 7AA

**Telephone** 020 7424 1000 **Fax** 020 7424 1001

**Email** [info@diabetes.org.uk](mailto:info@diabetes.org.uk) **Website** [www.diabetes.org.uk](http://www.diabetes.org.uk)

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On completion of each examination, enter the date and if appropriate, tick the box to confirm you have received your result.

**Physical examinations that should be carried out include:**

<p><b>Your weight</b>, which is often used to calculate your Body Mass Index (BMI), a measure of your weight in relation to your height. Your waist circumference measurement may also be taken. From these measurements you will be able to work out if losing weight would be beneficial for you.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Your legs and feet</b> should be examined to check your skin, circulation and nerve supply. Your results if low, medium or high risk, should be discussed and if necessary, you should be referred to a state registered podiatrist, or specialist foot clinic and be told how to access emergency foot care.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Your blood pressure</b> should be taken. Your blood pressure should be less than 130/80. If it is at a higher level, discuss this with your doctor as you may need medication to lower it.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Your eyes (retina)</b> should be examined for retinopathy (changes to the seeing part at the back of your eye) using a specialised digital camera (retinal screening). With the use of eye drops your pupils may be dilated and a photograph is taken. The results should be available to you and your diabetes healthcare team.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Your eyes (vision)</b> should be examined for general eyesight problems, such as short-sightedness.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Your injection sites</b>, if you are on insulin, should be examined.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>

**Blood and urine tests that should be carried out include:**

<p><b>Blood glucose control:</b> An HbA1c blood test will measure your blood glucose control over the previous two to three months. The frequency that you have an HbA1c test will vary according to your needs. The test is not usually taken more often than three monthly, with the main exception being during pregnancy.</p> <p>Since June 2009, the measurement units for HbA1c have changed. The test and its meaning are the same, but the numbers are different. The range to aim for should be 48mmol/mol (6.5 per cent) or below but 58mmol/mol (7.5 per cent) and below, if you are at risk of severe hypoglycaemia. The change to the number in brackets is being made so that HbA1c around the world is reported in the same way. The old and the new numbers will be used between 2009 and 2011 to enable everyone to become familiar with the new numbers.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Kidney function:</b> Urine and blood tests will be taken to check for signs of kidney disease. The urine test is to detect protein – a sign of possible kidney problems. The blood test called eGFR (estimated glomerular filtration rate) is to measure how fast your blood is filtered by your kidneys.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Blood fats (including cholesterol):</b> A blood test will be taken that measures your cholesterol level. A total cholesterol of less than 4.0mmol/l; fasting triglyceride of less or equal to 1.7mmol/l are accepted as healthy ranges. You may also have other blood fat levels tested, and the results explained to you to help you understand your risk of circulatory (blood vessel) conditions.</p>	<p>ddmmyy</p> <p>Result received <input checked="" type="checkbox"/></p>
<p><b>Other tests:</b> You may be invited for other tests specific to your circumstances, for example if you have a complication of diabetes. You may be asked questions and/or invited to complete questionnaires in relation to your feelings about diabetes, for example, that might detect if you are experiencing anxiety or depression.</p>	