

The National service framework (NSF) for diabetes

Five years on... are we half way there?



This report outlines the assessment by Diabetes UK of the delivery of the NSF standards based on the data sources available and the feedback of people living with diabetes.

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2.3 million people in the UK have been diagnosed with diabetes – up to 4 per cent of the total population. In addition, it is estimated that more than 500,000 people have the condition but are not aware of it.

Diabetes mellitus is a condition in which the amount of glucose in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of starchy foods, sugar and other sweet foods, and from the liver. Insulin is vital for life. It is a hormone produced by the pancreas, which helps the glucose to enter the cells where it is used as fuel by the body. There are two main types of diabetes, Type 1 diabetes develops if the body is unable to produce any insulin and 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).

The National Service Framework (NSF) for Diabetes¹ set out a vision for diabetes services in England to be delivered by 2013. Half way through the 10 year plan, and with five years left to achieve that vision, Diabetes UK has reviewed the available information about diabetes services to determine what progress the NHS has made in achieving person-centred, co-ordinated care that leads to fewer people developing diabetes and better care for those who have it.

There are clear demonstrable improvements in services since the start of the delivery plan in 2003, with some very good practice and effective interventions in place in some areas of the country. However, Diabetes UK remains concerned that this good practice is not universal and there are significant numbers of people with diabetes who do not have access to the best possible treatment, care and outcomes.

If progress continues to vary across England, the NHS will not achieve the NSF targets by 2013. Failure to deliver on the standards in the NSF means that people with diabetes face a higher risk of complications such as heart disease, stroke, blindness and lower-limb amputation.

The NHS has undergone significant reorganisation and increased investment over the last five years and is now a very different organisation from the one it was in 2003. This half way review of progress is important to help refocus and galvanise efforts to improve services. The new NHS environment of greater community based care, local commissioning and a greater emphasis on supported self care means PCTs must be held accountable for delivering the NSF for diabetes.

The star rating for the NHS's delivery of the National service Framework (NSF) for Diabetes is:



Diabetes UK has awarded the NHS a star rating for its performance on each of the NSF standards and an overall rating of two out of five. This reflects the view that, while Diabetes UK is encouraged by the dedication and commitment to improving services in some areas of the country, there is still a significant way to go in the next five years to ensure that every person with diabetes in England can benefit from the vision of high quality diabetes services outlined in the NSF.

This report outlines Diabetes UK's assessment of the delivery of the NSF standards based on the data sources available and the feedback of people living with diabetes.

Further information on the assessment process for this report is available from the Campaigns team at Diabetes UK on 020 7424 1000 or email campaigns@diabetes.org.uk.

Prevention of Type 2 diabetes



Standard 1: The NSF will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes.

The prevention of Type 2 diabetes is a key area where more work needs to be done to meet the standards outlined in the diabetes NSF. This area moved up the agenda in recent months, but targeted interventions need to be developed and implemented urgently to reduce the future burden of Type 2 diabetes on individuals, their families and the NHS.

Diabetes UK welcomed the publication of the Department of Health report *Healthy Weight, Healthy Lives*² to address growing obesity rates in England. Much more needs to be done in this area to reverse the current trends. *The Health Survey for England 2006*³ found that 67 per cent of men and 56 per cent of women were either overweight or obese. Mean body mass index (BMI) and the prevalence of obesity have continued to rise in both sexes since 1994. Likewise, childhood obesity in the UK has increased significantly since 1995. Although the trends show yearly fluctuations between 1995 and 2006, obesity prevalence among boys aged 2–15 increased overall by 6 per cent (from 11 per cent to 17 per cent). The equivalent increase for girls was 3 per cent (from 12 per cent to 15 per cent).

In 2004 only one in 20 Primary Care Trusts (PCT) reported having a specific strategy for the prevention of diabetes and obesity⁴. Diabetes UK is calling on every PCT to make sure it has a diabetes prevention strategy in place with specific local targets to measure progress.

The strategy should include:

- delivery of information
- education to support healthy eating, increased physical activity
- appropriate therapy where relevant in a form tailored to individual needs and circumstances.

Diabetes UK is calling on healthcare professionals working in primary care to proactively support those individuals at an increased risk of diabetes to make relevant lifestyle changes to reduce the likelihood that they will develop the condition.

Deprivation is strongly associated with higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control. All of these factors are inextricably linked to the risk of diabetes or the risk of serious complications amongst those already diagnosed. The most deprived in the UK are 2.5 times more likely to have diabetes. Type 2 diabetes is more common amongst South Asian and Black African Caribbean communities, with over 300,000 people from these groups living with the condition. Diabetes UK is calling on PCTs to develop a strategy to reduce the inequalities in the risk of developing Type 2 diabetes and reduce the inequality in outcomes for all diabetes. Interventions need to be specifically targeted to reach these groups because of inequalities in accessing care or a lack of access to mainstream mass communications channels.

Identification of people with diabetes



Standard 2: The NSF will develop, implement and monitor strategies to identify people who do not know they have diabetes.

The annual Diabetes UK PCT survey found that fewer PCTs (57 per cent) had a programme for the early identification of diabetes in place in 2007⁵ than did in 2005⁶ (60 per cent). Diabetes UK is calling on all PCTs to establish programmes and initiatives to screen those at increased risk of diabetes, to make sure people with the condition are diagnosed early and afforded access to appropriate treatment and support.

“After seeing the [Measure Up] campaign about being at risk of diabetes, I wanted to check. I was told that I would have to wait six weeks for a test and that I probably didn’t have it anyway. I paid to have it done ... and was diagnosed with Type 2 diabetes.”

People at risk of Type 2 diabetes should be targeted as part of systematic case finding, annual health checks and cardiovascular risk management programmes. Currently more

than 100,000 people are diagnosed with Type 2 diabetes every year in the UK – this is the equivalent of one person every five minutes. Women with diabetes have an eight-fold greater chance of cardiovascular disease compared to those without, and men (middle-aged) have a five fold increased chance. 80 per cent of people with diabetes will die from cardiovascular disease.

Diabetes UK welcomes the Government commitment to a groundbreaking programme to screen people for heart problems, stroke, diabetes and kidney disease. To support this, we are calling on the Government to set out when and how it will progress the provision of effective and targeted screening programmes for people at risk of diabetes, now that the National Screening Committee has published its research findings.

“I was diagnosed with Type 2 diabetes... and I really believe it saved my life.”

Empowering people with diabetes



Standard 3: All children, young people and adults with diabetes will receive a service which encourages partnership in decision-making, supports them in managing their diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared care plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged in this process.

Diabetes UK research suggests that many people with diabetes are not getting the support that the NSF intends them to receive. Better partnership between people with diabetes and their healthcare professionals is needed when planning and agreeing their care.

“My partner ... finds [his diabetes to be] a real strain on his mental health.”

The annual Diabetes UK survey of PCTs⁷ found that only 38 per cent of PCTs provide emotional and

psychological support to adults with diabetes and 51 per cent of PCTs provide this for children and young people. As a matter of priority, Diabetes UK is calling for the provision of emotional and psychological support as an integral part of a diabetes care package.

The Healthcare Commission⁸ showed that a majority of people with diabetes are having regular checkups, at least one a year. However, evidence from people with diabetes suggests that these annual review appointments are only happening

every 15–18 months. There is also scope to improve this annual review process by involving all people with diabetes in planning their care, as results showed that only between 34 per cent and 61 per cent of people had agreed a care plan with their healthcare professional, this is supported in *Our Health, Our Care, Our Say*⁹, which makes the commitment that all people with a long-term condition should be offered a care plan by 2010.

The Diabetes UK PCT survey¹⁰ also found that only 64 per cent of PCTs require a diabetes care plan, only 17 per cent of PCTs require 24 hour telephone support and 17 per cent do not require any information about diabetes at the point of diagnosis. The Healthcare Commission¹¹ found that people with diabetes, particularly those with Type 2 diabetes and those people from Black, Asian and minority ethnic populations, reported that the key aspects of care planning are not happening. For example, only between 23 per cent and 58 per cent of people with diabetes in PCTs had discussed their goals in caring for their diabetes at their check-up.

Diabetes UK believes that all people with diabetes should be given the information and support to work in partnership with their healthcare professional to decide, agree and own how their diabetes is managed through care planning. People with diabetes should have access to the right information at the right time and in the right format.

Structured and ongoing education, and access to monitoring equipment are vital parts of diabetes care which empower people to effectively self-manage their condition. It is estimated that the average person with diabetes only spends 2.5 hours a year with a healthcare professional discussing their condition, therefore it is vital that people are given the education, information and support to manage the condition themselves for the rest of the time.

The Healthcare Commission¹² found that in 55 per cent of PCTs, 10 per cent of people or fewer reported attending an education course on how to manage their diabetes, yet, of those who have not

already been on a course, between 16 per cent and 41 per cent of people with diabetes would like to attend an education course on how to manage their diabetes. Of those people reporting that they have not had the opportunity to attend an education course but would like to, more are from Black, Asian and minority ethnic populations. Many people with Type 1 and Type 2 diabetes are reporting that they are having to wait up to a year to attend an education course. This is unacceptable. Of significant concern is the increasing number of reports of access to blood glucose testing strips being reduced and restricted inappropriately. This is having a significant impact on people's ability to self-manage.

“I have to test regularly to ensure that I am safe whilst driving. My GP has just written to me saying that they are going to cut the number of strips I can use. This does not help me to take control of my diabetes and no-one has even spoken to me about it.”

Structured education programmes that meet NICE criteria for Type 1 and Type 2 diabetes, should be available to every person who is diagnosed with diabetes and thereafter people need to have access to ongoing advice and education. People who have attended programmes are full of praise for them, showing how much they have helped individuals to understand their condition, providing training on how to take control.

“My diabetes nurse recommended that I went on the course. It has changed my life. I am more confident about what to do and what to eat. I also met lots of other people who felt the same way as me. Last year, I went on holiday and I went scuba diving – I would never have done this before.”

Children, young people and adults with Type 1 diabetes should be offered Insulin pump therapy as part of a cohesive and comprehensive diabetes service. Appropriateness should be determined by clinical need, personal choice and suitability — not on the basis of where a person lives or ability to pay. Diabetes UK is concerned that it is not available in a uniform manner across the UK, resulting in a postcode lottery.

Clinical care of adults with diabetes



Standard 4: All adults with diabetes will receive high quality care throughout their lifetime, including support to optimise the control of their blood glucose blood pressure and other risk factors for developing the complications of diabetes.

“My general diabetes care is excellent.”

The Quality and Outcomes Framework (QOF) appears to have had a positive impact on the number of people with diabetes receiving appropriate care processes and testing, such as measuring blood glucose, blood pressure and BMI. Data from the 2006–07 QOF¹³ indicates that almost all people with diabetes have a record of their cholesterol, blood pressure and blood glucose levels. However, the *National Diabetes Audit* (2005–06)¹⁴ found that only 27 per cent of people with diabetes have the full range of care processes carried out each year. Frequently reported problems experienced by people with diabetes on the on-line newsletter by Diabetes UK ‘*Hot topics*’ include long waiting times and difficulties accessing particular specialist services and advice.

The Healthcare Commission¹⁵ found that there is a wide variation between general practices on some outcome indicators, such as achieving

a long term blood glucose (HbA1c) level of 7.4, where there was an eleven-fold variation across PCTs. Additionally the *National Diabetes Audit*¹⁶ has shown only a minor increase of 2.21 per cent over two years in the number of adults achieving target HbA1c levels.

In response to feedback from people with diabetes that suggests people are waiting 15–18 months for their ‘annual review’, Diabetes UK is calling on PCTs to ensure that all people with diabetes have reviews at least every 12 months. This should include laboratory tests, a physical examination including foot checks, retinal screening, and lifestyle issues such as general wellbeing and treatment concerns through care planning.

“I found it very difficult to make appointments at my surgery and felt as though I was being a bit of a nuisance. I stopped taking my medication so that I did not have to bother anyone anymore.”

Clinical care of children and young people with diabetes



Standards 5 and 6: All children and young people with diabetes will receive consistently high quality care and they, with their families and others involved in their day-to-day care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development.

All young people with diabetes will experience a smooth transition of care from paediatric diabetes services to adult diabetes services, whether hospital or community based, either directly or via a young people’s clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them.

There are 20,000 children under the age of 15 with Type 1 diabetes in the UK and a further 1,000 children have Type 2.

“My daughter’s blood sugar went from being well controlled to erratic... [I was] told about

the potential of an insulin pump to change our child’s life but told she can’t have one... yet again it seems to be a postcode lottery.”

The National Diabetes Audit¹⁷ reported that less than 3 per cent of children and young people

with diabetes are receiving clinical support across the full range of care processes necessary to provide consistently high quality care and 83 per cent of children and young people in England are not achieving the recommended blood glucose levels.

Many parents and children report that they receive very supportive and high quality care from their local paediatric diabetes team.

“I don't have any complaints, the diabetes team at.... are fantastic.”

Complaints have been received however from parents concerning cancellation of appointments and lack of access due to staff shortages and high workload. The Royal College of Nursing specifies that the ratio of children to a paediatric diabetes specialist nurse (PDSN) should be no more than 70:1. However, in some areas of England this ratio is as high as 168:1. In 2006 the ratio of children to a PDSN increased in 41 per cent of PCTs¹⁸. Diabetes UK is calling on PCTs to ensure that they provide enough PDSN posts to ensure the ratio is no greater than 70:1 to ensure that children and young people have access to the support they need to manage their condition and avoid future complications. It is not acceptable that in some areas PDSNs have a case load greater than double the optimum rate.

*Making Every Young Person with Diabetes Matter*¹⁹ states that all children and young people with diabetes should have access to a Children and Young Person Specialist Diabetes (CYPSPD) team with appropriate training and competencies; routine care, continuing care and annual assessment; and access to routine and integrated psychological support. Diabetes UK calls on PCTs to urgently implement the guidelines in *Making Every Young Person with Diabetes Matter* as a minimum level of service.

“The teacher at my daughter's school recently told her to go and get her own food from outside of the classroom, to deal with a hypo.

[She] struggled to walk and barely made it to the cupboard.”

As diabetes requires daily active management to reduce the risks of long term debilitating conditions, its management in schools is a pressing issue. However, there is growing evidence that schools are failing to support children in managing their diabetes and as a consequence are also preventing them from taking part in various physical activities and school programmes. This is tantamount to discrimination under legislation in England, such as ‘The Special Educational Needs and Disability Act 2001’. In many schools, protocols have been put in place to provide support, but there is no consistent implementation of legislation, guidance and good practice. Diabetes UK is campaigning to raise awareness of the support that children with diabetes need in schools and is calling on the Government to support this by applying top down pressure to encourage schools to act to develop and implement appropriate policies.

Transfer from paediatric to adult services in the UK is generally poor with only 60 per cent of children and young people reporting that this was arranged at an appropriate age, only 57 per cent reporting that it was planned and explained and only 37 per cent saying that both children and specialist staff were available during the transfer²⁰.

“I have just left the care of the children's service, which was always excellent, but no-one is interested in me now.”

Local healthcare providers should manage the transition from paediatric to adult services, to make sure it takes place at the appropriate time, and is negotiated with and planned around the needs of each individual young person. Diabetes UK is calling for all PCTs to ensure there are clear structures in place to make sure this happens.

Management of diabetic emergencies



Standard 7: The NSF will develop, implement and monitor agreed protocols for rapid and effective treatment of diabetic emergencies by appropriate trained healthcare professionals. Protocols will include the management of acute complications and procedures to minimise the risk of recurrence.

It is difficult to measure the impact of this standard on diabetes services as there is limited data on the treatment of diabetic emergencies, such as Diabetic Ketoacidosis to draw on.

The incidence of Diabetic Ketoacidosis (DKA) has increased year-on-year. 1.35 per 100 people with diabetes were identified as experiencing DKA in 2005–6 compared to 1.25 in the audit period for 2004–5. The average prevalence for DKA reported by the *National Diabetes Audit* was 0.68 per cent in 2005/06²¹.

Approximately 100,000 people with diabetes make emergency '999' calls to ambulance services each year, mostly due to hypoglycaemia (extremely low blood glucose levels). An estimated 40 per cent of which are transferred to accident and emergency departments and approximately 10 per cent are admitted to hospital overnight. The Healthcare Commission²² has suggested that it is possible for 95 per cent

of PCTs to reduce the number of emergency hospital admissions for diabetes-related complications.

Ambulance trusts in England are a major provider of acute services for people with diabetes, playing a central role in providing treatment and making decisions about whether to transfer people to hospital. Anecdotal evidence suggests that ambulance services are developing specific support for people with diabetes to prevent and reduce hospital admission. Diabetes UK is calling on all ambulance services to develop these policies and measure the impact that they have.

Diabetes UK is also calling for ambulance trusts to be involved in local diabetes networks in order that effective pathways can be developed between the primary and secondary care team and the ambulance service.

Care of people with diabetes during admission to hospital



Standard 8: All children, young people and adults with diabetes admitted to hospital, for whatever reason, will receive effective care of their diabetes. Wherever possible they will continue to be involved in decisions concerning the management of their diabetes.

The complications of diabetes place a significant burden on NHS secondary care services. About 10 per cent of all hospital beds in the UK are occupied by people with diabetes and this approaches 20–25 per cent for high risk groups. People with diabetes are twice as likely to be admitted to hospital and 20 per cent have experienced a hospital admission in the previous year.

Inpatients with diabetes are commonly unhappy about the standard of diabetes care they receive in hospital, reporting concerns about staff knowledge of diabetes and a loss of control of their own self-management.

"I am sure that none of the professionals I encountered on that visit had any experience of

diabetes and no credence was given to my expertise and knowledge of my own condition. I am dreading having to go into hospital again but, I think if I do, I shall try to be much more forceful in asserting my needs.”

The Healthcare Commission²³ found that during their most recent stay in hospital only 23 per cent of people with diabetes were visited by someone from the specialist diabetes team. Diabetes UK is concerned that 10 per cent of people reported that they get no help with their diabetes in hospital, 9 per cent of people reported that they were rarely or never allowed to take their diabetes medication in the way they wanted to and 11 per cent said that the choice of food was rarely or never suitable for their diabetes.

Diabetes UK supports the recent work undertaken in relation to inpatient care and is calling for training and education for ward staff

and clear protocols to support the delivery of a consistent level of care for people with diabetes when they are in hospital. These should address issues including; medicines management including the co-ordination of medication and food timings, the management of acute complications, support for self management including self monitoring of blood glucose levels, food choices, access to information about their stay, communication between staff delivering care and communication and referral to the diabetes team.

People with diabetes should have an individual assessment and care plan of their needs for their hospital stay that is undertaken in partnership with the individual and the hospital staff and includes an assessment of an individual's preferences and ability to self care. A review and discharge plan should also be developed.

Diabetes and pregnancy



Standard 9: The NHS will develop, implement and monitor policies that seek to empower and support women with pre-existing diabetes and those who develop diabetes during pregnancy to optimise the outcomes of their pregnancy.

Confidential Enquiry into Maternal and Child Health (CEMACH)²⁴ data suggests that diabetes related issues, such as diet, retinopathy, hypertension and nephropathy, are discussed with women before pregnancy in less than 50 per cent of cases. Nearly half of women in the CEMACH²⁵ enquiry had recurrent hypoglycaemia during pregnancy and more than a tenth had at least one severe hypoglycaemic episode requiring external help. Diabetes UK is concerned that women with diabetes are not receiving the support they need as this suboptimal approach is associated with poor pregnancy outcomes.

Women with diabetes experience more complications than those without the condition. CEMACH²⁶ found that there was

a 36 per cent preterm delivery rate and a 67 per cent caesarean section rate for women with diabetes, compared to a 7 per cent preterm delivery rate and a 22 per cent caesarean section rate in the general maternity population.

More progress is needed to fully support the needs of women with diabetes during pregnancy to reduce the negative effects that poor management can have on both the mother and the baby.

Detection and management of long term complications



Standards 10, 11 and 12: All young people and adults with diabetes will receive regular surveillance for the long-term complications of diabetes.

The NHS will develop, implement and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of diabetes receive timely, appropriate and effective investigation and treatment to reduce their risk of disability and premature death.

All people with diabetes requiring multi-agency support will receive integrated health and social care.

“I am very thankful, especially since they found minor problems that if not treated would have become major.”

There has been an improvement in screening for the complications of diabetes but much more still needs to be done in this area. The *National Diabetes Audit*²⁷ has reported increases in the number of people with diabetes receiving all surveillance tests every year between 2003 and 2006. However, there is variance between this figure and the QOF figures.

“I was diagnosed with diabetes three months ago. I went to get my eyes screened, I had never had it done before and the nurse found lots of bleeding in my one good eye.”

Diabetes UK has welcomed the significant progress that has been made since 2003 in rolling out systematic retinal screening using digital cameras.

“I have waited nearly 30 months for my eyes to be screened.”

However, the most recent Department of Health data available²⁸ shows that 79.6 per cent of PCTs (121 out of 152) had not met the standard of ensuring that 80 per cent of those eligible for screening then receive it. It is vitally important that the appointments, when offered, can be supplied or this will lead to people losing their eyesight due to retinopathy. Retinopathy is the leading cause of blindness in working age people. Therefore, tough action has to be taken against those PCTs that fail to meet targets. Concerns have been raised about the ability of specialist eye services to cope with the numbers of people with diabetes identified as

needing treatment for retinopathy. Retinal screening programmes exist to detect sight threatening retinopathy and treat it when detected. In some areas reports have been made of specialist eye services not being closely linked into the local programme and of follow-up appointments being cancelled.

Further work is needed to ensure that local retinal screening programme registers are updated regularly, that data reported is validated and that awareness is raised amongst people with diabetes of the benefits of retinal screening.

“There is no special[ist] foot service in my area. I moved recently from another PCT where foot services were a higher priority. It is not a priority in this PCT at all.”

More needs to be done to assess and monitor the management of people with diabetes who develop complications to ensure they receive high quality care and support. Up to 5,000 people with diabetes are reported to have an amputation in the UK.²⁹ Specialist foot care services are an essential component of diabetes care and many reports made to Diabetes UK identify gaps in local services. In the audit period 2005–6, 0.14 per cent of people with diabetes had a minor amputation and 0.08 had a major amputation³⁰.

“Patients are having appointments cancelled two or three times a year through lack of staff. Appointments with consultant changed several times causing much distress.”

Diabetes UK is concerned about the increasing number of reports received about the cutting,

freezing and reduction of diabetes specialist posts and services. High quality care for people with diabetes can only be achieved when healthcare professionals work locally in partnership across primary, community and specialist care services, to deliver integrated diabetes care.

Diabetes UK welcomes the increasing recognition being given to improving the integration between both health and social care services. Efforts need to be placed on integration between primary and specialist diabetes healthcare services as well to ensure that people with diabetes have access to

high quality effective services that are built around the needs of the individual. Diabetes UK, the Association of British Clinical Diabetologists, Community Diabetologists Committee and the Royal College of Nursing Diabetes Nursing Forum jointly call for local diabetes networks, providers, commissioners and people with diabetes to work together to ensure that communities are not disadvantaged by service re-organisation. More work is needed to ensure that the appropriate level and quality of specialist services are available and well integrated with primary diabetes care services within the community.

Conclusion

While there has been progress against the standards outlined in the *National Service Framework for Diabetes*, this is not sufficient and there is still a significant amount to do before the NSF vision of high quality diabetes services **for all** is achieved. If progress in improving standards of service continues to vary across England, the NHS will not achieve the standards in the NSF by 2013. The five year anniversary is an excellent opportunity for the NHS to reflect on the positive achievements that have been made and, most importantly, to refocus efforts and prioritise action to ensure that services continue to improve over the remaining five years of the *Delivery Strategy*³¹.

Diabetes UK would specifically highlight the areas of prevention, early identification, children, inpatient care and pregnancy for further work. We are particularly concerned about the variation in care across the country resulting in a postcode lottery for people with diabetes, who may find themselves at greater risk of diabetic complications, simply as a result of where they live.

In producing this review of the progress that the NHS has made against the standards in the *National Service Framework for Diabetes*, Diabetes UK does not intend to demoralise

or diminish the work of healthcare professionals, many of whom have shown great dedication to improving services for people with diabetes. However, in acknowledging the good practice that does exist, it must also be acknowledged that high quality services are not available universally across England and greater investment, prioritisation and integrated working is needed to deliver this.

Diabetes UK is calling for the Government to conduct a national review of progress made to date on the implementation of the NSF for diabetes. This must inform prioritisation of key work programmes to deliver on diabetes and to take account of the significant changes in accountability and service organisation in the NHS over the last five years. All PCTs must set themselves 'challenging and measurable targets' as required in the current *Delivery Strategy* to ensure diabetes remains a priority.

Diabetes UK is also calling on the Government to make PCTs truly accountable for the delivery of the NSF standards, and challenge those that are not delivering, in order that people with diabetes have access to excellent care and support no matter where in England they live – and we can deliver a five star verdict in 2013.

References

- ¹Department of Health (2003) *National Service Framework for Diabetes: Delivery Strategy*
- ²Department of Health (2008) *Healthy Weight, Healthy lives: A Cross-Government strategy for England*
- ³Department of Health (2006) *Health Survey for England, Forecasting Obesity to 2010*
- ⁴Diabetes UK (2005) *State of the Nations Report*
- ⁵Diabetes UK (2007) *Primary Care Organisation Progress Survey 2007*
- ⁶Diabetes UK (2005) *State of the Nations Report*
- ⁷Diabetes UK (2007) *Primary Care Organisation Progress Survey 2007*
- ⁸Healthcare Commission (2007) *Managing Diabetes: Improving Services for People with Diabetes*
- ⁹Department of Health (2006) *Our Health, Our Care, Our Say*
- ¹⁰Diabetes UK (2007) *Primary Care Organisation Progress Survey 2007*
- ¹¹Healthcare Commission (2007) *Managing Diabetes: Improving Services for People with Diabetes*
- ¹²Healthcare Commission (2007) *Managing Diabetes: Improving Services for People with Diabetes*
- ¹³NHS Information Centre (2007) QOF data <http://www.ic.nhs.uk/our-services/improving-patient-care/the-quality-and-outcomes-framework-qof-2006/07/qof-2006-07-data-tables>
- ¹⁴NHS Information Centre (2007) *National Diabetes Audit: Key findings about the quality of care for people with diabetes in England and Wales, Report for the audit period 2005–2006*
- ¹⁵Healthcare Commission (2007) *Managing Diabetes: Improving Services for People with Diabetes*
- ¹⁶NHS Information Centre (2007) *National Diabetes Audit: Key findings about the quality of care for people with diabetes in England and Wales, Report for the audit period 2005–2006*
- ¹⁷NHS Information Centre (2007) *National Diabetes Audit: Key findings about the quality of care for people with diabetes in England and Wales, Report for the audit period 2005–2006*
- ¹⁸Diabetes UK (2007) *Primary Care Organisation Progress Survey 2007*
- ¹⁹Department of Health (2007) *Making every young person with diabetes matter*
- ²⁰Diabetes UK (2006) *State of the Nations Report*
- ²¹NHS Information Centre (2007) *National Diabetes Audit: Key findings about the quality of care for people with diabetes in England and Wales, Report for the audit period 2005–2006*
- ²²Healthcare Commission (2007) *Managing Diabetes: Improving Services for People with Diabetes*
- ²³Healthcare Commission (2007) *National Survey of People with Diabetes – Key findings from the 2006 survey*
- ²⁴CEMACH (2007) *Diabetes in pregnancy: are we providing the best care?*
- ²⁵CEMACH (2007) *Diabetes in pregnancy: are we providing the best care?*
- ²⁶CEMACH (2007) *Diabetes in pregnancy: are we providing the best care?*
- ²⁷NHS Information Centre (2007) *National Diabetes Audit: Key findings about the quality of care for people with diabetes in England and Wales, Report for the audit period 2005–2006*
- ²⁸Department of Health (2007) *Retinal Screening figures. Quarter 2 2007/2008*
- ²⁹National Diabetes Support Team. *Diabetic Foot Guide. April 2006*
- ³⁰NHS Information Centre (2007) *National Diabetes Audit: Key findings about the quality of care for people with diabetes in England and Wales, Report for the audit period 2005/2006*
- ³¹Department of Health (2003) *National Service frameworks for Diabetes: Delivery Strategy*

All quotes in this report were gathered from people with diabetes who have contacted Diabetes UK in the last year.



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