



10 YEAR VISION

For diabetes
prevention, care
and treatment

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

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OUR AMBITION

No life should be cut short by diabetes. To make this a reality, Diabetes UK has a 10-year vision to transform prevention, care and treatment.

A vision in which fewer people develop type 2 diabetes. Where all types of diabetes are diagnosed quickly and with the right support. Where everyone receives the care and treatment they need to prevent complications. And there is a clear, fast pathway from innovative research to treatments available on the NHS.

More than 12 million people in the UK, equivalent to 1 in 5 adults, now have diabetes or pre-diabetes and that number is only increasing every year.ⁱ We spend £10.7 billion on diabetes care each year, and this is set to rise to £18 billion by 2035.ⁱⁱ

It's a challenge that cannot be ignored. Each week diabetes leads to 812 strokes, 568 heart attacks and 2,909 cases of heart failure.ⁱⁱⁱ The risk of death from cardiovascular disease (CVD) is 4.2 times higher in people with diabetes compared to those without, and people with diabetes account for almost 30% of all CVD deaths.



But we know that the vast majority of this harm could be prevented. There is clear evidence that simple interventions, such as annual reviews and checks can drastically reduce complication rates and premature mortality, and, with access to the right treatments huge progress can be made to transform outcomes and reduce health inequalities.



AT THE MOMENT

THE UK SPENDS
**£10.7
BILLION**

on diabetes care each year,
and this is set to rise to £18
billion by 2035.

60%

is spent on treating diabetes
complications, most of which
could be prevented with the
right care and support.



**JUST
61.3%**

of people received all
of their care processes
in 2023/24, meaning
MORE THAN 1 IN 3 people
with diabetes missed out on at
least one recommended check.

More than 12 million
people, equivalent to

**1 IN 5
ADULTS**

now have diabetes
or pre-diabetes

Each week diabetes leads to

- **812 STROKES**
- **568 HEART ATTACKS**
- **2909 CASES OF
HEART FAILURE**

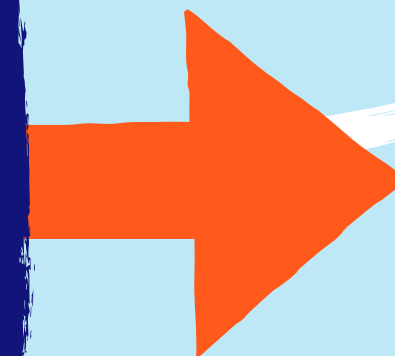
People with diabetes
account for almost

30%

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ACHIEVING OUR VISION FOR 2035



**STEMMING THE
RISE IN TYPE 2
DIABETES**



**EARLY AND
SUPPORTED
DIAGNOSIS**



**TRANSFORMING
TREATMENT
AND CARE**



**ACCELERATING
INNOVATION**



The government has set a goal to cut deaths from cardiovascular disease by a quarter within a decade and radically reduce rates of out of work sickness. But achieving this will require real improvements in diabetes care and treatment.

If realised, our 10-year vision would not only protect the health of millions across the UK, enabling many more to stay in work, it will also reduce future costs to the NHS.

Driving improvement in diabetes care and prevention should be a core pillar of the UK government's 10-Year Health Plan because it will fuel progress on key government priorities, including NHS sustainability, health inequality reduction, economic growth, and prevention-focused healthcare. At each stage of the diabetes pathway there is an opportunity to fully implement the shifts from treatment to prevention; analogue to digital; and hospital to community.



For example:

- An early diagnosis with high-quality ongoing care and support would help people manage their diabetes effectively and reduce their risk of developing devastating complications. In turn, this would help to keep people well enough to continue to work, contribute to their communities and live well.
- The roll out of innovative wearable diabetes technology is already having profound benefits for some people with diabetes, making people's lives better day to day, reducing acute hospital admissions and improving long-term outcomes. We now need to ensure all those with diabetes who can benefit from technology, have access.
- The voluntary sector, including Diabetes UK, is delivering tailored support in the community to thousands of people at diagnosis, setting them up well to manage their long-term condition. But too many people find out about us too late. Automatic referral to voluntary sector support at diagnosis could transform outcomes.

Our vision shows the radical difference that simple changes to diabetes care could make. It's about scaling up what's already working in local areas, integrating existing services, embedding earlier intervention and fast-tracking the roll-out of innovations in the government's 10-Year Health Plan. By doing so, we can make a real difference to the health of millions across England —and help ensure no life is cut short by diabetes.





ABOUT DIABETES UK



Diabetes UK has been a force for improving diabetes care for 91 years, driving advancements in treatment and understanding of the condition.

As the leading charitable funder of diabetes research in the UK, we have supported groundbreaking work and advocated for its implementation, including type 2 diabetes remission programmes, wearable technologies and innovations to drive down complications, including CVD, sight loss and amputations. We are now funding pioneering research into beta cell and immunotherapy treatments for type 1 diabetes.

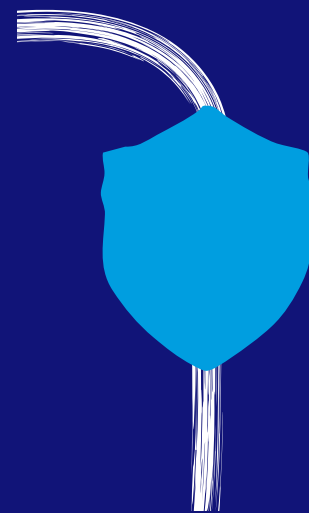
Beyond research, Diabetes UK provides direct support through an extensive range of information resources, an online learning platform to support self-care, a forum, a helpline, and local peer groups, ensuring people with diabetes have access to reliable information and community support.



The charity also collaborates with healthcare professionals through training, leadership initiatives, and system change programmes. As a partner of the NHS England Diabetes Programme and National Diabetes Audit, Diabetes UK supports data-led improvement initiatives across health systems, champions better care models and creates positive change for people living with and at risk of diabetes at a national and local level.

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STEMMING THE RISE OF TYPE 2 DIABETES



Ending the harm caused by diabetes starts in our communities, in our shops, and on our screens. It starts with prevention.

Type 2 diabetes is a complex condition. Your risk is affected by many things, including your age, ethnicity, and genetics. But as maintaining a healthy diet has become increasingly difficult over recent decades, cases of type 2 diabetes—especially among younger people—have risen sharply. Amongst those under 40 in England the prevalence increased by 51% between 2016/17 and 2023/24, which is particularly concerning as when diabetes develops at a younger age it is more aggressive.^{iv} We need to reverse this trend.

That means going further to improve our food environment, building on the success of the Soft Drinks Industry Levy (SDIL), introducing additional restrictions on marketing of the least healthy products and ensuring healthy food is accessible to all.

Those at the highest risk also need targeted, high-quality support to reduce their risk of developing type 2 diabetes. An estimated 5.4 million people in England have nondiabetic hyperglycaemia (NDH)^v, also known as pre-diabetes, putting them at significant risk of developing type 2 diabetes.

Those who have had gestational diabetes are also at an almost 14-fold risk of developing type 2 diabetes in their lifetime and at much higher risk of CVD mortality^{vi}. Uptake of postpartum screening following pregnancy with gestational diabetes is low, which is a missed opportunity to identify and provide the support needed to reduce the risk of developing type 2 diabetes and premature CVD in this group. Action is required to improve uptake of annual HbA1c checks for people after a gestational diabetes pregnancy and ensure everyone gets the support they need to manage their risk of going on to develop type 2 diabetes.

The evidence-based NHS Diabetes Prevention Programme must be available to everyone at high risk, giving them the best chance to avoid type 2 diabetes and live healthier lives. Non-stigmatising, effective weight management services should also be much more widely accessible. Despite the number of weight management support options being greater than ever, we know that many people who need it are receiving little or no help with managing their weight. New weight management drugs currently offer an option for people living with obesity and related complications, such as type 2 diabetes. As these treatments are rolled out on the NHS, they should play an increasing role in preventing type 2.

OUR 10-YEAR VISION FOR PREVENTING TYPE 2

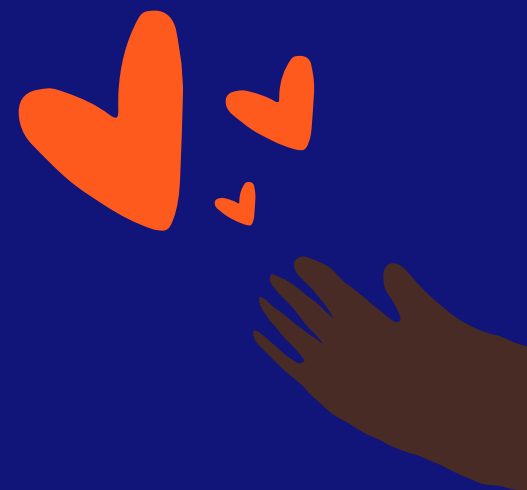
1.

A healthier food environment, including a total ban on adverts for unhealthy food on television and on our streets and an extension of the soft drinks industry levy.



2.

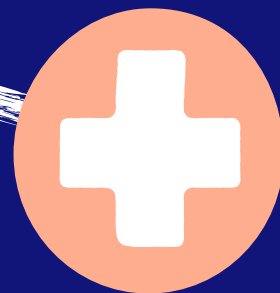
A more equal society and a targeted prevention service which both addresses underlying causes of health inequity and better meets the needs of communities at highest risk of ill health, so those from our most deprived communities and people from a Black and South Asian background are not disproportionately affected by avoidable risk factors for type 2 diabetes.



3.

Fewer people developing nondiabetic hyperglycaemia and type 2 diabetes, through earlier identification and better prevention support. This will require major improvements to the NHS health check so it can identify all those at high risk of developing type 2 diabetes and fast track them to the support they need, improvement in the uptake of HbA1c checks after a gestational diabetes pregnancy, accessible weight management services in every area of the country, and a place on the NHS Diabetes Prevention Programme for everyone with nondiabetic hyperglycaemia or a history of gestational diabetes.

EARLY AND SUPPORTED DIAGNOSIS



Early and accurate diagnosis of diabetes is key to preventing serious complications.

In our vision, everyone will receive a supportive diagnosis as early as possible, before complications have arisen. At the moment, too many people are diagnosed late and without the support they need to manage their condition.

For children, this too often means being diagnosed with type 1 diabetes only after developing diabetic ketoacidosis (DKA) — a life-threatening emergency that could be avoided with earlier detection and greater awareness of diabetes symptoms.

Around 1 million people in England are also estimated to be living with undiagnosed type 2 diabetes meaning they cannot get the support and treatment they need.^{vii} Too many people have already developed complications by the time they are diagnosed with type 2 diabetes. Before they have received any advice or treatment to enable them to manage their condition. Earlier identification also increases the possibility of putting the condition into remission with support, such as the NHS Type 2 Diabetes Path to Remission Programme. NHS Health Checks have the potential to screen people for diabetes and diagnose them early, but a review is needed to improve uptake and tackle inequalities in access, for instance expanding the check to younger groups for those at the highest risk.

Facing stigma at diagnosis can make it much harder for people to manage their diabetes and seek the help they need, whereas a supportive type 2 diagnosis has been linked to better long-term health outcomes. Research has established that patients who recall being reassured by their healthcare professional, and presented with a clear plan of action at diagnosis, tend to have lower diabetes distress and better self-management 1 to 5 years later.^{viii}

In the National Diabetes Experience Survey more than 1 in 10 (11%) people with type 2 diabetes said they did not receive information when they were diagnosed and over one in five (22%) said that they had not had a conversation with a healthcare professional about what would happen next with their care.^{ix}

Innovative ways to support more people at diagnosis at scale could therefore offer a huge return on investment. Subject to funding, Diabetes UK proposes to offer an enhanced support service to all those newly diagnosed with type 2 diabetes, giving people access to wrap around voluntary sector support with direct referral from the GP.

Tools to improve diagnosis already exist — routine screening programmes like NHS Health Checks, expertise in the voluntary sector and the 4Ts awareness campaign for type 1 diabetes symptoms — now we need political action to maximise these interventions.

OUR 10-YEAR VISION FOR DIAGNOSIS

1.

Increased awareness of the 4Ts so that far fewer people are diagnosed with type 1 diabetes in DKA.



2.

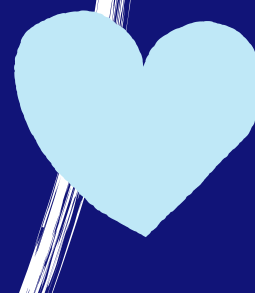
Early diagnosis for everyone with type 2 diabetes, so that fewer people receive a diagnosis after they have developed complications.

3.

Supportive and non-stigmatising diagnoses for everyone, including a referral to Diabetes UK's enhanced support offer for those that need it.



TRANSFORMING TREATMENT AND CARE



At the moment, diabetes leads to thousands of serious complications each week. But it is possible to live well with diabetes.

With the right care, treatments and support, diabetes complications like heart disease, kidney failure and nerve damage can be prevented. Our vision for diabetes care would see a major increase in the number of people receiving all of their recommended annual checks, a greater proportion achieving the recommended treatment targets, and in turn, a reduction in devastating complications. Diabetes UK already works closely with the health system at a local and national level to learn from the National Diabetes Audit data, overcome challenges and embed best practice. Realising our vision will mean building on this work and concerted government action.

Routine tests—such as blood pressure and foot checks, HbA1c tests, and eye and foot screenings— are essential for detecting the early signs of complications. When problems are identified early, they can be treated before they become more serious. However, too many people miss out on these vital checks, increasing their risk of long-term harm. Just 61.3% of people received all of their care processes in 2023/24, meaning more than 1 in 3 people with diabetes missed out on at least one recommended check.^x As highlighted in the Darzi investigation, those from deprived areas are more likely to miss out, contributing to health inequalities.^{xi}



MORE THAN

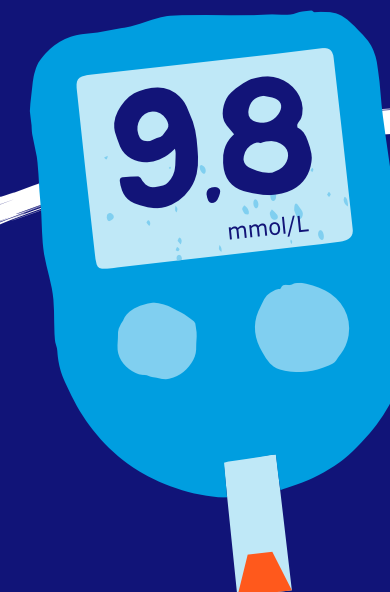
1/3

of people with diabetes are missing out on at least one recommended check

Annual reviews enable healthcare professionals to discuss the outcome of care process checks and treatment targets with people with diabetes. They are also an opportunity to optimise treatments and discuss new medications and technologies. This is vital, as recent research revealed that only 18% of people with type 2 diabetes in the UK have been treated with the most suitable glucose-lowering drug for them^{xii}.

Diabetes can be a gateway to other conditions, and many people now live with multiple long-term conditions. To meet the increasingly complex needs of this group, we need to develop multi-disciplinary teams that can deliver person-centred, holistic models of care, with care coordination built into these teams. The 10-Year Health Plan should facilitate the sharing of expertise between primary and specialist care and also bring together professionals who can support self-management of multiple conditions; people with diabetes commonly also live with musculoskeletal conditions such as arthritis and back pain.

Managing multiple conditions and navigating care systems can be burdensome. The National Diabetes Experience Survey found the most common reasons that make it difficult for people living with type 2 diabetes to manage their diabetes are because they are managing other long-term conditions (42%)^{xiii}. We therefore support NICE and others in recommending the support of a care coordinator. Management of obesity and associated conditions would also benefit from a multidisciplinary approach in the community.





As well as care and treatment to help people manage their physical health, people also need mental health support. People with diabetes are almost twice as likely to experience depression than the general population. Over half of people who are economically inactive due to long term sickness cite depression or anxiety as a reason, but only 3% as their sole condition. Many are also living with a physical long-term condition like diabetes^{xiv}. Integrated physical and mental healthcare can enable people to more confidently manage their diabetes and improve their long-term health outcomes, as well as their wellbeing.

Some groups are at increased risk of serious harm, for instance, young people with diabetes as they transition from children's services to adult. This age group is less likely to receive all of their essential checks, meet treatment targets and are at increased risk of DKA. A focus on improved support for young people at this critical stage of their lives must be sustained.

Wearable diabetes technology has already begun to shift diabetes treatment from analogue to digital. The majority of people with type 1 diabetes use a continuous glucose monitor (CGM) to manage their diabetes, and now 55% of children and young people have access to the latest Hybrid Closed Loop technology, which connects a CGM to an insulin pump and automates dosing decisions.

While the roll out of CGM for type 2 diabetes has begun, we're concerned that the very slow progress is exacerbating health inequalities. Within the next 10 years we want to see these technologies available to everyone eligible, further research to see which other groups could benefit, and ambitious action to tackle inequalities in access.

The funding models and system incentives that determine where NHS resources are allocated should be reviewed to increase uptake of essential diabetes care and help to tackle inequalities. Learnings about how the Quality and Outcomes Framework has incentivised greater delivery of diabetes care processes must be built on to further improve outcomes, including reducing CVD and stroke premature mortality and disability. The review must also consider changes to primary care funding models to account for deprivation and rebalance the inverse care law, so that anyone with signs of diabetes complications is identified early and treated as quickly as possible.

Ensuring that high-quality care and the latest treatments are available to everyone with diabetes will improve health outcomes, reduce emergency admissions, and ease the growing pressure on the NHS. Early, effective treatment saves lives.

OUR 10-YEAR VISION FOR DIABETES TREATMENT

1.

More people feeling confident self-managing their diabetes, with access to the right treatments and technology for them, enabled through easy access to vital routine diabetes checks and annual reviews for all.

2.

Prevention and early detection of complications, with 90% of people with diabetes receiving all of their recommended annual checks.

3.

A significant reduction in serious diabetes complications, such as heart failure, heart attacks, strokes and amputations.

4.

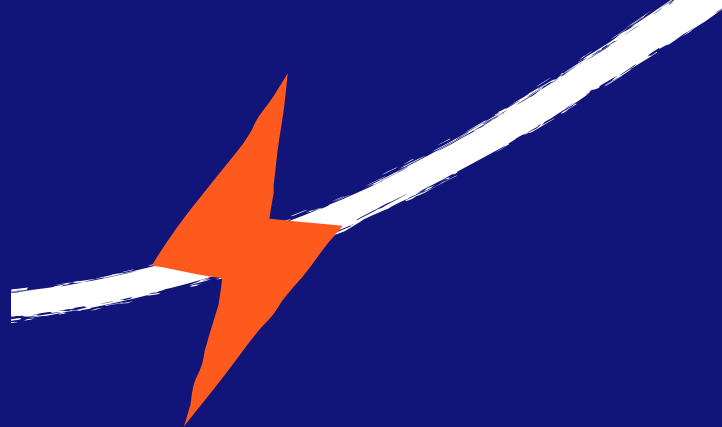
All young people receive the vital tailored support they need through the transition from children to adult services to stay well and thrive at this critical life stage.

5.

Integrated physical and mental health support for people with long-term conditions like diabetes, with care coordination across commonly associated conditions.



ACCELERATING INNOVATION



Game-changing breakthroughs in diabetes treatment are within reach—but we need action in the government's 10-Year Health Plan to realise them.

Delays in testing and approval mean people with diabetes are left waiting for the next generation of technologies and medications that could improve their lives. With targeted investment in research and a faster rollout of proven treatments, we could be on the verge of a revolution in diabetes care.

Routine screening for type 1 diabetes autoantibodies – designed to identify children in the earliest, symptom-free stages of the condition – is currently being tested through the Diabetes UK-funded EarLy Surveillance for Autoimmune diabetes (ELSA) study, involving 30,000 children and their families. This vital research is helping to build the evidence base needed to support the potential introduction of a UK-wide type 1 diabetes screening programme.

The potential benefits of type 1 diabetes autoantibody screening are significant: reducing the risk of emergency care at diagnosis, giving families time to prepare for life with type 1, and opening up access to immunotherapies that can hold off the immune system attack, potentially postponing a diagnosis by years or even indefinitely.

Several immunotherapies for type 1 diabetes are currently in clinical trials, with one – teplizumab – in the final stages of regulatory review. As these therapies move closer to licensing in the UK, ensuring the NHS is ready for their implementation is a priority.

The development of precision prevention of type 2 diabetes also offers the potential to make major gains in the next ten years. This refers to targeted approaches to preventing type 2 diabetes by considering an individual's unique genetic, metabolic, environmental, and behavioural risk factors. Precision prevention aims to identify high-risk individuals and tailor interventions based on their specific characteristics for greater effectiveness.

Diabetes UK is committed to supporting and challenging the research community – including research funders – to come together to accelerate progress in this important area in the coming years. To maximise the impact of this work, we need a system that prioritises investment in cutting-edge research and fast-tracks these breakthroughs with timely clinical trials so that people with diabetes get the best care without delay.

Additionally, there is huge potential to further embed digital innovation into the diabetes pathway. Expanding and integrating digital health records would give clinicians in different parts of the system vital information at their fingertips, avoid unnecessary duplication and enable new models of care. The National Diabetes Audit also provides a wealth of valuable data, and technological solutions could be used to identify those who need more support and target care to reduce inequalities.

OUR 10-YEAR VISION FOR INNOVATION

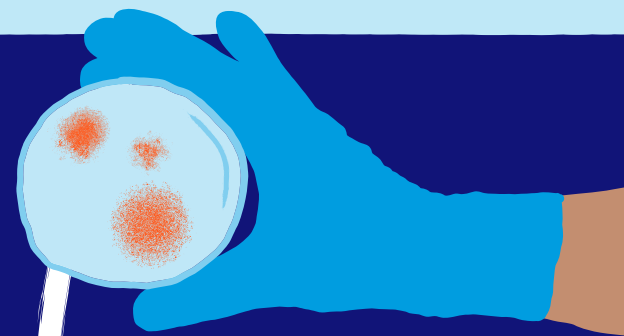


1.

Digital health records supporting joined up care for everyone with diabetes.

2.

A direct pathway from the lab to the NHS, so new treatments and technologies are available to people with diabetes quickly.



3.

New pathways developed to enable access to innovative new immunotherapies coming down the track for treatment of type 1 diabetes.

4.

A better understanding of type 2 diabetes and new treatments to reduce harm from the condition.





IMPROVING THE DIABETES PATHWAY

Changes to the NHS must build on, not undermine, the significant progress we have seen under the leadership of the NHS Diabetes Programme, of which Diabetes UK is a proud partner.



The roll out of wearable diabetes technology, like CGM and now Hybrid Closed Loop, has changed hundreds of thousands of lives. Similarly, the introduction of evidence-based programmes has driven up standards of care, such as T1DE (Type 1 disordered eating) services, the NHS Type 2 Diabetes Path to Remission, the NHS Diabetes Prevention Programme and Digital Structured Education. The government's 10-Year Health Plan must safeguard this progress and ensure these programmes are made available across the country.

RECOMMENDATIONS

Embedding the government's three shifts into every stage of the diabetes pathway will help to reduce the harm from diabetes and ultimately stop diabetes from cutting lives short.

The solutions are in sight—now we need the political will to deliver them.

From Sickness to Prevention

1. Develop and implement a cardiovascular disease strategy:

The 10-Year Health Plan must confirm the government's bold ambition to reduce both death and disability from cardiovascular disease and stroke by 25%, and commit to developing a clear road map focused on preventing and treating related conditions. Concrete action to accelerate diabetes primary and secondary prevention must be at its heart, including addressing the risks faced by women who have had gestational diabetes. It should have clear metrics to achieve the government's overarching ambition to reduce premature CVD and stroke deaths.

2. Bring forward an effective cross-government strategy to reduce health inequalities.

The government's health mission should include wide-ranging measures to reduce poverty and other underlying causes of health inequity.

3. Legislate to create a healthier food environment,

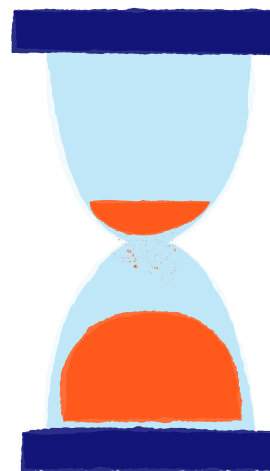
including extending the restrictions on junk food marketing and building on the successful model of the Soft Drinks Industry Levy, to design fiscal measures that incentivise industry to develop healthier food and drink options.

4. Ring-fence funding for primary and secondary prevention.

Maintain and protect investment on prevention and preventive care – for example by increasing the public health grant; ringfencing the NHS England Prevention and Long-term Conditions allocations to ICSs; and increasing investment into the NHS Diabetes Prevention Programme, the NHS Type 2 Path to Remission programme, weight management services and the Type 2 Diabetes in the Young (T2Day) programme.

5. Review NHS Health Checks, as per recommendations from the National Audit Office *Progress in preventing cardiovascular disease report*^{xv}, so that they can more effectively identify people with nondiabetic hyperglycaemia early and refer people to support to delay or prevent type 2. The review should consider expanding the eligibility criteria to reach younger groups at high risk of type 2 diabetes.

6. Invest in dedicated transition services for young people with diabetes, to ensure they meet the needs of all young people as they move into adult care and to prevent serious harm and hospital admissions in this group.



From Analogue to Digital

1. Fully roll out diabetes technology to all eligible and tackle inequalities in access, particularly amongst those with type 2 diabetes. Pilot provision of CGM for a wider group of people with type 2 diabetes who are at higher risk of developing serious complications, for example younger people with type 2 diabetes, and act on any forthcoming recommendations from the ongoing research in those who are pregnant.

2. Utilise data from diabetes technology to improve care. Consistent information standards should be applied to allow seamless integration of data from wearable technologies like CGM into health records and clinical systems, enabling effective monitoring and more informed consultations.

3. Invest in the National Diabetes Audit to maximise the use of data to monitor and target improvements in care and reduce inequalities. Modernising data collection and improving recording of ethnicity and other characteristics to identify, target and address health inequalities.



From Hospital to Community

1. Ensure skilled multidisciplinary support is available in the community to enable effective self-management for people with diabetes. Facilitate shared learning between primary and secondary care and fund the provision of effective NHS support programmes like T2Day, NHS Type 2 Diabetes Path to Remission and Structured Diabetes Education.

2. Integrate mental and physical health care for people with long-term health conditions like diabetes across all levels in community and specialist settings. Coordinate care across commonly occurring multiple conditions, with multi-disciplinary teams ensuring that someone is responsible for care coordination.

3. Reform primary care funding and the system incentives to increase uptake of vital routine diabetes checks and annual reviews, using a data informed approach to drive down premature mortality from CVD, stroke and other causes. Primary care funding and system incentives must also be reformed to tackle inequalities, including recognising socioeconomic deprivation as a contributor to poor health.

4. Harness the expertise of the voluntary sector. Use the insights Diabetes UK can bring from people living with diabetes; support the NHS to work in partnership to deploy new research and models of care on the ground; and initiate direct referral to Diabetes UK at point of diagnosis, so people can access information and support for self-management at scale, including via the NHS App.

5. Improve treatment and support of overweight and obesity in the community, by fully funding multidisciplinary weight management teams, including diabetes and obesity specialists, working together in neighbourhood health services.

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