Type 2 diabetes in Northern Ireland Key facts

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1. There are two main types of diabetes (Type 1 and Type 2). Once developed, Type 2 diabetes is a lifelong condition that causes a person's blood glucose level to become too high, either because the body does not produce enough insulin, or the bodys cells do not react to insulin. Type 2 diabetes is more common in older people and is closely associated with obesity.

2. In Northern Ireland, available statistics indicate that 88,000 people, or around 5.7 per cent of the population, have been diagnosed with diabetes, and that around 90 per of these are Type 2 cases. The number of local people living with diabetes is increasing annually – and has risen by 71 per cent between 2004-05 and 2015-16. Type 2 diabetes can have a major impact on the physical and psychological well-being of individuals and their families. Moreover, when diabetes is not identified early and not well-managed, serious and even fatal complications can arise, such as heart disease, kidney disease, stroke, amputations, and blindness.

3. Whilst treatment costs of Type 2 diabetes have proved difficult to quantify with any precision, Diabetes UK (Northern Ireland) has estimated that, locally, they amount to around £400 million annually[1]. This equates to over £1 million per day, or 10 per cent of the local health and social care budget. The costs of treating diabetes-related complications are particularly high, and may account for up to 80 per cent of overall healthcare spend on the condition.

4. These costs will continue to rise significantly if the current situation remains unchecked. However, providing better support for people to manage their Type 2 diabetes offers an opportunity to delay, or avoid, significant numbers of complications and, over a sustained period, potentially provide patients with a better quality of life and save the local healthcare system tens of millions of pounds. One estimate by Diabetes UK has suggested that if 75 per cent of local diabetes patients were treated in accordance with best practice, health and social care could save £75.5 million by 2030.

5. Since the publication of an initial blueprint report on local diabetes services in 2003[2], a range of local initiatives have not succeeded in reversing the increased prevalence of obesity and Type 2 diabetes. Whilst measures have also been taken to try and enhance Type 2 diabetes care, the absence of a specific framework for diabetes care until late 2016, and limited data and management information, means that we were unable to draw any clear conclusions on whether, and to what degree, the standard of patient care and outcomes for Type 2 diabetes have improved.

6. Moreover, the development of high quality services which align with best practice has been slow, and any improvements introduced have been insufficient to cope with the increased prevalence of the condition. In our view, more tangible progress could have been achieved had the strategic approach to

1 *Diabetes in Northern Ireland: The human, social and economic challenge*, Novo Nordisk, Diabetes UK and C3 Collaborating for Health, April 2012.

2 *'Blueprint for Diabetes Care in Northern Ireland in the 21st Century'* (CREST and Diabetes UK), March 2003.

delivering diabetes care, set out in the new Diabetes Strategic Framework[3], been introduced much earlier.

7. If the substantial human and cost burden of Type 2 diabetes is to be minimised, effective strategies to reduce incidence and patient complications must be implemented. The new Diabetes Strategic Framework recognises that community based services play a vital role in providing people with care and support, including support to care for themselves. For people with Type 2 diabetes, "self-care" is about dealing with the impact of the condition on their daily lives. A growing body of evidence demonstrates that supporting people with long term conditions to self-manage offers improved clinical and `quality of life' outcomes. It can also minimise increases in healthcare costs.

8. All parts of the health and social care system need to make self-care a real priority, for the benefit of patients and to minimise the burden on the healthcare system. In this context, we found that the extent to which patients are supported to successfully self-manage their Type 2 diabetes could be significantly improved. This report, therefore, calls for a stronger focus on the provision of structured patient education.

9. We also found that there has been limited formal monitoring and measurement of care standards and patient outcomes for Type 2 diabetes. This report endorses the Framework's recognition that fully integrated patient information systems must be developed and calls for reliable baseline data to be established, in order to facilitate the measurement of care outcomes. In the absence of appropriate systems, Northern Ireland has been unable to participate in the National Diabetes Audit, which measures standards of care and outcomes across England and Wales. It aims to improve services through benchmarking performance across providers, identifying and sharing best practice and identifying areas in which improvement in the quality of treatment is required.

10. The performance of healthcare staff is also fundamental to the quality of care and outcomes delivered to Type 2 diabetes patients. Whilst some evidence exists that the resourcing devoted to specialist diabetes care has increased since the 2003 blueprint, this has been insufficient to keep pace with the rising prevalence of Type 2 diabetes, and in some instances, the numbers of specialists providing dedicated care has actually reduced. This report highlights the importance of a specific workforce plan for diabetes care which is scheduled to be completed by 2019.

11. As the prevalence of Type 2 diabetes increases, health and social care professionals come under increasing pressure to cope with the volume of cases, and it is very likely that the current model of care provision will become unsustainable. Responding to these challenges is at the core of improving care quality, improving health, and managing existing resources more effectively. However, significant

3 *The Diabetes Strategic Framework* was published by the Department of Health in November 2016.

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additional up-front investment may also be required to increase the availability of structured patient education, and to address any significant staffing shortfalls which might be identified by future workforce planning.

12. The current Diabetes Strategic Framework has set the direction for local diabetes care until 2027. Based on current estimates, the local healthcare system is expected to incur expenditure of at least £4 billion in this period on treating diabetes. However, if the implementation of the Framework does not succeed in securing meaningful advances in preventing Type 2 diabetes and in minimising patient complications, the future cost burden on the healthcare system will almost certainly be significantly greater.