

## 5.3.01 Diabetes

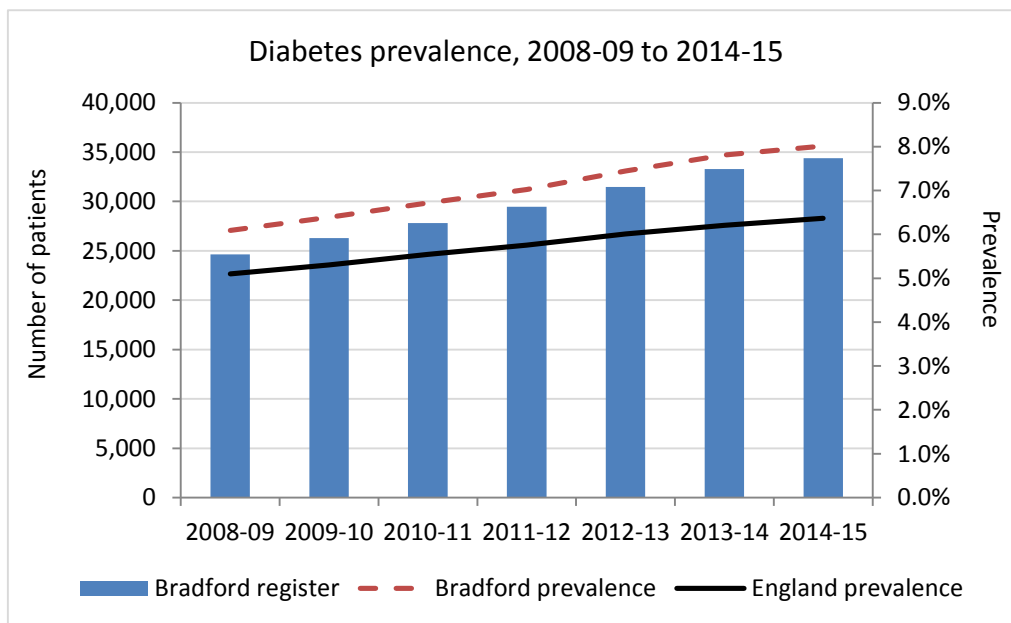
### Introduction: why is this important?

Diabetes is a common disorder, with an estimated overall prevalence nationally for diagnosed disease of approximately 6%. The prevalence of disease increases steeply with age, and is higher in certain ethnic groups. The public health burden of diabetes is large. It is associated with a substantial burden of premature mortality, morbidity, suffering and financial cost, through complications effecting its cardiovascular, kidney, eye, feet and other complications. It is arguably one of the key defining features of health need in Bradford, with parts of Bradford having some of the highest prevalence in the country.

### What do the facts and figures tell us?

#### Prevalence

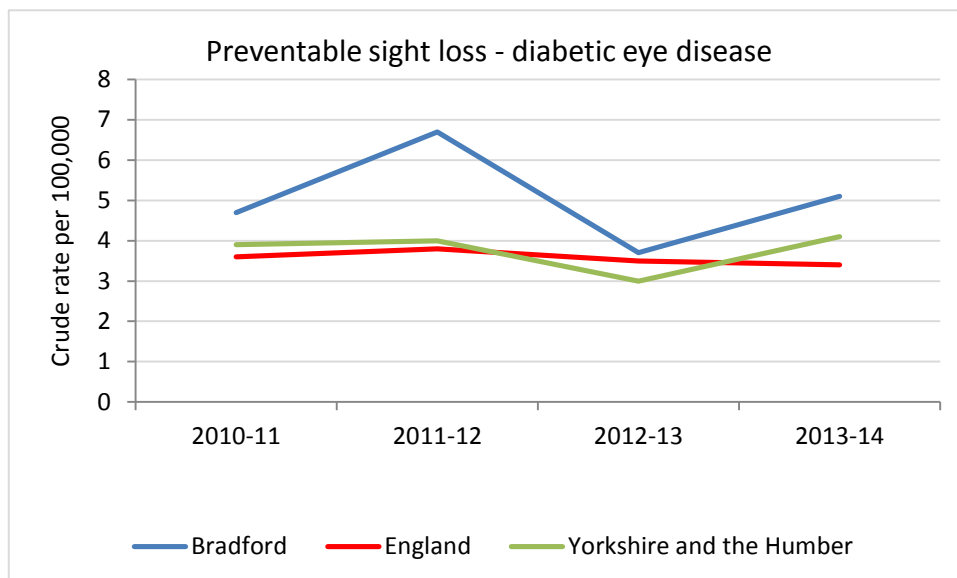
Since 2008-09 the prevalence and number of patients has continued to rise year on year. Within Bradford District there are a total of 34,379 patients aged 17+ yrs registered with diabetes, with prevalence currently at 8.0% for the District compared to the England average of 6.4%.



Source: Bradford Public Health Analysis

#### Preventable sight loss – diabetic eye disease

Diabetic retinopathy is one of the most common causes of blindness in the UK. Regular screening allows prompt identification and effective treatment if necessary of sight threatening diabetic retinopathy. In 2013-14 there were 22 cases of preventable sight loss relating to diabetic eye disease in Bradford. The rate of preventable sight loss for diabetic eye disease in Bradford District was 5.1 per 100,000 population, which is higher than both then England (3.4 per 100,000 population and regional average (4.1 per 100,000 population).



*Source: Public Health Outcomes Framework*

### What strategies, policies and best practice have been developed locally and nationally?

Bradford City Clinical Commissioning Group (CCG) has been recognised for its innovation for its work around diabetes by being named as one of seven demonstrator sites for the National NHS Diabetes Prevention Programme. This is a joint initiative between NHS England, Public Health England and Diabetes UK which aims to significantly reduce the four million people in England otherwise expected to have Type 2 diabetes by 2025.

The key indicators for diabetes are:

- Public Health Outcomes Framework Indicator 2.17. Recorded prevalence of diabetes in the population registered with GP practices aged 17 years and over
- Public Health Outcomes Framework Indicator 2.21vii. Access to non-cancer screening programmes - patients of offered diabetic eye screening who attend a digital screening event
- Public Health Outcomes Framework indicators 4.12. Preventable sight loss due to diabetic eye disease and glaucoma
- Quality and Outcomes Framework (QOF) targets for lipid, BP and glycaemic control

### What challenges have been identified in a local context?

The area of Bradford covered by Bradford City CCG has the highest prevalence of diabetes in the country. Because of this the Bradford Beating Diabetes campaign was launched in 2013 to help identify people who is at risk of developing Type 2 diabetes and help those living with the condition to minimise any potential complications associated with the disease. Recently, Bradford Districts CCG, which has the third highest prevalence of diabetes in the country, has recently joined the campaign.

### What do our stakeholders tell us?

Through the Bradford Beating Diabetes campaign various events have been run throughout Bradford District to make the public more aware, active and healthy and to reduce the number of people diagnosed with diabetes in Bradford. Events have included awareness events providing advice and free diabetes tests and events to highlight the importance of foot care for people with diabetes.

### Recommendations: What do we need to do? How do we ensure this remains a priority?

- Lifestyle services need to help prevent and reduce obesity in the population, which can increase the risk of becoming diabetic in the future
- Improving glycaemic control and reducing blood pressure and cholesterol in people with diabetes, especially in deprived or disadvantaged communities, vulnerable groups e.g. learning difficulties, and ethnic minority groups, particularly south Asian populations
- Work with ethnic groups who have a higher incidence of diabetes and complications from diabetes, in particular South Asian populations
- Reducing the number of people presenting with complications from diabetes, being admitted to hospital or dying from diabetes or from illnesses caused by diabetes e.g. cardiovascular disease
- Services to support patients to become a more active participant in their care, enabling them to be more in control of their condition and to live with their condition with better health outcomes and an improved quality of life

### References

Bradford Beating Diabetes - <http://www.bradfordcityccg.nhs.uk/your-health/bradford-beating-diabetes/>

Right Care Casebook - <http://www.rightcare.nhs.uk/index.php/resourcecentre/commissioning-for-value-best-practice-casebooks/right-care-casebook-beating-diabetes-in-bradford/>

NHS Bradford City CCG Improving the detection and prevention of Type 2 diabetes - Bradford Beating Diabetes (BBD) - <http://www.rightcare.nhs.uk/downloads/Right%20Care%20Bradford%20BDD%20-%20Right%20Care%20Casebook%20-%20final.pdf>

[https://www.diabetes.org.uk/About\\_us/What-we-do/Prevention/NHS-Diabetes-Prevention-Programme/](https://www.diabetes.org.uk/About_us/What-we-do/Prevention/NHS-Diabetes-Prevention-Programme/)

Diabetes UK - <https://www.diabetes.org.uk/>