



Diabetes in Sandwell

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Diabetes statistics relative to Sandwell

NHS G.P. Practice data 2021–22 for Sandwell

National average **7.3%** West Midlands **8.2%** Sandwell **10.1% and projected to increase**

Sandwell Trends

- perform poorly on inter-related health conditions
- lower healthy life expectancy
- higher mortality rates from preventable deaths

Diabetes UK

Higher Risk – Groups of concern:

- **Elderly people – 1/3rd over 65 years old**
7.8% 65 – 74 years old **7.1%** 75+ years old and increasing (Sandwell Trends data 2020)
- **African/African Caribbean** and **South Asian** (Indian, Bangladeshi, Pakistani) ethnicity
48% of Sandwell residents are from black and minority ethnic communities compared to **26%** in England and Wales. (Census 2021)

Working together to capture Sandwell resident voices



Sandwell and West Birmingham
NHS Trust



We find the support you need



Sandwell Primary Care Services – Diabetes project support



Healthwatch Sandwell Enter and View programme

- focused on diabetes inclusive services: **phlebotomy, ophthalmology, podiatry**
- service insight conversations: **Sandwell Diabetes Clinic, Foot Health Clinic**

G.P. Practices / Primary Care Networks

- GP Showcase initiative: **Portway Family Practice, Bearwood Medical Centre**
- sent link to project questionnaire – **Your Health Partnership**

Result: 704 extra completed project questionnaires

“It all proved very easy with the Accurx system.”

(Head of Nursing – Your Health Partnership PCN)



815 Diabetes Project Questionnaires completed



- Community Outreach
- Focus Groups
- Individual conversations



- Enter and View programme
- Voluntary Community Organisations
- Your Health Partnership

50.9%
Female



40.8%
Male



15%
25-49
years



39%
50-64
years



40%
65-79
years



6%
80+
years

29.5%
Pre-diabetic



70.5%
Diabetic

40.2%
Disability



67.7%
Long term
condition

5.4%
Black/Black British:
African/Caribbean

5.8% Asian/Asian British:
Bangladeshi/Indian/Pakistani

Key points to highlight

“Prevention is better than cure!”

- Managing diabetes and reducing risks requires a partnership approach between:
 - health care
 - support services
 - the patient
 - communities

- Enabling and empowering individuals and communities can reduce NHS services impact:
 - aware
 - well informed
 - educated
 - supported
 - recognising responsibility
 - feeling empowered

- Integrated Health, Care and Support Partnership – and **Involving** Sandwell residents:
Partnership working could enable a personalised holistic offer to Sandwell residents around diabetes awareness, prevention and management.

Pre-Diabetes overview – testing

➤ Diabetes risk reduction:

- 'Know Your Risk' tool – riskscore.diabetes.org.uk
- Free health care testing for Sandwell residents – (Randox 40-74 years old)
- Annual HbA1c blood test or a fasting plasma glucose

“Diabetes blood tests for ethnic groups at higher risk should be done earlier.”

➤ Questionnaire (238 responses):

How often had HbA1c blood test? Annually or more frequently:

Across Sandwell GP Practices responses **26%**

Your Health Partnership responses **68%**

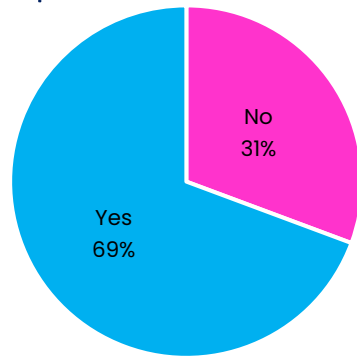
“Do you intend to ask for a blood test in the future to manage your pre-diabetes?”

47% Yes 8% No 26% unsure 19% no response

Pre-Diabetes: Information and education

➤ Information

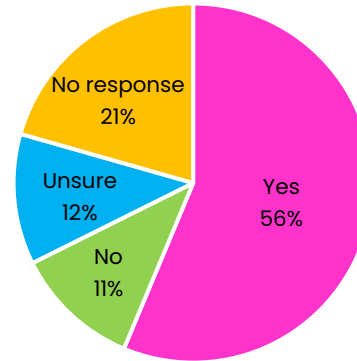
Given/signposted to information to understand pre-diabetes and risks



“Relatives & library books.”

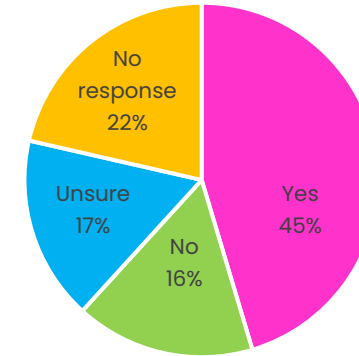
“A friend who was diabetic guided me through information and processes.”

Know where to go for information on diabetes risks



- **34%** own research
- **14%** internet
- **3%** self-directed Diabetes UK

Feel well informed about pre-diabetes/managing diabetes risk



“Access to a human being who can provide me with an overview of my health and wellbeing as a whole “full picture” style and signpost/refer me on.”

“A follow up to see how I am getting on.”

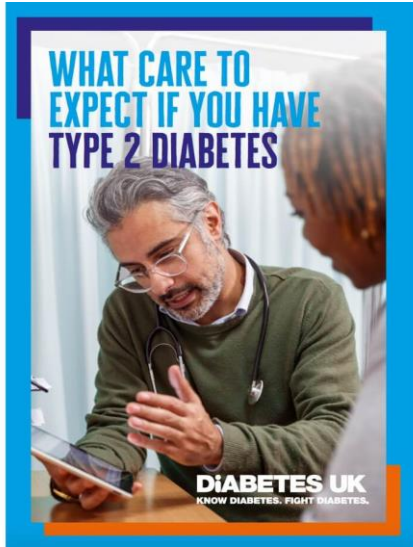
➤ Education courses

National diabetes prevention programme – Sandwell: Living Well, Taking Control.

GP referral/via Healthy Sandwell.

Patient feedback – not meeting individualised needs.

Diabetes: services overview



Lack of clarity/consistency for patients on annual health check booking processes.

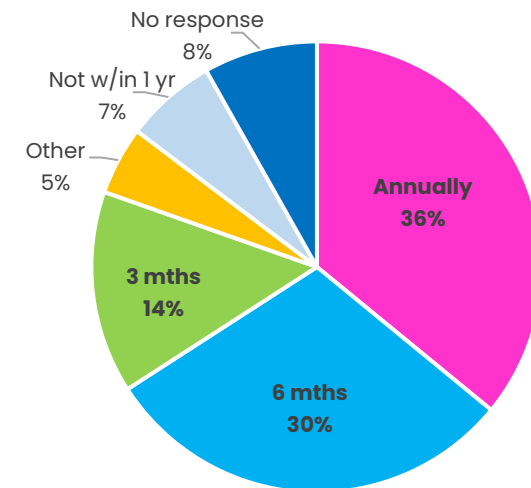
Some GP Practices call patients in, other GP Practices patients need to use their initiative.

“Telling someone new with diabetes to book in to get bloods checked, otherwise I feel you are not checked by the GP”

“Over the last couple of years, I had to tell my doctors I need a diabetic check-up as they never sent for me. I was months overdue; I didn’t get my feet checked for 2 years.”

551 responses

HbA1c blood test



“Diabetes Clinic – seen every 2 weeks. I would be lost without them.”

“I have received more help and guidance from the hospital diabetes team than my own GP Surgery, at least they try to help you.”

“Diabetes Clinic- very good and helpful. They listen.”

Diabetes: services overview

NICE guidance – Type 2 diabetes the care you should expect states that patients should:

- have the right to be **involved** in discussions and make **informed** decisions about their care, including blood sugar targets and joint agreement on medications
- be offered structured **education** to adults with type 2 diabetes and their family members or carers (as appropriate) at the time of diagnosis, with annual reinforcement and review
- should receive a personalised **individualised** approach to diabetes care, tailored to the patients' needs and circumstances including meeting any disability and impairment needs
- receive individualised and ongoing nutritional advice from a healthcare professional with specific expertise and competencies in nutrition. **Dietary advice** to be provided in a form sensitive to a person's needs, culture and beliefs, being sensitive to their willingness to change and the effects on their quality of life.

“Dietary advice that is tailored to what I eat.”

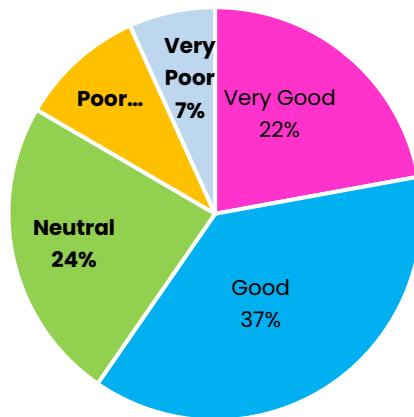
“A 10-minute consultation to get your head around changing diet and doing more exercise is not enough to take in a diabetes diagnosis.”

“I have multiple health conditions, despite requesting referral to a dietician my GP won't refer me.”

Diabetes: information and education

"I have been given enough information to understand and manage my diabetes."

488 responses



"I have had to do all my own research about diet to try and get on top of my sugars as no information on diet has ever been given me."

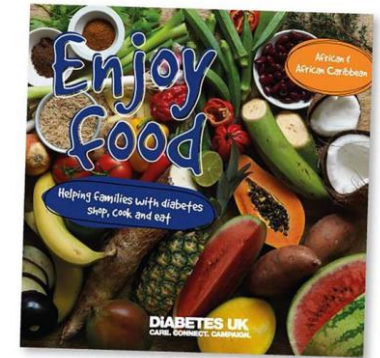
DESMOND – NICE approved course – 6 hours education
X-PERT – session over 6 weeks with annual follow up session
DAFNE – Type 1 diabetes management
Oviva – App and on-line webinars

"I asked my GP nurse about the diabetes X-pert courses, they did not know anything about them and would not refer me to them."

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.



FREE
Booklet/PDF



Understanding Diabetes - video format - sub titled and
british sign language

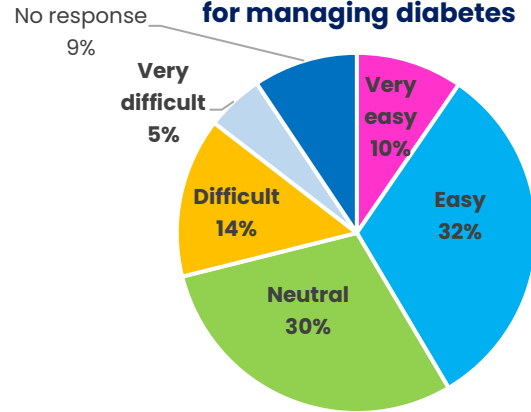
Fasting and managing your diabetes during Ramadan: Bengali /
রমজানে রোজা রাখা এবং আপনার ডায়াবেটিস নিয়ন্ত্রণে রাখা: বাংলা (PDF)

The Diabetes UK Helpline - Call: 0345 123 2399 Mon–Fri 9am–6pm
Email: helpline@diabetes.org.uk

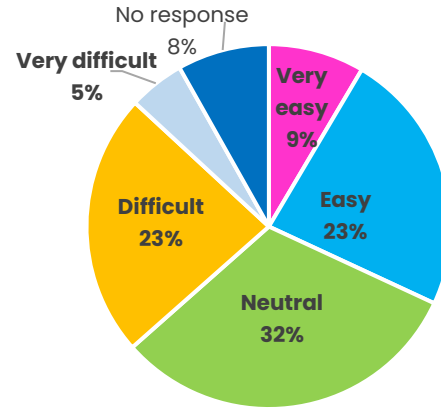
Diabetes self-management - overview

"Diet can have an impact of around 30% on blood glucose levels."
(Head of Nursing - Your Health Partnership)

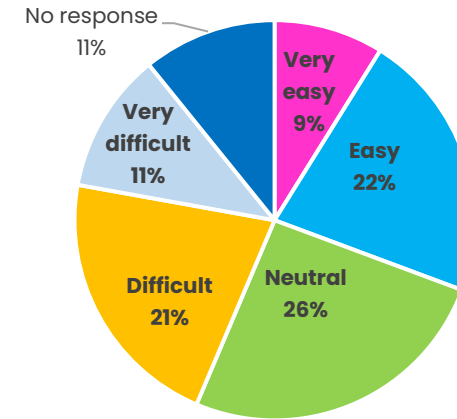
Understanding nutrition/healthy diet for managing diabetes



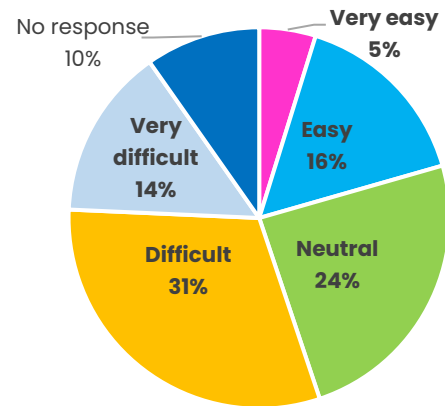
Maintaining a healthy balanced diet



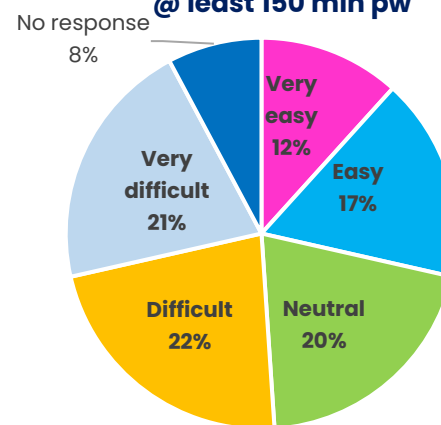
Maintaining mental wellbeing



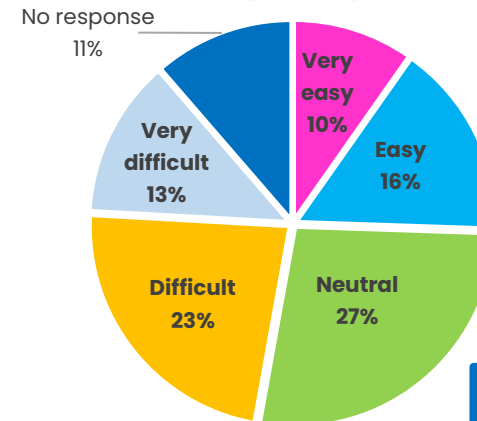
Maintaining a healthy weight



Being physically active @ least 150 min pw



Finding spare time for physical activity weekly



564 responses

Data extrapolation: ONS 2020 Sandwell > patients 18 years old with diabetes 28,476
= approximately **7,000 – 14,000** Sandwell residents struggling with aspects of managing their diabetes.

Requests for more support



“Think more should be done to encourage people to lose weight and try to eliminate the disease, after all it only gets worse over the years needing more meds etc.”

“Would be nice to be able to contact someone if necessary.”

“I would like the surgery to provide sessions so I can get more help managing it.”

“Peer support groups – talks on diabetes, sharing knowledge, lived experience, ideas, motivation.”

“More nutritionists helping people to manage their diets and not just giving out leaflets.”

“There is nothing to do in my area – this affects taking exercise.”

Focus Groups

**Conversations with
over 90 Sandwell
Residents**

- Older People
- Male population
- Gestational diabetes
- African Caribbean communities
- African communities
- South Asian communities

“I have been given advice, but I like my food and I am not changing.”

“There is peer pressure to drink alcohol, they think just take your meds and you will be fine!”

Targeted engagement and support for diabetes management needed.

“I have no balance so need chair-based exercise”

“Link in diabetes services with local social clubs for older people.”

Reduced mobility/weight bearing
Frailty/care support needs
Carer diabetes awareness

“Information was limited and wrong. There seems to be a set pathway for women with gestational diabetes, to be put on medication and induced.”

Engagement with patients during and post gestational diabetes to help inform and improve services needed.

Focus Group conversations: Ethnic communities



Health and care services



Food



Support



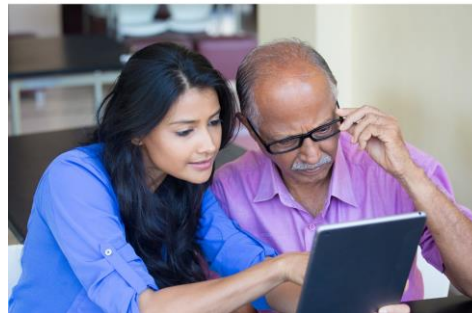
Information



Food



Being Active



Focus Groups: African Caribbean community

"Less motivation to be active in the UK – people don't feel like going out if the weather is bad"

"No interpreter at my GP practice to explain diabetes – I felt rushed through."

Diabetes is sometimes not a recognised term but the concept "sugar" in the blood might be.

"suffer in silence"
"It's inevitable."
"It's Allah's will."

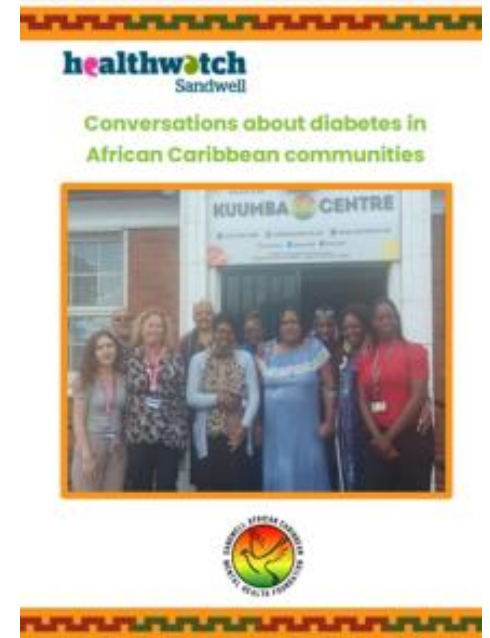
Word of mouth, audio or video formats may work better for some people. Images/simple wording is best.

"There is an emotional attachment to certain traditional foods, they remind of homelands."

"We are grateful for the NHS, we don't want to be an extra burden, we want support."

Insights & ongoing work: Ethnic minority communities

- Information and education courses – to be culturally relatable, including imagery and dietary information, and provided in accessible formats to meet individual needs
- Partnership working with voluntary community organisations (Interpreter services may be required)
- A call for support to African Caribbean communities to enable raising awareness and education about diabetes and risks starting at teenage level. (Diabetes Community Champion training)
- Support and development of physical activities that may appeal to ethnic groups and increase uptake to help manage diabetes.



**HEALTHY
SANDWELL**

We find the support you need

Summarising

- Managing diabetes and reducing risks requires a partnership approach between:
 - health care
 - support services
 - the patient
 - communities

- Enabling and empowering individuals and communities can reduce NHS services impact:

- Integrated Health, Care and Support Partnership – and **Involving** Sandwell residents:
Partnership working could enable a personalised holistic offer to Sandwell residents around diabetes awareness, prevention and management.

Thank You for listening

Any questions?

The Healthwatch Sandwell Diabetes Report is due to be published in March 2024.

To ensure you receive a copy or for more information please contact:

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