

JDRF Briefing: Debate on the Queen's Speech: A plan for the NHS and Social Care May 2021

Introduction

This briefing has been prepared by JDRF in advance of the debate on the announcements from the Queen's Speech (May 2021) on the future of the NHS and social care.

JDRF is the world's leading type 1 diabetes research charity. It funds research to cure, treat and prevent type 1 diabetes.

Background

The coronavirus pandemic has demonstrated strengths and weaknesses within the NHS. The government is proposing new legislation to reform the UK's Health and Care systems, aiming to empower the NHS to be at the heart of innovation, delivering more personalised care and supporting technological-based treatments.

JDRF supports this aim, and is pleased to see commitment towards delivering innovative treatments and technologies for conditions such as type 1 diabetes. The proposals within the NHS White Paper, upon which this briefing is based, were largely positive. Reform of the NHS provides a vital opportunity to remove barriers that people with type 1 diabetes face in accessing treatments. JDRF particularly supports the commitments regarding investing in improved data systems and technology, which will fundamentally improve patient experience both within the NHS and in managing their conditions at home.

Our asks for the Government are to ensure that patient voice is recognised and promoted within healthcare reforms, so that everyone with type 1 diabetes can access informed, personalised and equal treatment. Health inequalities remain a consistent barrier for people in the UK, something which has been put under the spotlight during the coronavirus pandemic. This bill provides a key opportunity to address these inequalities.

The government must also invest in the life sciences, including medical research charities, who have faced a £270 million cut in research funding since the pandemic started.¹ The sector has proven to be invaluable throughout this period and in order to establish the UK at the forefront of innovation, this must be remedied through targeted and tailored funding to kickstart research and drive recovery.

Innovation, Technology and Data

The government is aiming to put the NHS at the forefront of innovation, including a push for more technology-based treatments. Type 1 diabetes provides a prime opportunity to be at the heart of this, given the advancements in medical tech treatments. This includes advances in insulin pumps, as well as Flash monitoring and continuous glucose monitoring (CGM). These devices are able to automatically measure a person's glucose levels, helping to prevent severe highs or lows. These developments are allowing a person more freedom

¹ AMRC, Covid-19: [One year on for medical research charities](#) (2021)

with their self-management of their diabetes, and are supported through medical research funding from charities such as JDRF. Currently, just 30% of adults with type 1 diabetes stay within their recommended blood glucose target range, putting the majority at greater risk of complications such as kidney disease, nerve damage, heart disease and premature death.² People with type 1 diabetes who use these medical technologies may find it easier to manage their glucose levels and thereby reduce these risks.

The future of diabetes treatment therefore involves further advancements in technology, for instance in the development of an artificial pancreas, where insulin is automatically administered based on readings from continuous glucose monitoring (GCM) devices. The government has a key role to play in bringing these technological innovations into and through development and promoting widespread use, where anyone who would benefit from innovative and emerging technologies can access them on the NHS, thereby reducing health inequalities.

The government needs to pay special attention to reducing health inequalities as this is already a significant challenge in today's landscape. Not everyone who wants to is able to access what technology is already on the market. Factors that can impede uptake include location, time since diagnosis, and clinician willingness to prescribe, to name a few. Many healthcare professionals are reluctant to prescribe diabetes technology due to lack of training, meaning some people with type 1 face a postcode lottery in access to treatment, lacking choice and power over one's own healthcare.

Health inequalities are also displayed by the use of technology among children of different ethnic minority and socioeconomic backgrounds. White children typically experienced higher usage of continuous glucose monitoring compared to Black or Asian children, and children and young people with type 1 diabetes living in the least deprived areas were twice as likely to be using continuous glucose monitoring compared to those living in the most deprived areas.³

If the government seeks to drive technological-based treatments, they must ensure that all healthcare providers are empowered to provide the same treatments, including emerging ones. This can be achieved through mandatory training for diabetes teams in new technology and treatment, as well as increased time at appointments where people can discuss their options and preferred treatment plans with their clinicians.⁴

Innovation can only be driven through comprehensive and robust health data. Currently in England, there is no single, disease-specific registry for type 1 diabetes. By comparison, Scotland uses a register called SCI-Diabetes, where information recorded by technology can be uploaded in real time and evaluated by clinicians, better informing treatment options and improving health outcomes. It also informs research and can provide a more sound basis for clinical trials, thereby supporting the life sciences. The government must assess the benefits of introducing such a system UK-wide, and support more comprehensive data collection and sharing to support both service delivery and clinical research.

² Bennet C, Hazelton D., [JDRF Pathway to Choice: Barriers and Drivers to Technology](#), (2019)

³ National Paediatric Diabetes Audit 2018/19

⁴ Bennet C, Hazelton D., [JDRF Pathway to Choice: Barriers and Drivers to Technology](#), (2019)

Tailored, person-centred care

The goal of any healthcare system should be to provide tailored, person-centred treatment, so that people are empowered to manage their health in a way most suitable to their lifestyles. This can be achieved through a number of reforms. People must be able to make an informed choice regarding their access to diabetes technology. This occurs firstly through having a number of different options available to them; with a wide range of treatment options available through the NHS. Details of clinics with tech-trained specialists should also be made publicly available, so that people with type 1 diabetes can feel confident in approaching their clinician about technology.

It is also important that people have sufficient time at appointments to hold discussions with their clinician as to which option may best suit their needs, through assessing both their medical history, as well as their personal priorities going forward. Much of diabetes treatment currently involves assessing clinical outcomes and measures such as a person's history of glucose levels, determining if they have been consistently high, low or fluctuating between both. In the future, it is important that the priorities of the person with type 1 is also given fair weighting, for example if they wish to have technology in order to not have to think about their diabetes as much; or by comparison if they would prefer to use insulin injections as they do not want wearable medical technology. People with type 1 are then able to make an informed decision that can support their lifestyle, which can be re-evaluated when necessary at appointments.

This centres the patient at the heart of healthcare and provides for tailored treatments that address health inequalities and depersonalised care.

Public Health and Prevention

Due to the immense pressure and need for re-prioritisation faced by clinicians and healthcare professionals throughout the covid pandemic, many routine appointments for people with type 1 diabetes were postponed or cancelled. People were also understandably reluctant to visit hospitals during emergencies. As a result, the long-term consequences of consistent high or low glucose levels, such as kidney, eye and feet problems, will require attention. As the NHS branches into the long-term use of telemedicine, it is important that people with type 1 are able to attend in-person appointments to address any potential complications arising from their type 1 diabetes; as part of a blended telemedicine approach.

Even when complications and emergencies do not arise, type 1 can have a significant impact upon a person's wellbeing and day-to-day life. Many people with type 1 describe their diabetes as resembling a second job, where they do not get a day off. This can detrimentally impact mental health and creates "diabetes fatigue". The government is seeking to support mental health as part of the long term health of the nation, and this should consider the health of people with autoimmune conditions such as type 1 diabetes, along with other long-term or chronic conditions. Emotional support should be embedded into diabetes specialist clinics as standard.

Our asks

1. **Invest in innovative technology.** The Department for Health and Social Care should work with colleagues at the Department for Business, Energy and Industrial Strategy in supporting research into innovative and technology-based treatments for type 1 diabetes. Moreover the NHS must be supported to uptake these treatments when they are available. This requires more enhanced training for healthcare providers so they feel confident in prescription. This is also facilitated through more comprehensive data collection and sharing, in order to better support clinical trials and garner more information into type 1 and its impacts.
2. **Address health inequalities.** There are a number of ways to address the disparities of access to treatment which exist across the UK. The government should ensure that clinics are offering the same treatments for patients, with consistent levels of training among healthcare providers so all are confident in prescribing new, emerging technologies. This should focus largely on people from lower socioeconomic backgrounds and those hardly reached. Telemedicine should be continued in a blended manner with in-person appointments, so that no one is unable to access advice and support when required.
3. **Ensure person-centred design of services.** This involves bringing patient voice into consultations when establishing new clinical structures, and ensuring accountability of clinics and healthcare systems to local people. The government should also build towards delivering tailored and personalised care for people with type 1, where the priorities of the person with type 1 is factored into consultations and healthcare outcomes. This requires more time at appointments with clinicians.
4. **Strengthen mental health and emotional wellbeing support for people with type 1.** This involves embedding mental health services within clinics, ensuring people have time at appointments to discuss their mental health with their healthcare providers. It also includes working with NICE to incorporate the impact of new treatments and devices on someone's mental health, when assessing the value of new medicines and technologies.

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