Health and care experience profile 2

What are the characteristics of this Profile?

A person of South Asian ethnicity with diabetes.

Rationale

This Profile:

- Illustrates a condition that requires the person to interact with many kinds of services and support – including primary, community and specialist care.
- Provides the opportunity to explore the experiences of people from South Asian ethnic groups, who have an increased risk of developing type 2 diabetes,[1] and serious complications associated with diabetes.[2]
- Provides the opportunity to explore both integration between the different health services involved and integration with other relevant services and organisations including community support, social prescribing and/or social care.
- Reflects key broad commitments of the NHS Long Term Plan – better care for major health conditions and stronger action on health inequalities.[3]

Diabetes is an increasing health problem across Manchester and the numbers of people living with the condition have been rising. In 2017, 31,500 people in Manchester were on the diabetes register, which represents almost 6% of the city's population. This figure is predicted to rise to 8.5% by 2035.[4]

A report presented to the Manchester City Council Health Scrutiny Committee highlights the current issues of Manchester's health profile, stating that:

'Manchester has a registered population of 640,000 with this figure set to increase by 90,000 in the next 10 years. Although there is variation between areas of Manchester, overall the health of people in Manchester is generally worse than the England average, with life expectancy at 65 years also lower for both men and women. Manchester is in one of the 20% most deprived local authorities in England with 36% of children in Manchester now living in low income families. Around two-

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[1] NICE (2018) Promoting health and preventing premature mortality in Black, Asian and other minority ethnic groups [QS167]

[2] Diabetes UK & South Asian Health Foundation (2009) Recommendations on research priorities for British South Asians

[3] NHS England (2019) NHS Long Term Plan

[4] Adult Diabetes report, Manchester City Council (2019) Adult Diabetes

thirds of the life expectancy gap between Manchester and England is predominantly due to three broad causes of death: Circulatory diseases, cancers and respiratory diseases which can all be linked to poor lifestyle which is also a key predictor of outcomes for diabetes.'[5]

What kind of care should this Profile be able to expect?

Diabetes UK have set out the standard of care which people with diabetes can expect to receive. The key points are outlined below:

'There are national standards and guidelines for diabetes which have been agreed across the UK to make sure the level of care that you receive is of the highest quality and standard no matter where you live. These agreed standards and guidelines are known by different names depending on where you live.

In England and Wales there are the National Service Frameworks for Diabetes and National Institute for Health and Clinical Excellence (NICE) guidelines.[6]*'*

The NICE guidance referenced above is summarised below, which covers the management of type 1 diabetes[7], type 2 diabetes[8], diabetes in pregnancy[9] and prevention and management of diabetic foot problems[10] outlines the need for:

- Care being provided by a range of professionals with skills in diabetes care working together in a coordinated approach.
- Individualised care that is tailored to the person's needs and circumstances.
- Annual review of a jointly agreed care plan.
- Annual eye screening for complications of diabetes.
- Individualised and culturally appropriate dietary advice from professionals with appropriate specialist knowledge.
- Appropriate structured education on how to manage diabetes.
- Advice on and use of smoking cessation services, if needed.
- Prompt referral to psychological support from specialists, if needed.
- Regular assessments and integrated care across all settings to prevent and manage diabetic foot problems.

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[5] Adult Diabetes report, Manchester City Council (2019) Adult Diabetes

[6] Diabetes UK, Diabetes Care and You, https://www.diabetes.org.uk/resources-s3/2017-11/diabetescareandyou_final_8010.pdf

[7] NICE (2016) Type 1 diabetes in adults: diagnosis and management [NG17]

[8] NICE (2019) Type 2 diabetes in adults: management [NG28]

[9] NICE (2015) Diabetes in pregnancy: management from preconception to the postnatal period [NG3]

[10] NICE (2019) Diabetic foot problems: prevention and management [NG19]

- For older adults with type 2 diabetes, particular consideration of their broader health and social care needs.

Diabetes UK have set out the reasons why integrated care for people with diabetes is so important. They have stated the main benefits are[11]:

• *Improved patient experience*

• *Ensuring that all healthcare organisations involved in providing diabetes care, through partnership, clearly own the responsibility for delivering excellent care to their local population*

• *Providing clearly defined terms of accountability and responsibility for each healthcare professional/provider*

• *Reducing duplication of time, tests and information*

With regards to the specific treatment for patients with diabetes, Diabetes UK set out here the standard treatment for patients with both Type 1 and Type 2 diabetes.[12]

Having conducted an extensive search, there does not appear to be any specific care pathways for people from a South Asian background in the Manchester area.

[11] Diabetes UK, Best practice for commissioning diabetes services, https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/best-practice-commissioning-diabetes-services-integrated-care-framework-0313.pdf

[12] Diabetes Treatment, Diabetes UK Diabetes Treatment

What kind of care should this Profile receive in Manchester?

The Greater Manchester Health & Social Care Partnership produced the '*Diabetes Clinical Best Practice Strategy 2018-23*' which was published in April 2018. The document outlines the strategy for the treatment of people who are living with diabetes and also the prevention strategies which will be deployed. The overall aim of the strategy is *'…to improve the quality and consistency of services in line with both local and national standards and funding programmes.'*[13]

In this document, the following key areas for focus were identified:

- Structured education
- Lower limb care
- Treatment targets
- Diabetes nursing levels

Manchester Health & Care Commissioning (MHCC) have been looking into different ways in which care can be delivered. MHCC are keen to promote collaboration between the services and set up a Community Diabetes Education and Support (CoDES) Team. The background to this is the following:

'MHCC funded a two-year community pilot scheme in the Central Manchester area which is ground breaking in that it is looking to work with practices to meet their individual needs in relation to diabetes care rather than dictating what needs might be prevalent. The Community Diabetes Education and Support (CoDES) Team is primarily designed to facilitate awareness, enthusiasm, and increase knowledge in relation to diabetes, its prevention and management. It is hoped to increase the knowledge of those living with diabetes, their families and carers and increase healthcare professionals' understanding of the condition.'[14]

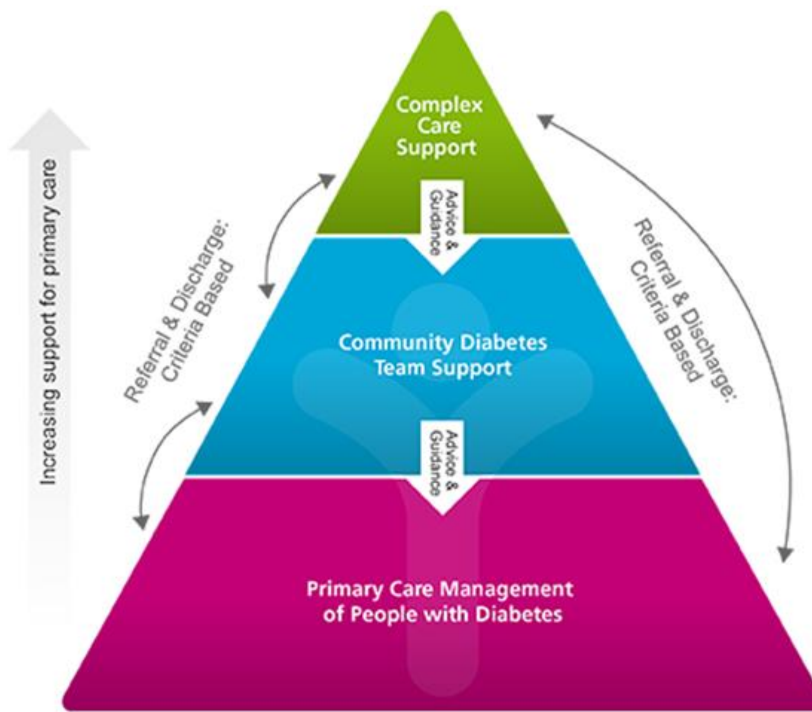
As below will show, there is a clear pathway for people in Manchester who have been diagnosed with diabetes, and there does not appear to be any specific pathways for members of the South Asian community.

Local pathways and processes for people with diabetes

The Manchester Local Care Organisation (MLCO) provided us with the following tiered model and care process for delivering care to patients with diabetes:

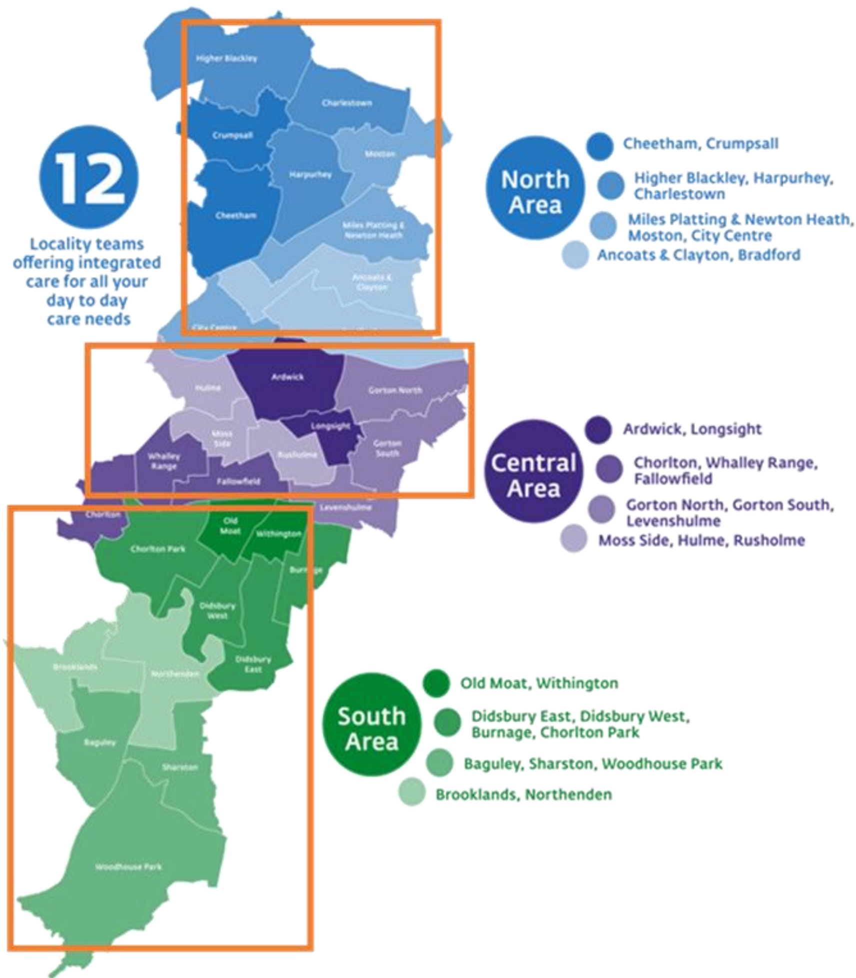
[13] Greater Manchester Health & Social Care Partnership (2018) Diabetes Clinical Best Practice Strategy 2018-23,

[14] Diabetes Treatment, Diabetes UK Diabetes Treatment



Care Process	
HbA1c	
Tier 3 Secondary Care	Pump therapy Complex diabetes Trials
Tier 2 Community	Uncertain Diagnosis e.g. MODY/LADA Injectable therapy as appropriate Recurrent Hypoglycaemia Persistent Hyperglycaemia despite optimal medication
Tier 1 Primary Care	Prevention Screening Uncomplicated Diagnosis Lifestyle advice Maximum Tolerated Oral Agents Injectable Therapy *if with capability*

Manchester is separated into North, Central and South localities for healthcare provision, as the graphic below highlights:



Each area has their own respective diabetes community team who work with diabetes patients across the area. Further information can be found on pages 14/15 of the Adult Diabetes report here.

The processes and pathway is the same for all patients regardless of their background and there is not a specific pathway for members of the South Asian community. As stated above, each of the three areas of Manchester have their own community teams and some areas of the city have a higher concentration of members of the South Asian community compared to others.

We did enquire about the availability of translation services for those patients who may need it, but there does not appear to be any specific services which are currently available.

Local Services provided for diabetic patients

Manchester Diabetes Centre

The Manchester Diabetes Centre provides high quality care and education for people with diabetes throughout the North West. The centre allows individuals access to

diabetes specialist nurses, dietitians, podiatrists and medical staff who offer help and support and promote self-management with the aim of reducing diabetes-related complications.

Diabetes My Way

Diabetes My Way is a website with information about the condition, online learning modules to help patients understand risk factors, medicines, ways to manage their condition etc. It's also a portal that, by registering, will provide patients with more tailored advice, help to track symptoms, plan treatments and co-ordinate your care with GPs. Patients need to be registered with a GP and arrange to be registered on the service by them.

South Manchester Diabetes Team

The South Manchester Diabetes Team run a wide range of nurse-led clinics offering treatment and support in the community for patients with diabetes. They work closely with a range of professionals who specialise in different aspects of diabetes care.

Specialist nurse clinics

The specialist diabetes nursing team in South Manchester runs a wide range of nurse-led clinics offering treatment and support in the community for patients with diabetes.

The diabetes specialist nursing team provide education for residents of North Manchester.

Podiatry services

NHS podiatry in Manchester is accessible to those who have been referred by their GP or a healthcare professional. There are a number of different locations across the city which offer these services.

South Manchester Specialist Diabetes Team

The specialist diabetes team runs a wide range of nurse-led clinics offering treatment and support in the community for patients with diabetes. We are a multi-disciplinary team, meaning we work closely with a range of professionals who specialise in different aspects of diabetes care.

Their specialist clinics for people with diabetes include: Antenatal clinic, Transition clinic for young people transferring to adult care, High risk foot clinic, Erectile dysfunction clinic, and Insulin Pump clinics. They work closely with community services including, District Nurses, Learning Disability Teams, Neighbourhood Teams

and Residential / Nursing Homes. If necessary, they can arrange community visits for patients in their own homes, nursing homes or residential care.

Education is a fundamental part of the service and the team are trained in nationally recognised courses such as DAFNE and X-PERT.

Local support groups

The Sugar Group is a support group for people living with diabetes, supporting you to live well with your condition.

Chinese Health Information Centre aims to provide a unique, professional and quality service to local Chinese and South East Asian Communities in the areas of health and social wellbeing.

The Expert Patient's Programme is a free course that supports individuals with long term health conditions.

Indian Senior Citizens Centre provides day support services for elderly Indians (50yrs+), patient education programmes and campaigns.

NHS Diabetes Prevention Programme

This is a free community-based behaviour change programme that helps those at risk of developing type 2 diabetes reduce their chances of getting the disease.

The programme is currently accessible via either telephone or video consultation. There is also an app available. Face to face support options are currently paused due to the Covid-19 pandemic. Other language options available include Punjabi, Urdu, and Hindi.

Patients can self-refer themselves to the programme by registering on the provider's website. Patients will need their NHS number, latest HbA1c or FPG reading including the date (within last 24 months) and their GP surgery name.

DESMOND

The national Diabetes Education and Self-management for Ongoing and Newly Diagnosed (DESMOND)[15] is delivered in group sessions at venues throughout Central Manchester on Wednesdays, in a number of different areas. They offer two sessions, 1 full day or 2 half days, to allow for flexibility and patient choice. The sessions are delivered by two Desmond Educators.

Help BEAT Diabetes

Help BEAT Diabetes is part of the Research for the Future programme, an initiative from the NHS encouraging people in Greater Manchester to get involved in health

[15] DESMOND (2020) https://www.desmond.nhs.uk/centre-posts/central-manchester

and care research. Joining means you will receive information about research taking place in your area, along with details on how to take part. There are lots of opportunities available from completing questionnaires to taking part in trials of new treatments.

People who get involved in research tend to have better health outcomes, as they become better at managing their own condition and this is particularly true for those living with diabetes. Joining the research community means you're also actively helping to improve care and treatments for you and for other people.

The Greater Manchester Combined Authority (GMCA) produced a 'Tackling Diabetes Together' information pack in November 2017 which set out the strategy for prevention and treatment for people with diabetes. This document can be found here. The two key areas identified are the prevention of progression and the prevention of complications.

What does the evidence tell us about experiences of integrated care for this Profile in Manchester?

There is extremely limited local insight that focuses on the experiences of integrated care for people of South Asian origin living with diabetes. Despite an extensive search, we could not find any data or insight into the experiences of this specific Profile in Manchester.

Appendices

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NICE (2015) ***Diabetes in pregnancy: management from preconception to the postnatal period [NG3]***, Online https://www.nice.org.uk/guidance/ng3

NICE (2019) ***Diabetic foot problems: prevention and management [NG19]***, Online https://www.nice.org.uk/guidance/ng3

DESMOND (2020) ***Centre Posts – Central Manchester***, Online https://www.desmond.nhs.uk/centre-posts/central-manchester