

Subject: Diabetes feedback in the London borough of Newham

Source: 'Information and Workshop: Have Your Say on Diabetes' User Engagement Event, 18th July, 2014

Purpose of the Report: to provide an understanding of the diabetes landscape in Newham

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Key Recommendations

1. Introducing group sessions with dieticians, information and advice on diet and exercise
2. LBN 'Go For It' grant
3. Diabetes information in a sign language DVD for deaf community, audio for blind community
4. Marketing and campaigns through the use of different medias including billboards, Newham Mag, buses, underground/DLR stations
5. Access to Diabetic Specialist Nurse at every GP Practice; support worker/Diabetic Friend to support diet and exercise programme
6. Continued access/support for gyms, walking groups, swimming pools
7. Diabetes prevention programme in schools, nurseries, colleges
8. Continued widespread use of Health Checks

Purpose of recommendations: to provide evidence-based knowledge to the Health and Wellbeing Board, Newham Clinical Commissioning Group and service providers

Background

One of the key strategic priorities for Newham's Health and Wellbeing Board is long-term conditions. Subsequently, Healthwatch Newham held an 'Information and Workshop: Have your Say on Diabetes' on Friday 18 July 2014.

The London Borough of Newham has one of the highest prevalence's of diabetes in the UK. Demographically the 330,000 population includes:

- 21,451 people living with diabetes
- 5,000 people living with pre-diabetes
- 21,000 high risk of developing diabetes

And that this prevalence is due to:

- High rates of obesity
- Low levels of physical activity
- The ethnicity of our population¹

User Event

Dr Gill Hood, Barts Health NHS Trust Diabetic Manager NIHR Clinical Research Network: North Thames gave two presentations on ‘*Understanding diabetes*’ and ‘*Looking after your diabetes*.’

There were two workshops, facilitated by Healthwatch Newham, for attendees to reflect on the Information talks and gather ideas in response to the workshop questions:

Workshop 1: As a person with diabetes, what support do you need?

Workshop 2: How do we, as a community, continue to raise awareness and prevent more people getting diabetes?

Information and support on diabetes in the form of leaflets and posters was kindly provided at the event by Barts Health; the NHS Diabetic Eye Screening Programme, and; from Diabetes UK (who also recruited two local volunteers to offer advice at the event). Healthwatch Newham would like to extend its thanks to those organisations for their co-operation and providing resources at the event.

User Feedback

The hot topics of discussion at the workshops included what can *services* do to *support* those with diabetes, and what can *the community* do to *prevent* the increase in diabetes. Attendees were service users with diabetes, or those who had loved ones with diabetes. Many voiced their concerns about the lack of education and awareness around the borough. Some attendees outlined that there was not enough peer support in Newham and that the Healthwatch Newham event was their first opportunity for support outside the health service.

¹ LBN Public Health figures, February 2014

Diabetes Support

Suggestions made through Workshop 1 in terms of what people with diabetes need to support their condition included:

1. **Group sessions** with Dieticians, specialist Nurses with information and advice on diet and exercise would support them. A good Dietician could look at each person's eating and exercise habits. Family support where there is multiple diagnosis of diabetes in a family; teaching family members the tools of self-managing the condition.

One attendee said: *'I need a group to advice me on what I need and what you need to do if you have diabetes.'* Expert patients could share and provide supportive information, teach self-management and provide peer support. *'Talking to others about the condition, dispelling the myths'* believed an attendee.

There was potential, expressed some attendees, to form their own diabetes association with support from LBN/Third Sector - a 'Go for it' grant for community groups is a financial grant that could be given to support groups in the borough to cover the cost of room hire and tea/coffee.

There also ought to be a push to drive diabetes up the agenda of PPG meetings and GP centres.

2. **Accessible, layman, plain English, information on diabetes**, information on linked health issues to diabetes advice. There were a lot of comments about education on exercise and courses, with more robust GP advice. A resource centre to provide support for those with diabetes. It was understood that there are leaflets and the internet but sometimes it can be too much information or not enough, there was not yet the interactive information sharing. Eye test, foot clinic information as well as how to inject properly webpages was an example. Information needs to be on DVD, audio and in other languages.
3. **Self-monitoring, and informed self-management:** providing training for the usage of technology, support with monitoring tests, the checks, learning how to use blood testing medicine properly, and keeping a record. Patients require more support with understanding their diabetes and its complications, one patient said: *'It's the Doctor's responsibility to give results to patients and make sure they understand them.'* Another felt, and many agreed the time between being diagnosed as a diabetic and 'getting on the system' was too long. Another stated that it should be a patient-led consultation where the patient is able to speak freely.
4. **Specialist care:** a sense of urgency was fed back in that more GPs need to be specialising in diabetes and an increased recruitment of Diabetes Specialist Nurses. Specialist care and support is needed for the deaf community where there are high rates of diabetes. Time needs to taken to explain diabetes, understanding diabetes and which foods are suitable; training days and support from Dietician/Nurse should be frequent.

After diagnosis, a Dietician can really look at a diet with each person; one Workshop group though, noted that Dietician advice seems to vary and was not always useful. An example of best practice was Community Prescription: NACRE referred to by Wordsworth Practice. It was stated that unfortunately not all Practices have a Diabetes Specialist Nurse and patients are not seen by the same Clinician.

Diabetes awareness/prevention

Suggestions made thorough Workshop 2 in terms of what Newham could do to raise awareness and prevent more people getting diabetes included:

1. **Prevention/awareness programmes** of diabetes through coordination at various housing groups in the borough; East Ham Housing Group was particularly mentioned. Community centres, libraries and sheltered housing are all avenues for providing education on healthy eating/living and giving information on the risk and dangers of diabetes. Housing groups, some noted, have good outreach capabilities and there needs to be investment in awareness activities as a norm. East Thames Housing provide housing to people with different disabilities and ought to have a *Diabetes Awareness* month, inviting NHS staff and Diabetes UK staff to give advice.

A substantive diabetes prevention/awareness programme, could be enacted, holding regular sessions across the borough that cover information, advice, education, interactive workshops and support at venues, such as day centres, community centres, Churches, and Mosques.

2. **Parents and children require robust education**, healthy eating in schools, and information on how to avoid fast foods/bargain foods. Catering in schools was mentioned by some as a significant way of raising awareness and preventing diabetes. Again a *Diabetes Awareness* week in schools should be the norm. Teenagers, one thought, should not just get the image of a sporty or thin person but have healthy living advice and discussions. Further suggestions included:
 - Giving young people, a Forum, run through Newham's Young Mayor.
 - Family advice through the GP could potentially reach the seldom heard groups that do not access community services. 15 minutes is not long enough for that advice. GP can show videos in the reception area and must provide healthy living videos to deaf community without diabetes.
 - Health checks ought to be in schools and lessons on cooking meals rather than eating junk food.
3. **Public health warnings** on TV adverts and billboards, on the internet. Health programmes during popular programmes and children's TV shows. Posters in shopping centres, on buses and in underground stations. A campaign to highlight

conversations and concerns about the debilitating consequences of diabetes similar to the successful HIV campaign in the 80s. Raising awareness there are 3 million people with diabetes in the UK, and it is predicted 1 million are walking around with diabetes without being diagnosed.

4. **Health promotion** by Active Newham. Supermarkets should promote foods that are good for diabetes with suitable labels on foods. A few attendees agreed that supermarkets should promote healthy food; there should be a diabetic area in supermarkets.
5. **'Diabetes Friends'** does not necessarily have to be a Friend with diabetes but they can visit seldom-heard people, such as those with disabilities or the elderly, and take them for walk and discuss healthy eating. Exercise should continue to be on prescription. 'Diabetes Friends' can meet and liaise through social media. Alternative organisations to the NHS, LBN and Diabetes UK such as deaf and visually impaired charities and Age UK could run the programmes that would address the diabetes epidemic.

Conclusions

Over 35 people attended the Workshops and many were in agreement about the lack of education and awareness across the borough on diabetes. One or two attendees believed it was the Health Service's responsibility to frequently check on whether a Newham resident has diabetes or not, a community-led awareness and education that individuals and parents need to take responsibility for their well-being taking up available exercise and learning to eat smaller portions and healthy food.

Overall there is a need for services not to solely respond with medications for Type 2 but, encourage people to adapt their habits and lifestyle to reverse the Type 2 condition, 'it is never too late' attitude. Some service users may need much more supervision than others hence person-centred treatment such as a Diabetic Friend or Support Group or Community Prescription. Mechanisms are already in place they just need more emphasis and made accessible to those vulnerable to the condition or accelerating it. Diabetes UK has a national reputation however very little presence in Newham, run by volunteers; the solutions to the diabetes problem needs more than a little presence to be addressed.

In the long-term, investment in research and technology is required to adapt the invasive blood checking for those with Type 1 and improve self-management monitoring.

Report completed: 5th August 2014