healthwatch Shropshire

Diabetes care and support

A report into people's experiences of diabetes care and support in Shropshire.

Engagement period April – July 2023
Report published 30 October 2023

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About Healthwatch

Healthwatch Shropshire is your local health and social care champion.

If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford & Wrekin Integrated Care Board, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford & Wrekin

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us.

We are very grateful to all those who took the time to fill out our survey and partners who helped to share it.

If you have an experience to share about the issues raised in the report please do not hesitate to get in touch.

Executive Summary

Context

There are currently **30,000 people living with diabetes** in Shropshire, Telford and Wrekin (STW) and the proportion of adults living with the condition is the 16th highest out of 42 areas in England. Furthermore, the rate of people receiving the 'National Institute for Health and Care Excellence' (NICE) recommended care processes is the lowest in the country[1] .

The local NHS is therefore looking at ways that care and support for those with diabetes or at risk of developing diabetes can be improved. To assist this, we worked with organisations to help them gather patient feedback about their current care and improvements they think could be made.

What we did

We developed a survey with NHS STW and the Public Health team to look at people's experiences of diabetic care and promoted this widely through our media channels and community contacts. We contacted all the GP practices in Shropshire and had support from two Shrewsbury practices which sent our survey to their diabetic patient list.

The people we heard from

- We had 211 complete responses.
- 66.4% had Type 2 diabetes, 17.1% had Type 1 diabetes, 16.6% were pre-diabetic.
- 35.5% of people were aged 50-64, 44.3% were aged 65-79.
- Responses were almost evenly split between men and women.

[1] Diabetes Is Serious | Get involved | Diabetes UK

What people told us

Care Plans

- 71.4% of people said they didn't have a written care plan, 9.5% did have one and 19% were unsure.
- The percentage of those with Type 1 diabetes who don't have a care plan was lower at 64%.
- There was no correlation between the length of time since diagnosis and likelihood of having a written care plan.

Care and support

- The **Diabetes UK 'care essentials'** that were being provided to most respondents were: free flu jabs (87%), blood pressure checks (84%), blood glucose tests (77%), eye screenings (77%) and cholesterol checks (65%).
- Those provided the least were: emotional and psychological support (5%, advice on diet (20%), group education course (24%), and care from diabetes specialists (33%).

Advice on diet

The responses indicate that those with a diagnosis within 2 years are more likely to have received dietary advice.

Specialist support

- 60% of people with Type 1 Diabetes received specialist support.
- 36% of people with Type 2 Diabetes received this support.

Information to manage the condition

People ranked their preferences to learn about managing their condition and receive educational support as followed:

1. Using an online learning platform (self-directed learning) accessible at any time.
2. In person face-to-face learning at your local GP practice.
3. Using an online learning platform accessible at any time with appointment based face-to-face support via MS Teams or Zoom.

4. Online face-to-face support meetings via MS Teams or Zoom.
5. In person face-to-face learning at another venue (e.g. Local hospital)

Lifestyle support

There are a variety of lifestyle factors that increase the risk of developing diabetes. We asked people to tell us what support and information would have been helpful for them in reducing the risk.

- 76.8% said healthy weight advice.
- 53.6% said physical activity advice.

Support since diagnosis

We asked people to tell us a bit more about the support they have received, 138 people gave us more information.

- 27 people (19%) reported they have had 'no support'
- 33 people (24%) felt that the support offered was 'poor'
- 41 people (30%) felt that their support was 'good'.

We looked at how patient experience related to the length of time of diagnosis and found that the percentages of people reporting either 'no support' or 'poor' support was higher in those who have been diagnosed within the last year.

Educational support

A wide range of courses were mentioned but the X-PERT Course, available for those with Type 2 diabetes, received overwhelmingly positive feedback.

Patient suggestions on how care and support could be improved

Respondents made several recommendations that care and support could be improved. These can be grouped as follows:

- Improving access to specialist staff.
- Ability to access psychological support.
- Improved blood glucose monitoring.
- Improved regular monitoring of feet and eyes.
- More quality information to help manage diabetes.
- Ongoing advice and support with diet and weight loss.

- Patient centred support.
- Group support sessions.
- Face to Face support.
- Improved access to General Practice appointments.
- Improved knowledge of the condition amongst the wider medical system, for example in the Emergency Departments.

Our Recommendations

1. Provide a range of approaches to education, both face to face and online to meet the varying needs of the patients.
2. Use the patient suggestions put forward in this report to help inform the current service development.
3. Consider how patient groups can be established to enable peer support for patients.
4. Increase the use of written care plans to ensure that patients are valued as active participants and experts in the planning and management of their own wellbeing.
5. Consider how psychological support can be offered as an option to all patients.
6. Review how lifestyle support is provided, especially to those with a pre-diabetes diagnosis, to provide more information around healthier weight, dietary advice and physical activity.

Context

> "The number of people living with diabetes has topped five million for the first time [April 2023].
>
> The NHS spends at least £10 billion a year on diabetes which is about 10% of its entire budget. Almost 80% of the money the NHS spends on diabetes is on treating complications. In some hospitals over a quarter of beds are used by people with diabetes. our analysis shows." (Diabetes UK, April 2023)[2]

In 2023 there are approximately 30,000 people living with diabetes across Shropshire, Telford and Wrekin (STW) and this number is increasing.

The proportion of people, aged 17 and over, diagnosed with diabetes in STW is 7.47%, this compares with a national average of 7.26% and gives STW the 16th highest rate out of 42 areas in England.[3]

In the latest Public Health England health summary for Shropshire, based on 2018 data, Shropshire was reported as having a 'significantly worse estimated diabetes diagnostic rate' when compared to the England average.[4]

In their report "Diabetes is serious – Diabetes care: is it fair enough?" Diabetes UK reported on the National Diabetes Audit[5] conducted in 2021-22 highlighting that 'significant variation exists between Integrated Care Boards (ICBs), with just 25% of people with diabetes receiving all eight care processes in the lowest performing area (NHS Shropshire, Telford and Wrekin ICB), compared to the highest rate of 62% (NHS Suffolk and North East Essex ICB).'

The National Diabetes Audit focuses on eight of the nine NICE care processes in the above figures, retinal screening, one of the nine is a bi-annual requirement.

[2] Number of people living with diabetes in the UK tops 5 million for the first time
[3] Quality and Outcomes Framework, 2021-22 - NHS Digital
[4] E06000051 (phe.org.uk)
[5] National Diabetes Audit dashboards - NHS Digital

The NICE care processes are[6]:

- urine albumin-to-creatinine ratio (ACR) measurement
- HbA1c measurement
- blood pressure measurement
- foot surveillance
- serum creatinine measurement
- serum cholesterol measurement
- BMI measurement
- smoking status
- retinal screening.

Organisations within the Shropshire Telford and Wrekin Integrated Care System (ICS), including NHS Shropshire, Telford and Wrekin and public health bodies, are looking at ways that support and care for those with diabetes and those at risk of developing diabetes can be improved with the help of patient feedback.

To assist this we worked with those organisations to gather patient feedback of how their current care was working and importantly what improvements patients would like to see.

[6] Quality statement 6: 9 key care processes | Type 2 diabetes in adults | Quality standards | NICE

What we did

Working with NHS Shropshire, Telford & Wrekin and the Shropshire Public Health team we developed a survey to look at people's experiences of diabetes care.

To get a picture of the current experience of care we asked respondents to tell us about their access to the Diabetes UK 15 healthcare essentials. These are based on the nine care processes as set out by the National Institute for Health and Care Excellence (NICE) and NHS Quality Improvement.[7] We also asked about lifestyle support and information; what support and information people have received, which was most useful, and how people would most like to access it. To help develop services we asked for suggestions on how care and support could be improved.

We promoted our call to hear about experiences across the NHS and social care services and more widely through media, social media and community contacts. We sent a survey link and explanation to all GP practices in Shropshire asking them to pass it on directly to their diabetic and pre-diabetic patients. We would like to thank the two practices who supported us with this, Belvidere Practice, Shrewsbury and Mytton Oak Practice, Shrewsbury.

The people we heard from

We had **327** responses, **211** of which completed the survey.

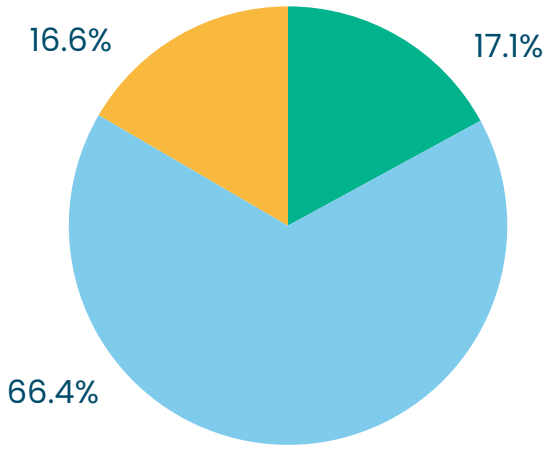
[7] 15 Healthcare Essentials campaign | Diabetes UK

We asked people about their diagnosis.

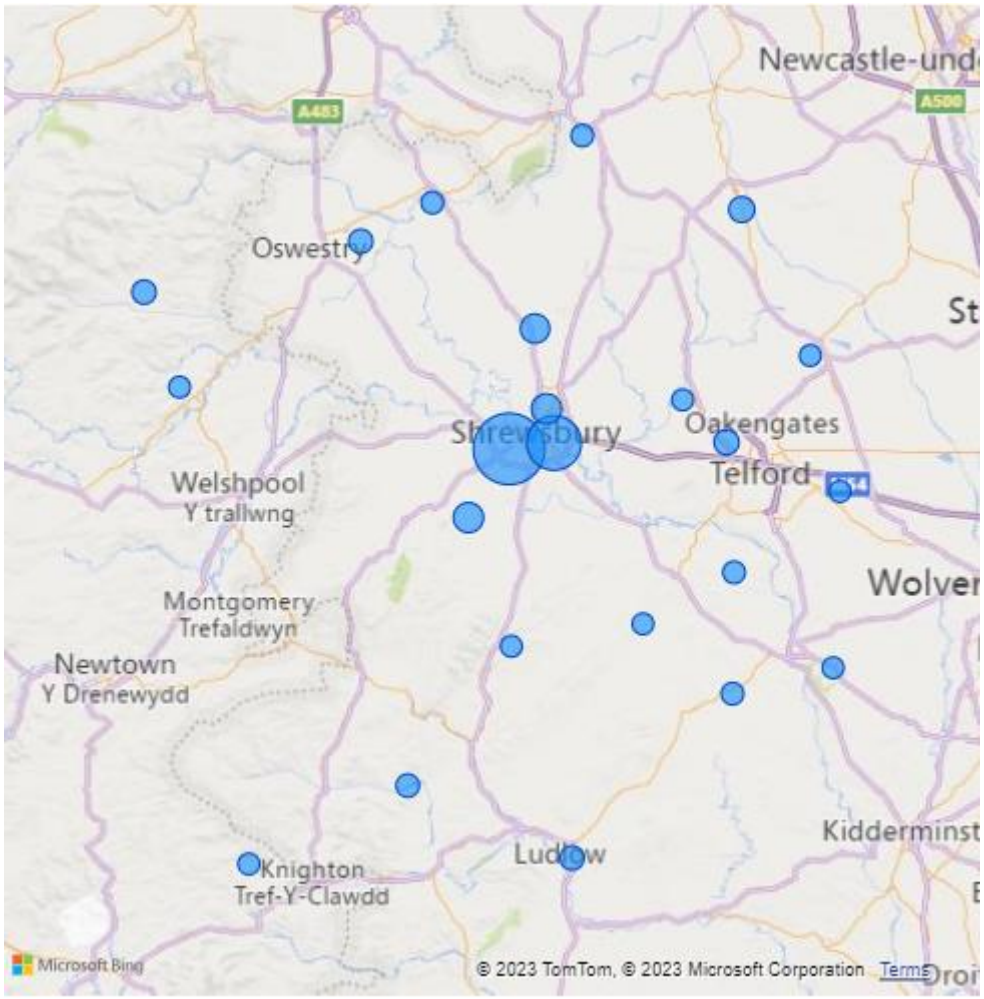
Diabetes type

(211 people answered)

- Diabetes Type 1
- Diabetes Type 2
- A diagnosis of being at risk of diabetes, of being pre-diabetic

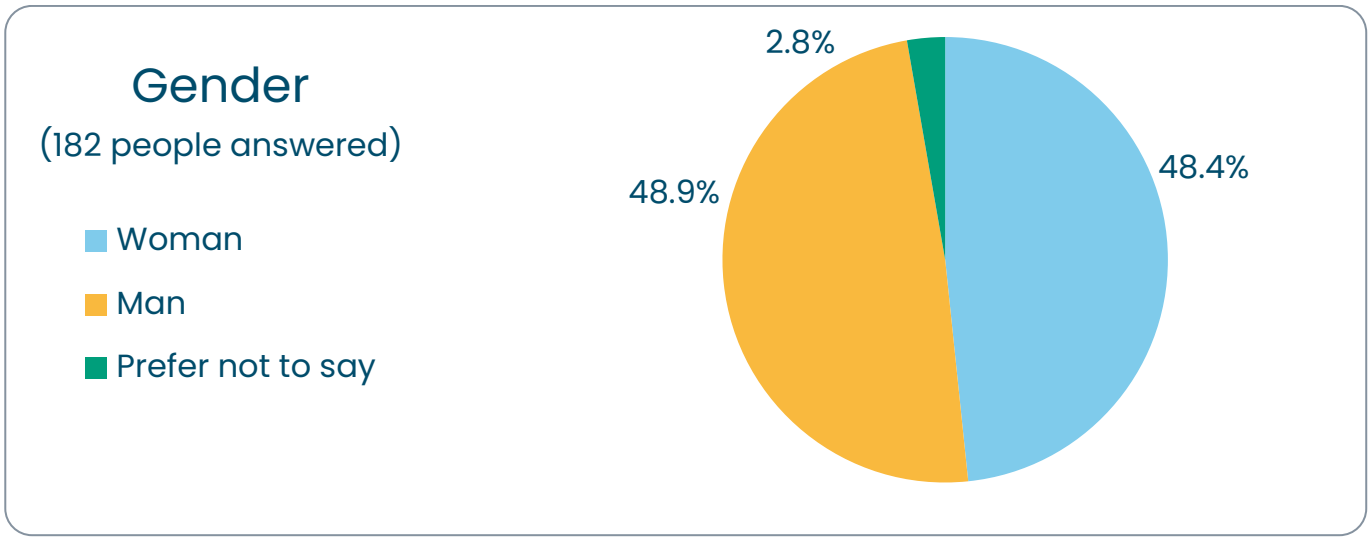


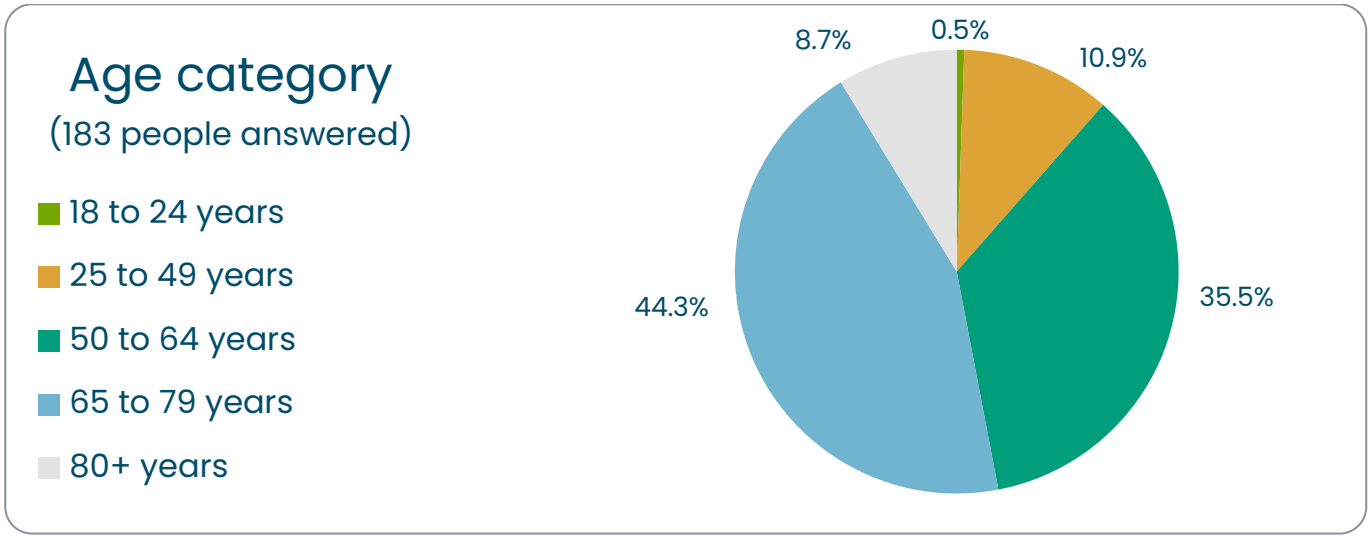
Where did we hear from?



Postcode	Number	Postcode	Number	Postcode	Number	Postcode	Number
LD7	1	SY6	1	SY13	2	TF11	1
SY1	11	SY7	3	SY22	1	TF12	2
SY2	40	SY8	4	TF1	5	TF13	1
SY3	61	SY10	4	TF6	1	WV15	1
SY4	10	SY11	4	TF9	6	WV16	2
SY5	11	SY12	2	TF10	1	**Total**	**175**

Just over two thirds of respondents (142 people, 67.9%) were from the two Shrewsbury GP surgeries who contacted their diabetic patients directly. We will share that feedback anonymously with the individual practices to help them understand the experiences of their own patients.





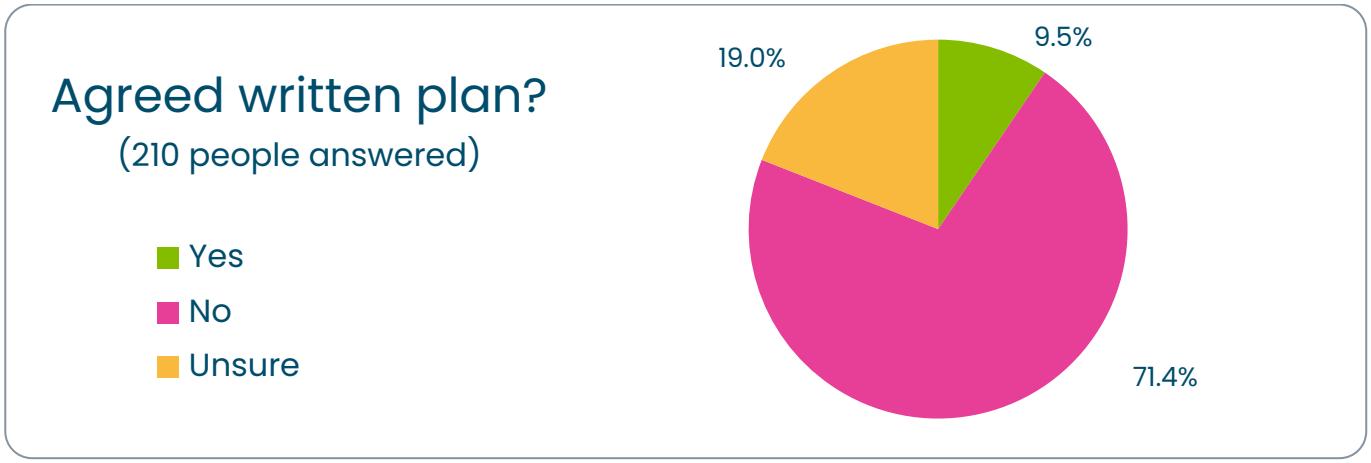
Full demographic information is available in Appendix A to this report: [Diabetes care and support | Healthwatch Shropshire]

What people told us

Care plans

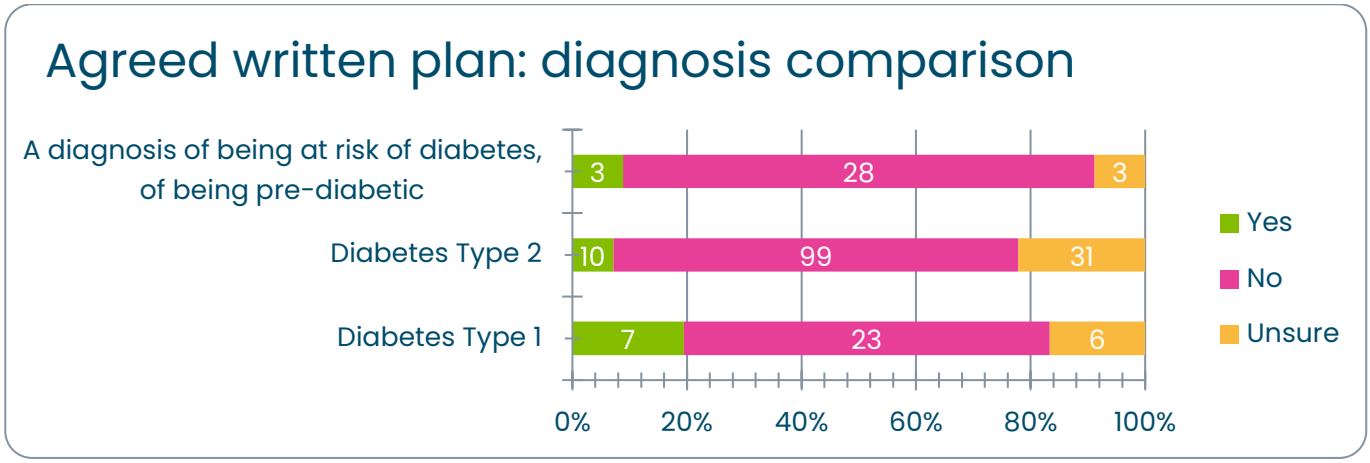
Do you have an agreed written plan of care that includes priorities and targets?

The agreement of a written plan of care between the patient and their medical team is one of the NHS principles of care and support planning to help people live with long term conditions.[8] Diabetes UK sets out how patients can get involved in their diabetes care plan.[9]

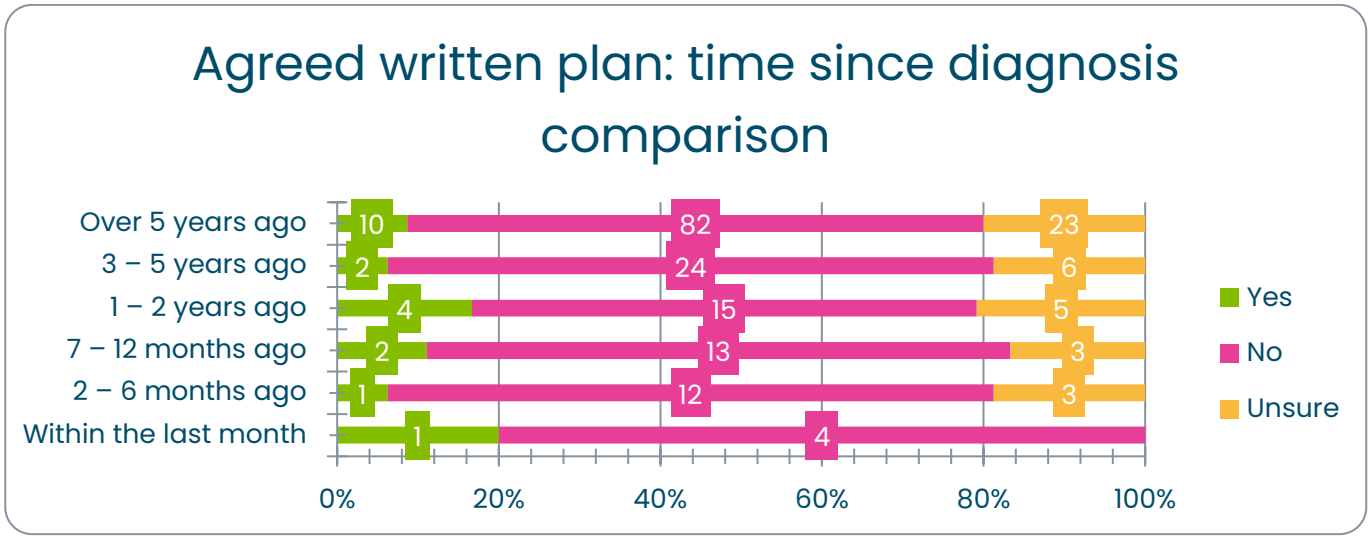


We compared the proportion of people with written plans with their diagnosis, a greater proportion of those with Type 1 have a written plan.

[8] NHS England » Personalised care and support planning
[9] Diabetes care plan | Diabetes UK



We compared the proportion of people with written plans with the time since diagnosis, there was no indication that the likelihood of having a written plan was related to how long they have had their diagnosis.



Care and support

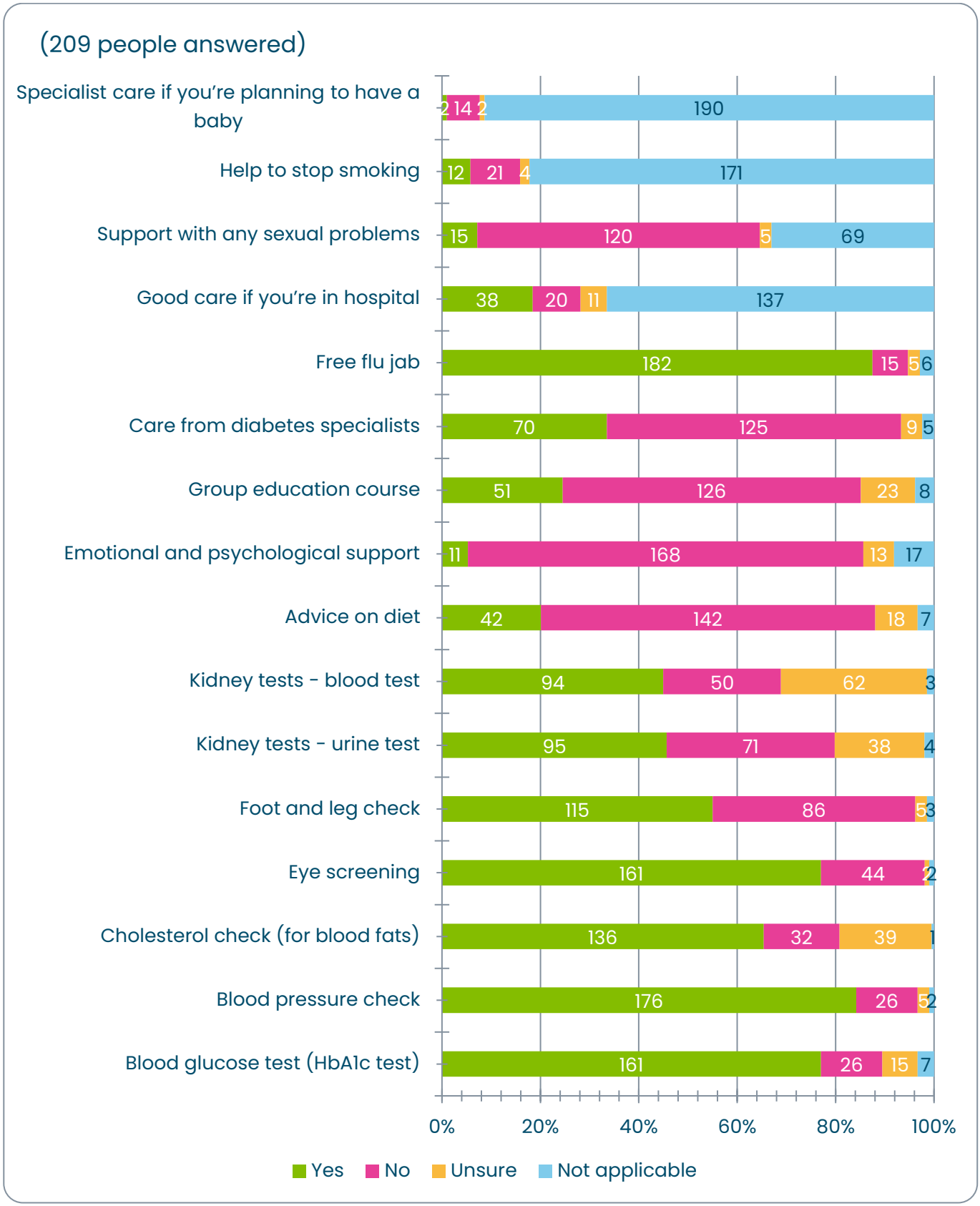
We asked people to tell us if they had received the following care and support in the last year or since diagnosis if less than a year, these are based on the Diabetes UK 15 healthcare essentials.[10]

- Had your blood glucose levels measured.
- Had your blood pressure measured.
- Had your blood fats (such as cholesterol and triglycerides) measured.

[10] Are you getting the 15 Healthcare Essentials? New report shows they could save your life | Diabetes UK

- Had your eyes screened by your local diabetic eye screening service.
- Had your feet and legs checked. The skin, circulation and nerve supply of your feet and legs should be examined at least once a year, normally by your GP or practice nurse.
- Had your kidney function monitored: a urine test for protein (a sign of possible kidney problems)
- Had your kidney function monitored: a blood test to measure how your kidneys are working.
- Been given individual, ongoing dietary advice from a healthcare professional with appropriate expertise in nutrition.
- Been given emotional and psychological support. Being diagnosed with diabetes and living with a long-term condition can be difficult.
- Been offered a group education course near you, on diagnosis or as a yearly refresher, to help you understand and manage your diabetes.
- Seen specialist diabetes healthcare professionals to help you manage your diabetes.
- Been given or offered a free flu vaccination every year from your GP. Having diabetes means you're more at risk of severe illnesses, like pneumonia, if you get flu.
- Received good care if admitted to hospital. If you have to stay in hospital, you should receive high quality diabetes care from specialist healthcare professionals, whether it's due to your diabetes or not.
- Had the opportunity to talk about any sexual problems you might be experiencing
- If you smoke, get support and advice on how to quit. Diabetes increases your risk of heart disease and stroke, and smoking further increases this risk.
- Been given information and specialist care if you're planning to have a baby. Your diabetes control has to be a lot tighter and monitored very closely before and during pregnancy.

During the last year, or since your diagnosis if less than a year ago, have you received the following:



The care and support essentials that were reported as being provided to most respondents were:

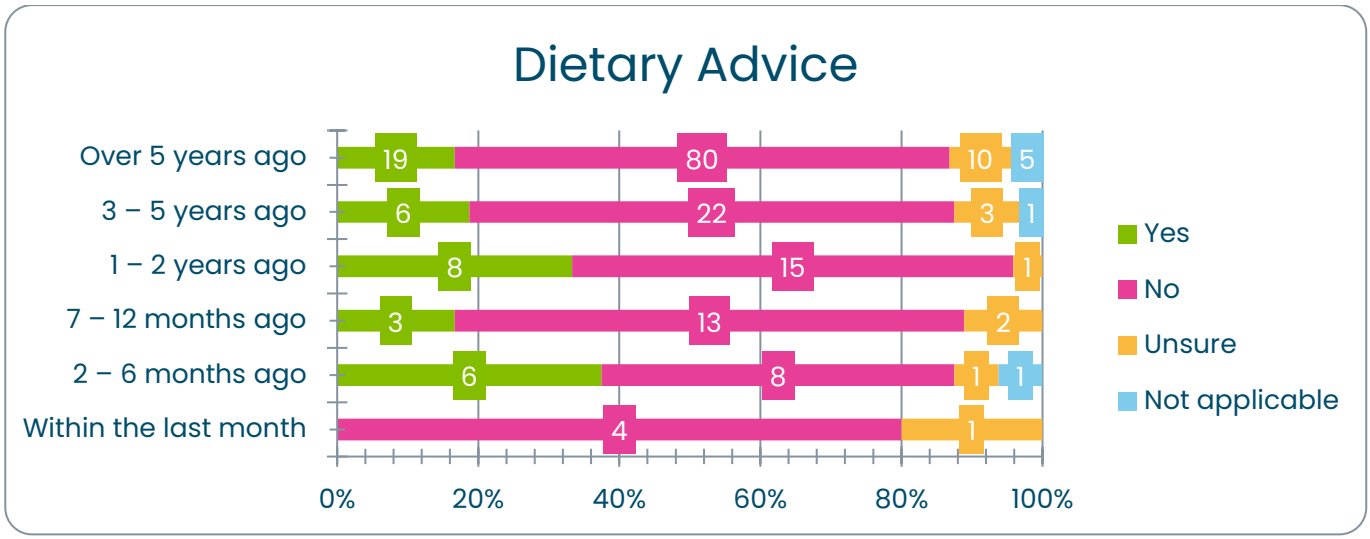
- Free flu jab (87%)
- Blood Pressure check (84%)
- Blood glucose test (77%)
- Eye screening (77%)
- Cholesterol check (65%)

The care and support essentials that were reported as being provided to least respondents (excluding those where large numbers of respondents felt that the care and support essential was not applicable) were:

- Emotional and psychological support (5%)
- Advice on diet (20%)
- Group education course (24%)
- Care from diabetes specialist (33%)

Advice on diet

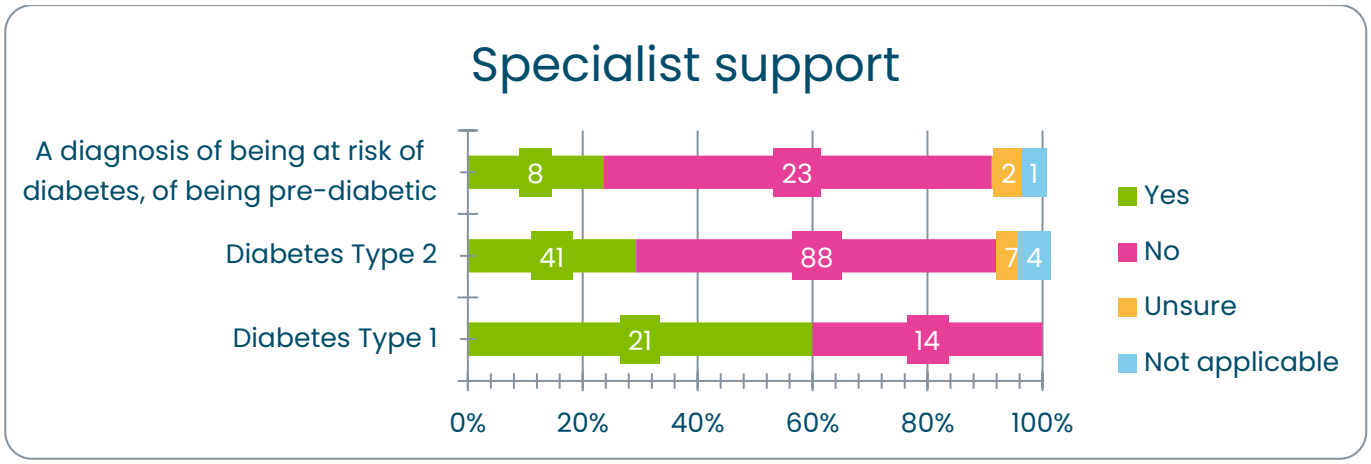
It could be argued that receiving dietary advice is more relevant at diagnosis than for somebody who somebody who has had a diagnosis for a number of years.



The graph indicates that those with a diagnosis within two years are more likely to have received dietary advice.

Care from diabetes specialist

The need to see a specialist diabetes healthcare professional to help manage the diabetes could be influenced by the type of diabetes and how well the individual is able to manage their diabetes. Those with Type 1 were more likely to have received specialist support as shown below.



Help to stop smoking

Of the 37 people who told us if they had help to stop smoking, 21 (57%) told us that they had none, 12 (32%) that they had received advice and 4 (11%) that they were 'unsure'.

Specialist care when planning to have a baby

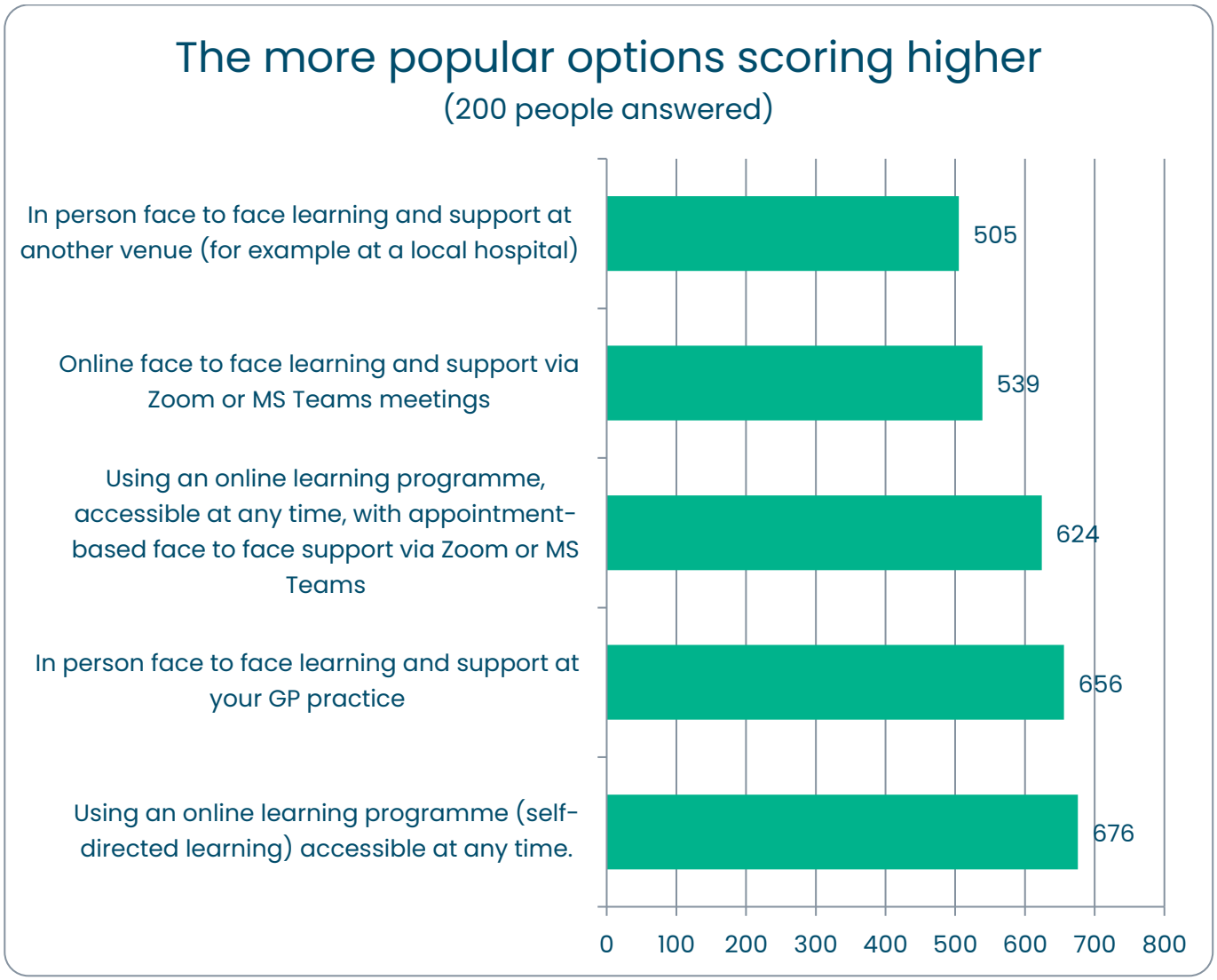
Of the 18 people who told us if they had specialist care and advice when they were planning to have a baby, 14 (78%) told us that they had none, 2 (11%) that they had received advice and 2 (11%) that they were unsure.

Receiving support and information to help manage your diabetes.

We asked people to rank a series of alternative methods of receiving support and information.

Could you tell us how you would prefer to learn about managing your diabetes and receive educational support: (Please rate in order of preference)

People were asked to rank the options and the total scores are a combination of the rankings each option received.



We asked people to tell us about their option ranking.

127 people gave us further explanation. Looking at the two most popular options some of the most frequently mentioned themes are outlined below. (All comments are listed in Appendix B) [Diabetes care and support | Healthwatch Shropshire]

Preferred choice 1: Using an online learning programme (self-directed learning) accessible at any time.

Convenience:

"Time is an issue. Online learning at a time to suit me would be better."

"Option 1 would give me flexibility for my busy lifestyle."

"To reduce time off work."

"I work nights shift and need my sleep during the day. I can access the contents when I want at different times when I am free"

Learning style:

"I learn best at my own speed. I am not a sociable person. I am disabled and do not always feel like going out. I have no car."

"I prefer to deal with most problems on my own. However, if and when talking to real person is needed, I prefer meeting them in person."

"So I can learn at my own pace."

Preferred choice 2: In person face to face learning and support at your GP practice

Access to online resources:

"Cannot use internet so online is not an option."

"Don't use a computer regularly now."

"I find face to face more personalised as don't have the right equipment for zoom etc."

"I am no good on the PC or Telefon. Reading about it doesn't make so much sense as sometimes written very complicated ... face to face I can ask questions"

Personalisation of face-to-face support:

"You can ask questions and get a better response face to face which sometimes triggers another question."

"Face to face is much more personal and offers opportunities to discuss individual matters."

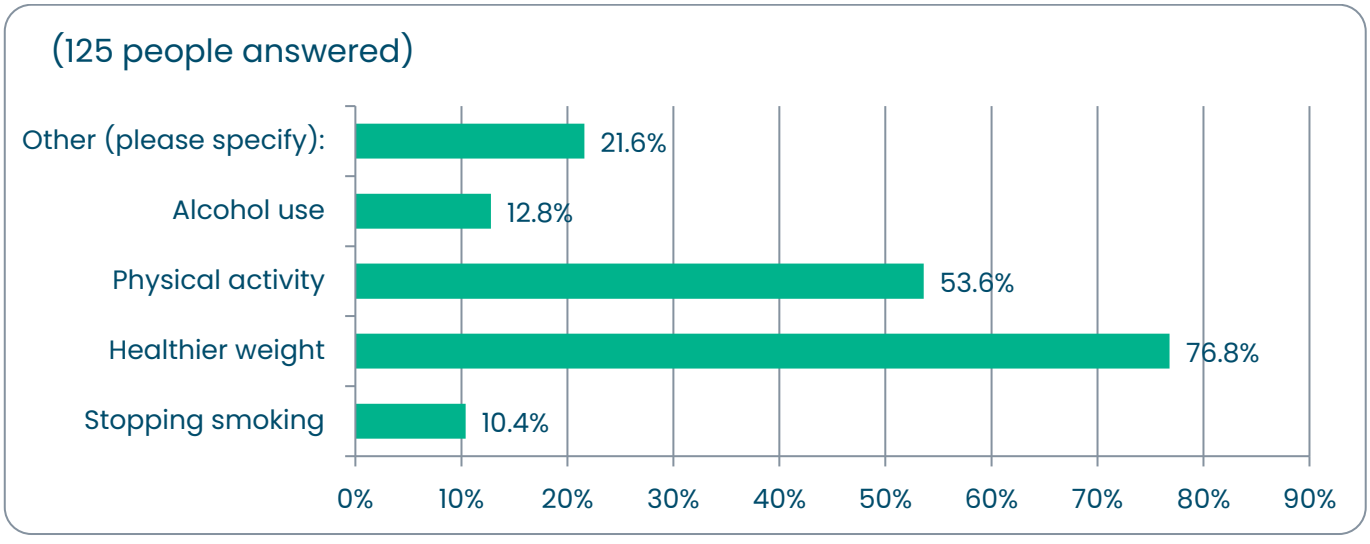
"I like the personal approach and am not keen on Zoom and similar - probably wouldn't bother with them."

"I prefer face to face education because it is more supportive and flexible to individual needs."

Lifestyle Support

There are a variety of lifestyle factors that increase the risk of developing diabetes. We asked people to tell us what support and information would have been helpful for them in reducing the risk.

Looking back, what lifestyle support and information do you think would have been helpful in reducing your risk of developing diabetes?



Of the 27 people who stated 'other' the most frequently mentioned theme was dietary advice (7 people). Some mentioned information relating to genetic /

familial factors (4 people) and several mentioned stress related factors (2 people).

Support since diagnosis

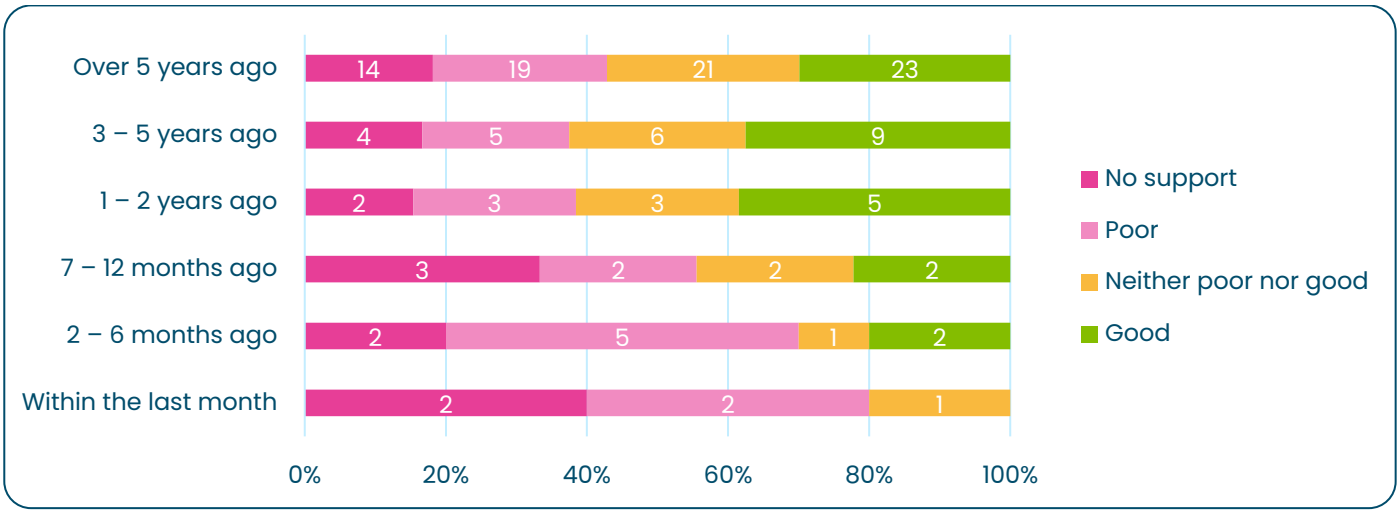
We asked people to tell us a bit more about the support they have received, 138 people gave us more information.

Please tell us about the support you have received, which organisation provided the support, was it helpful and was it available when you needed it?

The 138 responses can be described as follows:

- 27 people (19%) reported they have had 'no support'
- 33 people (24%) felt that the support offered was 'poor'
- 41 people (30%) felt that their support was 'good'.
- 37 people (27%) described their support but offered no indication if it was helpful or timely, if it was good or poor.

We looked at how patient experience related to the length of time of diagnosis and found that the percentages of people reporting either 'no support' or 'poor support' was higher in those who have been diagnosed within the last year.



No Support

Twenty-seven people, told us they had not received any support at all, however four of these people explained that they hadn't been seeking support:

> "Don't need support. My diabetes is within a normal range now."
>
> "No [support], I have a full-time carer, my other half. He keeps me up to date."

Support from General Practice

Thirty-nine people described the support from their General Practice. Thirteen described a positive experience of support while 14 described a negative experience of support, 12 gave no indication if the support was helpful and timely.

Good support

> "My local GP surgery has been extremely helpful as I have a range of conditions that make managing my diabetes very challenging."
>
> "I have had good GP (and nurse) support in general (with a lapse during COVID) with regard to my diabetes."

Poor support

> "The Nurse at my GP's is very nice, but I only get a few minutes every 12 months to talk to her."
>
> "No real proactive support apart from a yearly check-up."

A few people mentioned the disruption to their care due to the Covid pandemic.

"Pre covid everything was in place, eye screening, foot checks, blood tests done. Post covid foot checks have stopped and nobody is listening to my opinion of what will help me."

"Much of my diabetes care has been reduced since Covid. I now only have telephone calls with a consultant or member of that team and have not seen anyone face to face about managing my condition since 2019. I have seen a nurse at my GP practice but this was a brief meeting to discuss my blood glucose levels and monitoring via Libre2."

Support from specialist services

Of the 36 Patients with type 1 diabetes 15 told us about their specialist care, 8 described a good experience, 3 a poor experience.

Good support

"The Hummingbird Centre[11] staff have great knowledge and understanding on all the questions I have."

"Pump services are amazing within Shropshire compared to other counties I've lived in."

"I have received fantastic support recently as I am 20 weeks pregnant. Before pregnancy I hadn't had a face-to-face appointment with my consultant for 4 years."

[11] Diabetes care centre at Royal Shrewsbury Hospital

Poor support

"Apart from regular eye tests I've had one heath review with a general health nurse & one telephone conversation with a consultant since 2020 (Covid)."

"I have received very little support, I was discharged from hospital and received a poor level of service from the GP practice."

Educational support

A wide range of courses were mentioned: about diabetes; for pre-diabetics; fitness and exercise; weight control and dietary advice. Most feedback about current support concerned the X-PERT course.

X-PERT Course

The X-PERT course is available for those with Type 2 diabetes. It was designed by X-PERT Health, a charity that aims 'to help transform people's lives through inspirational diabetes, insulin and weight loss education programmes.'[12] It is a six-week course delivered face to face in Shropshire by Shropshire Community Health NHS Trust in a variety of locations across Shropshire[13]. It is also available as an online course[14]. It received overwhelmingly positive feedback. (See next page)

[12] X-PERT Health Diabetes Education and Weight Loss Programmes (xperthealth.org.uk)
[13] Education for adult diabetes (shropscommunityhealth.nhs.uk)
[14] Digital Programmes (xperthealth.org.uk)

- "I did the X-PERT diabetes program online and thanks to them, I got my feet checked. I also got referred to a specialist diabetic nurse. "
- "I did the X-PERT course on zoom last year and got some help from the course leader."
- "X-PERT programme. Far and away greatest support with regular contact by phone every two weeks. Being mentored and supported in reducing carbs, huge change in what I eat. Suggests blood test when required."
- "X-PERT support, excellent."
- "I went to the X-PERT course. It was mostly very helpful."
- "Attended the X-PERT course which explained a lot and was very helpful."
- "The X-PERT course was very good."
- "Diabetes X-PERT education ran a 6-week course. Very helpful and informative."
- "I did the diabetes X-PERT course twice. I found that sometimes I felt humiliated and put down by it - I felt blamed for being overweight etc. However, I also learned some things and it was good to meet other diabetics."

Suggestions on how care and support could be improved.

In response to the question 'Do you have any suggestions on how your care and support could be improved?' people described a variety of ways they felt care and support could be improved. These suggestions can be grouped as follows.

(The suggestions are supported by a selection of representative quotes, full responses are listed in Appendix B.) Diabetes care and support | Healthwatch Shropshire

Improving access to specialist staff.

- "Properly trained and specialist competent practice nurses"

- "Reinstate a diabetic nurse at my GP Practice."
- "I am 8 weeks pregnant and haven't spoken to a diabetes specialist midwife yet."

Ability to access psychological support.

- "I have not been offered any psychological support since diagnosis"
- "Getting access to help and support is virtually impossible, leading to a feeling of isolation."
- "Mental Health of someone with a life-long health condition should be assessed. I have never been asked how I feel I'm coping with my diabetes. After 41 years of self-care, I'm burnt out but I have no clue where to turn to even talk to someone let alone reach out on the days that I'm struggling."

Improved blood glucose monitoring.

- "I do not understand why when I ask for blood test results I am not given the figures… Equipment to measure blood sugars regularly would be amazing."
- "It would be good to get automatic access to test results. I have the blood tests but really only get them reviewed during GP checks. If they came through automatically then I could monitor my condition more easily."
- "Would like to have a Continuous Glucose Monitor as in Aug 22 became an insulin user with Type 2 diabetes and these are not available within Shropshire area … this would help my control."
- "GPs should be given the freedom to prescribe constant blood glucose monitoring. Currently in my postcode I can't get this."

Improved regular monitoring of feet and eyes

- "I had foot examinations in the earlier years after diagnosis but have not had one for at least a year.
- "I need foot screening and [it is] no longer available
- "I go to see my optician every year so why can't he do all four screenings - annual test; diabetic eye screening; DVLA eye test and glaucoma eye screening, in one place at one appointment. He has all the necessary equipment and qualifications. This would save travelling to different places for the four tests - one twenty miles away."

More quality information to help manage diabetes

- "Provision of more focused information to stop me browsing the internet … leadership [to recommend the best] research and latest thinking."
- "Better updated evidenced based information."
- "Receiving extra up to date advice about diabetes and reminding people about advice they may have forgotten."

Ongoing advice and support with diet and weight loss

- "Support with weight loss, regular weigh-ins would be helpful. Only seeing nurse once a year is not enough."
- "Regular dietary meetings to keep me on the straight and narrow!"
- "Maybe having more appointments with a nutritionist would help as I am currently struggling with keeping my weight down."

Patient centred support

- "A plan that is useful that I share and understand and takes into account my personal needs and preferences."
- "Listen to the patient. Treat them like an adult (assuming most Type 2 Diabetics are over the age of 18). No need to act superior, yes they are the medically trained but that doesn't mean we are idiots."
- "People recognising that some of us are keen to take control of our medical issues and just need simple support."
- "Many diabetes practitioners have patronising attitudes. Their assumption is that you as a patient, are deliberately jeopardizing your own health by not following their rules. Diabetes is a lifelong condition, I find it impossible to follow a rigid program all the time. Care givers and advisors need to be aware that many patients will simply not follow rules unless they are encouraged to, and don't feel bullied."

Group support sessions

- "I would like to have education delivered in a group. This would enable peer support as well as information being delivered."
- "An active patient group supported by the trust would be good"
- "I believe a support group would be wonderful either on zoom or face to face and hearing other's experiences of how they have potentially managed or even put Type 2 into remission! That is inspiring. If you look at the Freshwell initiative that has done wonders, and the patients of that

Medical Practice are incredibly lucky, or the work undertaken by Dr David Unwin. Their Practices run groups online and face to face which I would be more than happy to help facilitate on a voluntary basis."

- "Dealing with Diabetes is a never ending, dispiriting, and lonely existence. The aid of other people with the condition has never been tried."

Face to Face support

- "Talking to someone who knows and understands."
- "A face to face with a practice nurse to give advice would be helpful"
- "People running scheme should listen to patients, not try to preach. One to one proper discussion even for 10 minutes would be a great help."

Improved access to General Practice appointments.

- "It is very difficult to get an appointment and impossible to get any advice."
- "It would be helpful if I could ever get an appointment or referral. There is a month wait for a blood test."
- "Easier and quicker to get appointments."

Improved knowledge of the condition amongst the wider medical system.

- "Hospitals recognising in A&E that you are diabetic when waiting for hours"
- "Staff in other departments of the NHS (GP, A and E etc.) to have a better understanding. When admitted to hospital, the staff didn't understand the urgency and I therefore waited in the waiting room for 10 hours until a specialist came through and rushed me into a bed."

"Recently my husband was admitted to hospital after having a stroke and was given no food or water for 4-5 hours until I arrived. He is Type 1 Diabetic. I was a little bit shocked because they just said, 'we thought he'd ask us if he wanted anything'! But he'd just had a stroke..."

(This comment was not received through the survey but as a result of our general call for experiences.)

Recommendations

- Provide a range of approaches to education, both face to face and online to meet the varying needs of the patients. Consider how the X-PERT course or similar could be built into the offer to all patients with a diagnosis of pre-diabetes or type 2 diabetes.
- Use the patient suggestions put forward in this report to help inform the current service development.
- Consider how patient groups can be established and supported to enable patients to have ongoing peer support to help manage their condition and help inform further service developments.
- Work with professionals and patients to increase the use of written care plans to ensure that patients are valued as active participants and experts in the planning and management of their own health and well-being.
- Consider how psychological support can be offered as an option to all patients.
- Review how lifestyle support is provided, especially to those with a pre-diabetes diagnosis, to ensure the request for more information and support around healthier weight, dietary advice and physical activity is met.

Response from NHS Shropshire, Telford & Wrekin

Dr Syed Gillani, Clinical Lead for Diabetes at NHS Shropshire, Telford and Wrekin, said:

"We are currently undertaking a system-wide transformation of the way we provide diabetes care for our residents in Shropshire, Telford and Wrekin. This will include how we support people with diabetes to understand and manage living with their condition on a day-to-day basis.

"We will use the results of this survey to help inform how we best design these new pathways, with those people with both Type 1 and Type 2 diabetes at the heart of our work.

"There are several recommendations that have been highlighted to us through this report, including improved access to specialist staff and psychological support, improved blood glucose, eye and foot monitoring, more quality information to help manage diabetes, and more. It is all rich information that we will use to inform our work.

"On behalf of the Shropshire, Telford and Wrekin Integrated Care System (ICS), we are grateful to those patients who took the time to reply to this survey and share their experiences. We would also like to thank Healthwatch Shropshire for producing and publishing this informative report."

Response from Public Health Shropshire

Public Health at Shropshire Council would like to thank all the individuals who have responded to the Diabetes Care and Support Survey and for sharing your views with Healthwatch Shropshire so that we can learn from your experiences and continue to work with our system partners to improve the care and support you receive. We will work with Healthwatch to ensure that this report and its recommendations is received by the Health and Wellbeing Board in Shropshire, and that this Board takes ownership of monitoring actions that are agreed. The survey findings are clear; we must do more to work together as a system to improve our care, treatment and support for our residents living with diabetes. We remain committed to working in partnership with the NHS so that our residents individual needs are at the core of their care and treatment plans, and that these plans support individuals to live as well as possible with long term conditions.

We would also like to thank Healthwatch Shropshire for including a specific focus in the survey asking individuals to look back on what lifestyle support and information would have been helpful to individuals to reduce the risk of developing diabetes. We have reviewed the responses to this question particularly closely to inform the further development of our preventative offers. These offers include our Healthy Lives Social Prescribing Service, supporting people with weight, smoking and physical activity as well as wider issues such as isolation, and low level mental health, and is fully integrated with the community and voluntary sector and Primary Care Networks.

Social prescribing in Shropshire | Shropshire Council Telephone 0345 678 9028

Public Health also ensures that there is appropriate support for people regarding their alcohol use, and our local provider With You, can be contacted by individuals and by concerned family or friends to seek support around this. They can be reached via:

Shropshire - With You (wearewithyou.org.uk). Telephone 01743 294700.

We would also like to confirm that we are in the final stages of preparation to present a Healthier Weight Strategy for Shropshire to the Health and Wellbeing Board to endorse in November 2023. This strategy sets out an ambitious plan to work with a range of organisations and partners to respond to growing concerns nationally and locally regarding the impact of excess weight on our populations' health. We will use your views to inform the action plan for the delivery of this strategy. Once again, may we thank everyone who responded to the Survey and to Healthwatch Shropshire for bringing their independent advocacy and voice to this issue.

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