



In Focus

Diabetes: UK Prevalence and Policy Developments

Overview

In December 2015, [Diabetes UK](#) published a report suggesting there were around 4 million people living with diabetes in the UK. Following this, the organisation's chief executive, [Chris Askew](#), stated "there is no time to waste in getting serious about providing better care and diabetes education". The [Department of Health and NHS England](#) have estimated that, in England alone, around 3.2 million people had diabetes in 2013–14 (6.2 percent of the adult population), of whom around 400,000 (1.2 percent of the adult population) were undiagnosed. Meanwhile, the [APHO Diabetes Prevalence Model](#) predicts that by 2025 a total of 4.8 million adults will be living with diabetes across England, Wales and Scotland. The Secretary of State for Health, Jeremy Hunt, has identified diabetes as [a health care priority](#) for this parliament.

Background

The [NHS Choices](#) website describes diabetes as a "lifelong condition that causes a person's blood sugar level to become too high". It stresses that, if left untreated, it can cause serious health complications and may progressively worsen. There are two main types of [diabetes](#):

In **type 1 diabetes** (T1D) the cells that produce insulin are damaged by the body's immune system. It usually manifests before the age of 40, and is managed with insulin injections. It is not currently possible to prevent T1D. Rarer forms of diabetes are caused by defects in a single gene. They are also not preventable, although if diagnosed correctly they can be managed with drugs. Together these forms account for around 10 percent of people with diabetes. **Type 2 diabetes** (T2D) accounts for most of the remaining 90 percent of cases. It occurs when the body cannot produce enough insulin, and/or the insulin produced does not work effectively. T2D is treated through diet and exercise, although drugs and insulin replacement are often needed. It is T2D that is responsible for the increases in the number of cases both globally and in the UK.

Risks, Complications and Costs

The NHS Choices website lists some of the potential [complications](#) arising from diabetes as: heart disease and stroke; nerve damage; retinopathy; kidney disease; foot problems; sexual dysfunction; miscarriage and stillbirth. It suggests that measures taken to improve an individual's health and lifestyle are key to minimising risk, and recommends the following lifestyle changes for those at risk of developing [T2D](#): eating a healthy, balanced diet; attaining and maintaining a healthy weight (normally measured using [BMI](#)); not smoking; only drinking alcohol in moderation; and regular exercise.

In its November 2015 report, [Diabetes UK](#) stated that:

People with diabetes in England and Wales are 34.4 percent more likely to die earlier than their peers. For Type 1 diabetes, mortality is 131 percent greater than expected and for Type 2 diabetes it is 32 percent greater [...] Data from the NDA for the last few years suggest that more than 24,000 people with diabetes die before their time each year in England and Wales.¹

The report claimed that “10 percent of the NHS budget is spent on diabetes”, with people with diabetes being “twice as likely to be admitted to hospital” and that “[o]ne in seven hospital beds [are] occupied by someone who has diabetes”. According to the House of Commons [Public Accounts Committee](#) “the cost of complications accounts for over two-thirds of the £5.6 billion a year that diabetes is estimated to cost the NHS” (with the remainder being costs associated to its treatment).

Policy Developments

In its response to the 2015 consultation, [Setting the Mandate to NHS England for 2016 to 2017](#), the Government stated that, alongside NHS England, it would be taking forward national strategies to improve services for [...] diabetes”. This included a [National Diabetes Prevention Programme](#) and the setting of a number of [targets for NHS England](#). For example, these targets would require 10,000 people to be referred to the Diabetes Prevention Programme in 2016–17 (100,000 by 2020) and for there to be a “measurable reduction in variation in management and care for people with diabetes”.

In response to the Government’s plans, [Diabetes Think Tank](#) stated that “while an objective on prevention in the Mandate was welcome, it is vital that the Government’s plans for diabetes address the needs for people living with the condition, particularly given the concerning figures on diabetes care and outcomes”. A similar view has been expressed by [Diabetes UK](#), who described the NHS Diabetes Prevention Programme as “an important first step”, but stated that “more needs to be done to help people lead healthy lifestyles from the beginning to the ends of their lives.” In addition, the House of Commons [Public Accounts Committee](#) published a report on 22 January 2016 expressing a number of concerns over the treatment and prevention of diabetes, stating:

There are significant variations in the routine care and support that diabetes patients receive, and in outcomes for diabetes patients. [...] Although an individual diabetes patient’s prospects are getting better, the number of people with diabetes is rising by 4.8 percent a year, and performance in delivering the [nine care processes and achieving the three treatment standards](#), which help to minimise the risk of diabetes patients developing complications in the future, has stalled. In addition, very few new diabetes patients are taking up education that could help them manage their condition, and the number of diabetes patients experiencing complications [...] continues to rise. This all means that the costs of diabetes to the NHS will continue to rise. In order to control these costs, the Department and NHS must take significant action to improve prevention and treatment for diabetes patients in the next couple of years.²

¹ Diabetes UK, [Facts and Stats](#), December 2015.

² House of Commons Public Accounts Committee, [Management of Adult Diabetes Services in the NHS: Progress Review](#), HC 563 of session 2015–16.

Library In Focus are compiled for the benefit of Members of the House of Lords and their personal staff, to provide impartial, politically balanced briefings on a selection of topical subjects. Authors are available to discuss the contents of the Notes with the Members and their staff but cannot advise members of the general public.

Any comments on In Focus should be sent to the Head of Research Services, House of Lords Library, London, SW1A 0PW or emailed to purvism@parliament.uk.