

## 7. ADULTS

### 7.2 Long-term conditions

#### 7.2.1 Diabetes

This chapter looks at Diabetes and its burden on the population of Buckinghamshire. Information in this chapter can help identify priorities for commissioning and provision of services for people with Diabetes.

Diabetes mellitus is a condition where the amount of glucose in the blood is too high because the body cannot use it properly. There are two main types of diabetes. Type 1 diabetes develops because the body cannot produce any insulin. It is the least common of the two main types, accounting for around 10% of people with diabetes. Type 2 diabetes develops when the body cannot produce enough insulin and is resistant to what is produced. It is the most common type, affecting around 90% of people with diabetes. Type 2 diabetes is more common in people of Asian, African, Afro-Caribbean, Middle Eastern and Chinese descent.

##### *7.2.1.1 The impact of diabetes*

- Type 2 diabetes is associated with about a 10 years reduction in life expectancy and increases the risk of coronary heart disease by five-fold and stroke by three-fold. Diabetes is a major cause of blindness and limb amputation. Diabetes can also increase the risk of complications in pregnancy.
- Diabetes is associated with being overweight or obese and leading a sedentary lifestyle. If the current trend of rising levels of obesity continues, this will lead to 54% increase in diabetes by 2023.
- People with prediabetes often have the chance to reverse both the condition and their chances of going on to develop Type 2 diabetes by up to 60 % simply through losing even just a moderate amount of weight, adopting a healthy, balanced diet and increasing physical activity levels. In the absence of intervention the majority of individuals with pre-diabetes condition are likely to develop Type 2 diabetes within 5-10 years<sup>i</sup>. However, there is good evidence to suggest that Type 2 diabetes can be prevented or delayed in people with pre-diabetes. Since Type 2 diabetes is associated with an increase in cardiovascular diseases (CVD), prevention or delay of Type 2 diabetes may also reduce the risk of developing CVD.

### 7.2.1.2 Information on diabetes

In 2014-15 there were 24,925 (5.6%) cases of diabetes registered with Buckinghamshire General Practices across both CCGs. Table 1 below shows percentage diabetes prevalence in Buckinghamshire compared with the national average.

**Table 1 Percentage diabetes prevalence in Buckinghamshire compared with the national average.**

<b>Year</b>	<b>17+ List size CCG</b>	<b>Diabetes Register Size</b>	<b>% QOF Diabetes Prevalence Buckinghamshire (based on 17+ pop)</b>	<b>% QOF Diabetes Prevalence England</b>
<b>2008-09</b>	417,060	18,251	4.4%	5.1%
<b>2009-10</b>	420,865	19,509	4.6%	5.3%
<b>2010-11</b>	423,708	20,570	4.9%	5.5%
<b>2011-12</b>	422,816	21,447	5.1%	5.8%
<b>2012-13</b>	419,502	22,534	5.4%	6.0%
<b>2013-14</b>	421,639	23,865	5.7%	6.2%
<b>2014-15</b>	425,541	24,925	5.9%	6.4%

Figure 1 below shows trends in prevalence of diabetes in Buckinghamshire compared with England. The data shows an upward trend for both Buckinghamshire and for England.

**Figure 1 Trend in prevalence of diabetes in Buckinghamshire**

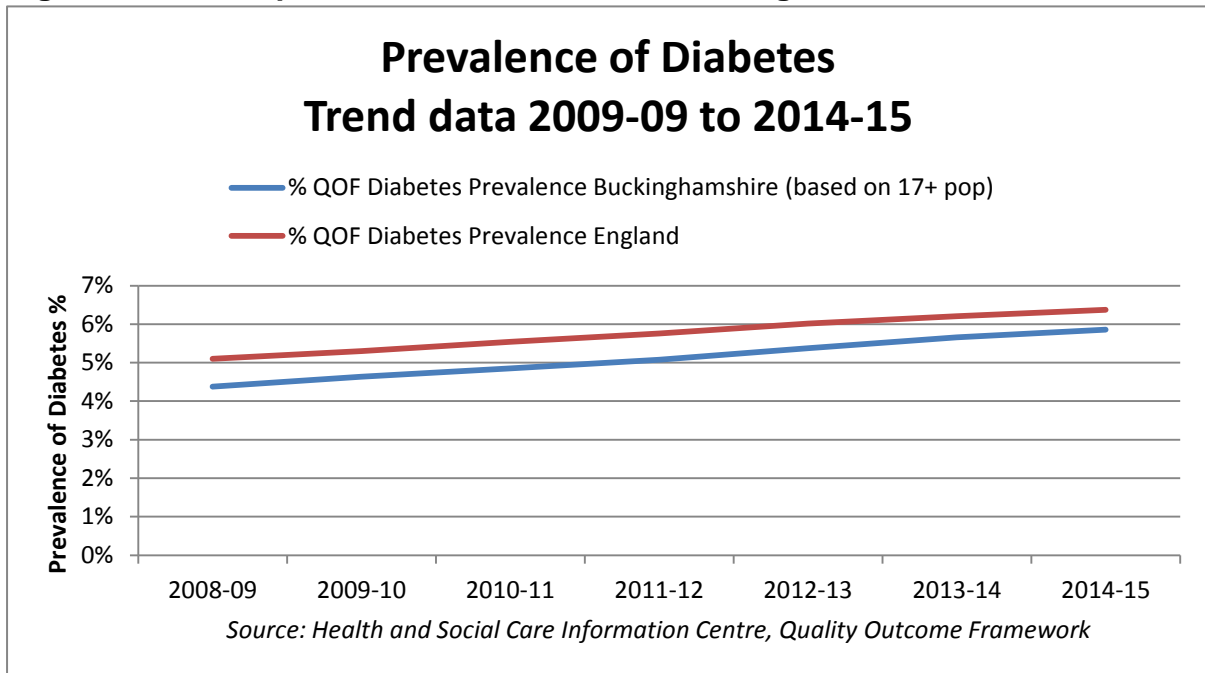


Figure 2 below shows quality of care for people with diabetes in Buckinghamshire compared with the England average. The data shows that in Buckinghamshire people with diabetes who meet treatment targets are below the national average.

**Figure 2 Quality of care for people with diabetes in Buckinghamshire and by CCGs<sup>ii</sup>**

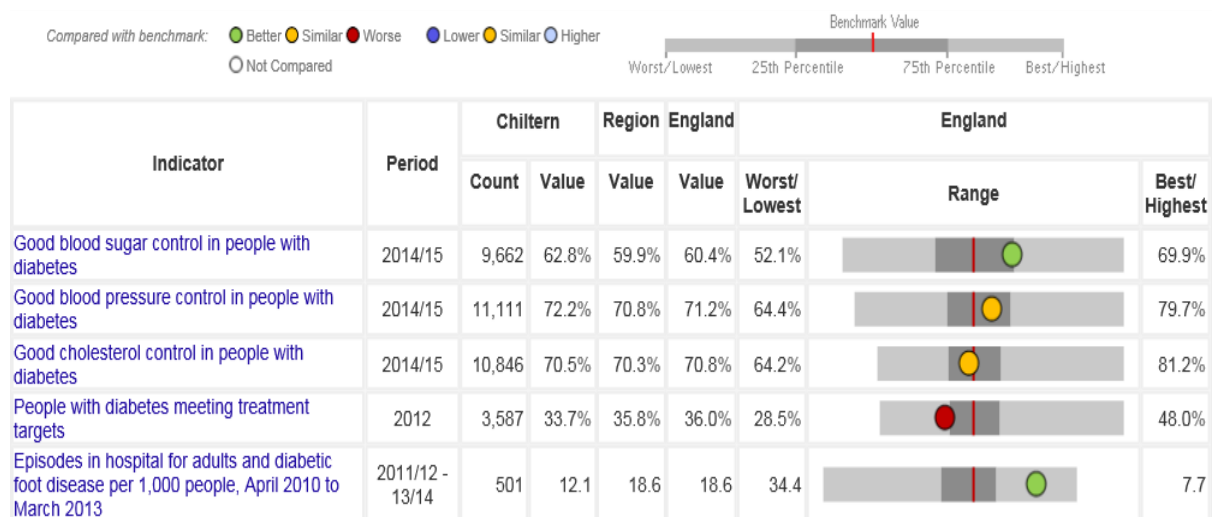
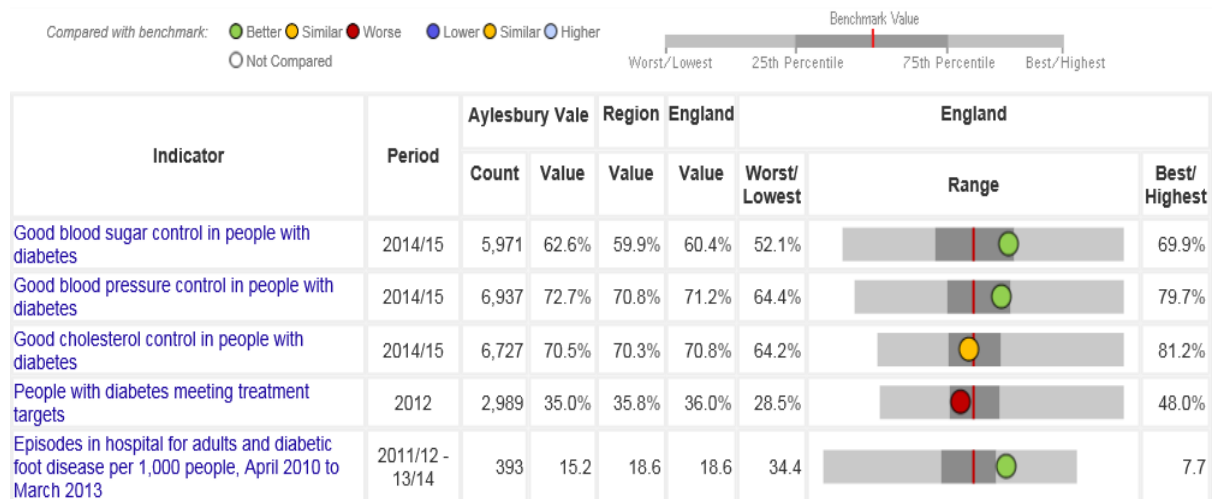
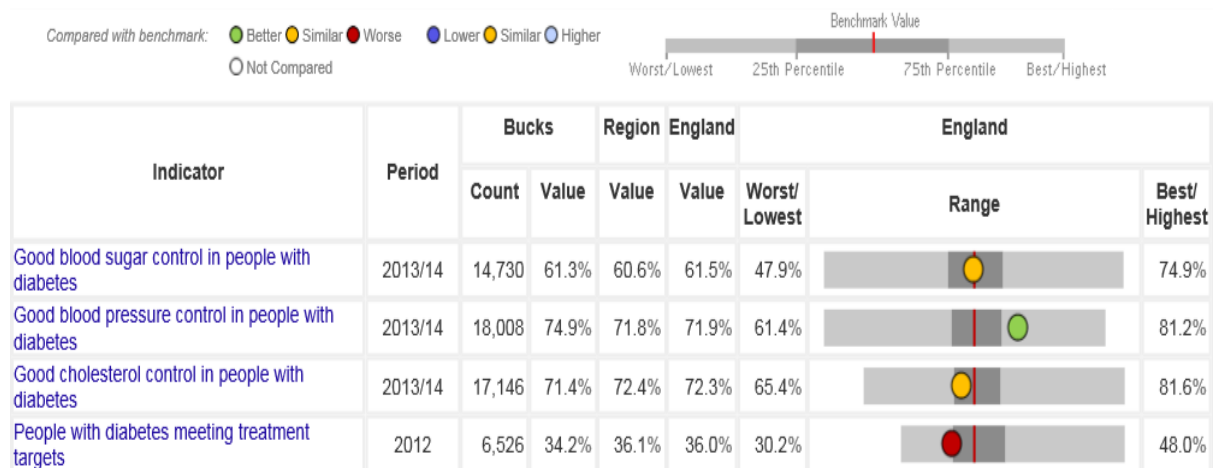
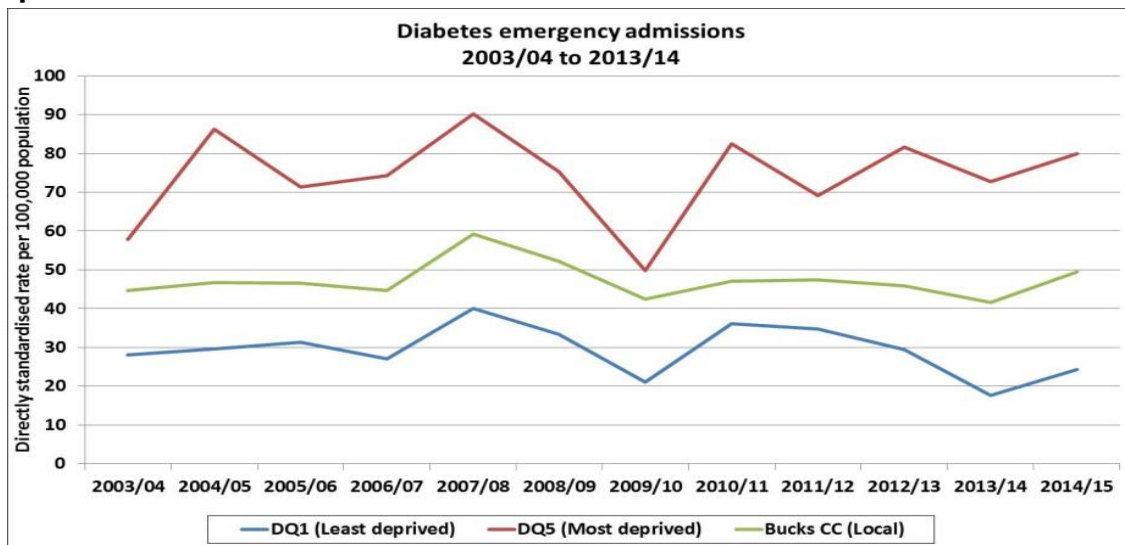


Figure 3 below shows emergency admissions for patients with diabetes by deprivation quintiles. The data shows a marked variation in emergency admissions between the least deprived (DQ1) and the most deprived (DQ5).

**Figure 3 Emergency admissions for patients with diabetes by deprivation quintiles**



**7.2.1.3 Demand and Gap analysis**

Diabetes is associated with being overweight or obese and if the current trend of rising levels of obesity continues, this will lead to 54% increase in diabetes by 2023 and a marked increase in demand for health and social care services.

Figure 4 below shows predicted number of patients with diabetes by age group in Buckinghamshire. The data shows that prevalence of diabetes will change from 5.9% in 2014/15 to 6.9% in 2019.

**Figure 4 Trend in prevalence of diabetes 2009-2019**

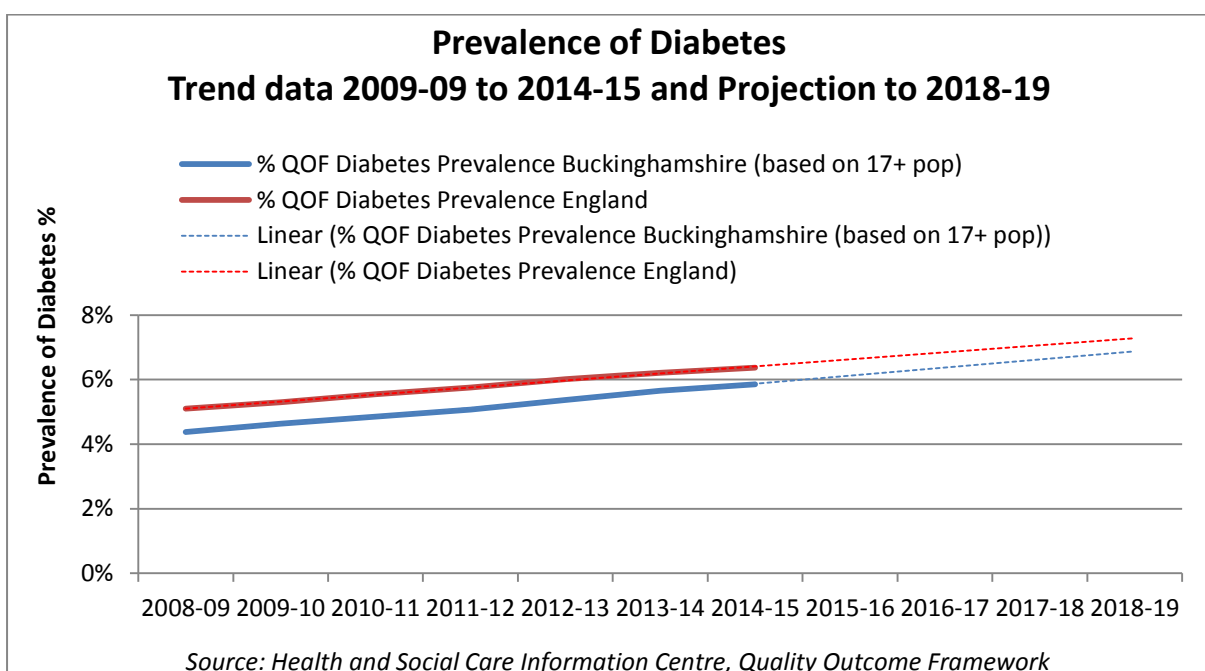
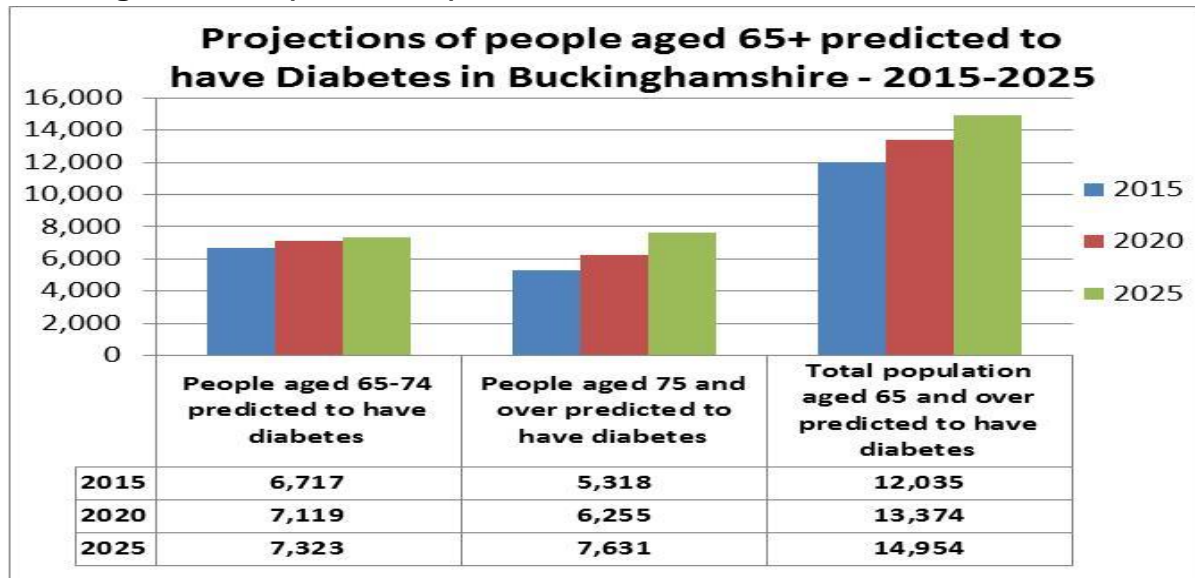


Figure 5 below shows predicted number of patients with diabetes by age group in Buckinghamshire. The data shows that by 2025, there will be an approximately 15,000 more cases of diabetes in Buckinghamshire among people aged 65 and over.

**Figure 5 Predicted number of patients with diabetes by age group in Buckinghamshire (2015-2025)**



#### 7.2.1.4 Horizon Scanning:

The changing demography, the increase in life expectancy and the rising tide of obesity will inevitably lead to an increase in prevalence of long term conditions. The BME population is expected to rise from 14% in 2011 to 20% by 2030. This will have major implications in terms of prevalence of diabetes as diabetes is more prevalent in South Asian and African communities which will place additional burden on the health care economy.

Shakiba Habibula  
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<sup>i</sup> forecasting demand, Public Health team 2015

<sup>ii</sup> Public Health England, Public Health Profiles - Diabetes