

## **Health and Wellbeing Board**

**7 December 2015**

### **Diabetes Task and Finish Group**

#### **1. Purpose**

This report is to update the Health and Wellbeing Board on the progress of the Group.

#### **2. Recommendations**

- 2.1 That the Diabetes Task and Finish Group incorporate the Health and Wellbeing Board representatives to form one Diabetes Task and Finish Group to provide a joined up approach for improvement of the health outcomes for Walsall residents.
- 2.2 That new Terms of Reference be developed to reflect the short term joint working approach.
- 2.3 That the representatives from Health and Well-being Board, acting as diabetes champions, will update the Diabetes Task and Finish Group on local intelligence at each meeting.

#### **3. Report detail**

- 3.1 The Health and Wellbeing Board identified two priority areas for 2015/16, these were; Diabetes and Infant Mortality. The Board instructed that two Task and Finish groups be established. The purpose being to bring together key members of the Health and Wellbeing Board, commissioners, providers and other stakeholders to consider these health and wellbeing issues. The new joint Diabetes Task and Finish group is supported by the NHS Walsall Clinical Commissioning Group (CCG) and Accountable Officer Salma Ali for a twelve month period.
- 3.2 The original Diabetes Task and Finish group was established by NHS Walsall Clinical Commissioning Group (CCG) to undertake specific tasks as designated by the Primary Care and Community Programme Board within agreed timescales in order to ensure strategic responsibility designated to the group are appropriately discharged.

3.3 The Diabetes Task and Finish group is responsible for performing the below tasks:

Description of Task	Output	Deadline for Completion
<i>Implementation of Diabetes Hypo Alert Community Model jointly with WMAS and supported by Diabetes UK</i>	<i>Regional Community Model and evidence of associated reduction in emergency attendances</i>	<i>March 2016</i>
<i>Regional working group to finalise patient assessment and information leaflet</i>	<i>Hypo Alert Patient Assessment Leaflet</i>	<i>March 2016</i>
<i>Review of Patient Educational Programmes, adopt and commission the preferred options related to the offer of a suite of educational programmes.</i>	<i>Roll out of XPOD educational programme for patients identified as at risk</i>	<i>Sept 2015</i>
	<i>Local Educational Programme for Type 2 Diabetes</i>	<i>June 2015</i>
	<i>Local Educational Programme for Non English Speaking</i>	<i>June 2015</i>
<i>Promotion of early diagnosis and 8 care steps ( National Diabetes Audit) through the Primary Care Participation Local Incentive Scheme aims to optimise the following;</i> <ul style="list-style-type: none"> <li><i>• Increase the number of diabetic patients foot health check 76% YTD by 15%</i></li> <li><i>• Increase the % of patients who have an ACR check as part of their annual review</i></li> <li><i>• Increase the % of patients who have an annual cholesterol assessment reducing the threshold to &lt; 5mmols</i></li> </ul>	<i>Optimising patient care through embedded best practice</i>	<i>March 2016</i>
<i>Develop Primary Care Educational Programme to increase primary care awareness of diabetes management and increase number of diabetes level 3 LCS providers</i>	<i>Primary Care Educational Programme</i>  <i>Increase the number of patients being managed in primary care who are being initiated insulin</i>	<i>March 2016</i>

3.4 Two Health and Wellbeing Board representatives have been identified; Councillor Mohammed Arif and Councillor Allah Ditta. They were invited to the Diabetes Task and Finish Group 22<sup>nd</sup> October 2015 to meet the group members. Councillor Mohammed Arif gave his apologies, but will be available to attend the December meeting. Councillor Allah Ditta attended the meeting and contributed to the agenda commenting on how he could support the XPOD Patient Educational programme to be delivered in the Palfrey area.

3.5 The next meeting of the group will take place Thursday 17<sup>th</sup> December where the group will discuss how they can work together going forward to be able to update

the Health & Wellbeing, Primary Care and Community Programme Boards on the specific tasks the group have agreed to act upon.

- 3.6 As part of the Primary Care Educational Programme two training events have been organised one took place 25<sup>th</sup> November 2015 and the other is planned for the end of February 2016. The purpose of these events is to provide up-to-date information on Level 2 Diabetes for General Practitioners (GPs) and Practice Nurses from across Walsall. The November event was well attended with 28 participants from 24 Walsall GP surgeries. The training was led by Dr Andrew Askey Clinical Lead for Diabetes and covered; national diabetes audit and Eight Care processes, diabetic eye screening, structured education and new interactive prescribing guidelines. The February event also aims to cover up-to-date information on foot care guidance and new drugs available for diabetics.
- 3.7 The Diabetes Community Nurse Team, with support from the Diabetes Task and Finish group and funded by NHS Walsall CCG, has produced the 'Diabetes & Me' Walsall information pack (attached with this report) for distribution to diabetic patients. The pack provides information and advice to help patients manage their condition and reduce the associated risks. In conjunction with this pack NHS Walsall CCG has commissioned an APP for android phones that also offers support for patients. Including information, guidance and tracking of the patient's annual reviews and test results. The Community Nurse Team are developing a promotion process to highlight the value of this resource. It is also hoped to develop this APP for use on Smartphones in the future.
- 3.8 Dr Sukhpal Gill and NHS Walsall CCG have supported the production of a diabetes programme on the Asian Health Channel Akaal. This is a two part documentary providing information on the condition. The broadcast can be accessed via You Tube and can be used for patient educational purposes:  
[www.youtube.com/playlist?list=PLu79PPeBaA0BB1\\_1Z8mXtG5-cl60f29Jg](http://www.youtube.com/playlist?list=PLu79PPeBaA0BB1_1Z8mXtG5-cl60f29Jg)

#### **4. Implications for Joint Working arrangements:**

- 4.1 Financial implications: possible risk that opportunities for working in the community, that will need to be funded, are halted due to appropriate funding arrangements to be developed.
- 4.2 Legal implications: none at this time.
- 4.3 Other Resource implications: officer support will be provided by NHS Walsall Clinical Commissioning Group (CCG)

## **5. Health and Wellbeing Priorities:**

- 5.1 To identify and take account of best practice and evidence, including the current Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy, relevant to the designated tasks.
- 5.2 As part of Diabetes Patient / Resident Education development consideration will be given to the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy priorities:
- Promote emotional wellbeing and encourage people to be more self-reliant
  - Ensure staff of local service providers have knowledge and skills to improve the health of their service users
  - Encourage ways to involve local people and communities in efforts to improve health
  - Help people to find out how to improve their own health
  - Ensure employees are trained to give appropriate healthy lifestyles advice and know about available local support, thereby helping people improve their health
  - Reduce the life expectancy gap by improving the health of the poorest people, and men in particular
  - Reduce emergency admissions to hospital for over 75s and reduce the use of long-term residential care
- 5.3 Under the Marmot objectives consideration will be given to two key priorities:
- Create and develop healthy and sustainable communities
  - Strengthen the role and impact of ill-health prevention
- 5.4 Safeguarding implications: none at this time

## **6. Background papers**

- 6.1 'Diabetes & Me' Walsall Information Pack attached with this report

### **Author**

Denise Perry – Community Service Redesign Manager, NHS Walsall CCG

☎ 01922 618323

✉ [denise.perry@walsall.nhs.uk](mailto:denise.perry@walsall.nhs.uk)

# Managing My Diabetes

## Walsall Diabetes Information Pack

What is diabetes?

How do I manage it?

What help is out there for me?



For One & All

## Contents

What is diabetes? .....	4
Type 1 diabetes .....	5
Type 2 diabetes .....	5
How do I manage my diabetes? .....	6
Healthy eating .....	7
Fasting and diabetes .....	11
Physical activity .....	12
Lifestyle .....	13
Medication for diabetes .....	15
Monitoring your blood glucose control .....	18
Random blood glucose testing .....	18
HbA1c .....	18
Low blood glucose levels (hypoglycaemia or “hypo”) .....	19
High blood glucose levels (hyperglycaemia or “hyper”) .....	20
Sick day rules .....	21
Diabetes complications and how to reduce your risk .....	22
Reducing the risk of loss of vision .....	23
Reducing the risk of heart disease (cardiovascular disease) .....	23
Reducing the risk of damage to the nerves .....	23
Reducing the risk of kidney disease .....	24
Reducing the risk of damage to the feet .....	24
Annual review .....	26
Achieving your personal targets .....	27
Education sessions .....	29
Referral .....	29
Talking to your healthcare professional .....	30

Living with diabetes.....	31
Concessions.....	31
Dental care .....	31
Pregnancy and diabetes.....	31
Operations and diabetes .....	32
Diabetes and employment.....	32
Driving .....	32
Insurance:.....	33
Diabetes and travel.....	33
Social life .....	35
Who can offer me support? .....	36
Your diabetes care providers:.....	36
Other services and support: .....	37



## What is diabetes?

Diabetes Mellitus, usually referred to as diabetes, is a common condition in which the amount of glucose (sugar) in the blood is too high because the pancreas (a gland behind the stomach) cannot make enough effective insulin.

The body needs glucose for energy, so everyone has some glucose in their blood all of the time. Insulin from the pancreas is needed to allow the body to use glucose for energy so there needs to be some insulin in the blood all the time.

*When the starchy and sugary foods (carbohydrates) that we eat are digested they are broken down into glucose).*



*The glucose then passes into the blood stream.*



*Insulin then acts like a key opening the cells allowing glucose to move from the blood stream into the cells to be used as fuel for energy.*

Diabetes means that either the pancreas does not produce any insulin (**Type 1 Diabetes**) or does not produce enough insulin or the insulin it does produce does not work properly (**Type 2 Diabetes**).

This results in the level of glucose (sugar) in the blood being too high. Currently there is not a cure for diabetes, however it can be controlled.

Both types of diabetes have the same signs and symptoms, these are:

- Going to the toilet all of the time and passing a lot of urine, you often notice this more at night
- Increased thirst
- Extreme tiredness or loss of energy
- Weight loss
- Recurring infections e.g. thrush, urine infections, skin infections
- Blurred vision.

You may have noticed some of these symptoms before you were diagnosed with diabetes. They are signs of high blood glucose levels.



## *Type 1 diabetes*

Type 1 diabetes develops when the body does not produce insulin because the cells in the pancreas that produce insulin have been destroyed. It is not known why this happens but it is thought to be triggered by a viral infection. The signs of diabetes develop quickly often over a few weeks. It usually affects children and adults below the age of 40.

People with Type 1 diabetes have stopped making insulin, therefore the body is unable to use the glucose that comes from the food they eat for energy, instead the body uses fat. This leads to weight loss and signs of high blood glucose e.g. passing increased amounts of urine, being tired and thirsty. The signs of high blood glucose settle quickly once treatment is started.

Type 1 diabetes is treated with insulin injections, healthy eating and regular physical activity.

## *Type 2 diabetes*

Type 2 diabetes develops when the body is not able to produce enough insulin to control the level of glucose in the blood, or when the body's insulin does not work properly and the body resists the action of insulin. It usually affects people over the age of 35, but it can occur at a younger age. Type 2 diabetes is becoming increasingly common in the UK.

Factors which increase the risk of a person developing Type 2 diabetes include:

- Having a family history of diabetes
- Being over 40 years of age (your risk increases as you get older)
- Being of Asian, African or Caribbean descent
- Being overweight (particularly if you are bigger round the middle rather than being bigger round the hips)
- Having had diabetes during pregnancy or
- Doing little physical activity.

Type 2 diabetes develops slowly. Some people may not notice any symptoms at all and their diabetes is only picked up following a blood test. The symptoms, especially being tired, may be put down to “overwork” or “getting older”.

Type 2 diabetes is treated by weight management, healthy eating, exercising regularly and medication (tablets/ injections may be required as the condition progresses). Blood glucose control deteriorates over time and therefore the treatment will need to change to keep blood glucose under control. This is not your fault but is due to the progressive nature of Type 2 diabetes. If you currently treat your diabetes with diet alone, you may need to start taking tablets in the future. If you already take tablets, your dose or the type of tablets you take may need to be increased and eventually you may need insulin injections. It is impossible to put a time scale on this.

## How do I manage my diabetes?



Diabetes is a serious lifelong condition which can be managed with a healthy diet, physical activity and medication. How you manage your diabetes is very important. This section of the book gives you information on what you need to do to manage your diabetes and reduce the risk of the health problems diabetes can cause. Diabetes is a condition that you need to learn to manage for yourself. Healthcare professionals are here to help but cannot manage it for you on a day to day basis.

When you first find out that you have diabetes you may feel shocked, helpless or overwhelmed. Some people are glad that it is nothing worse, others are scared about the impact diabetes may have on their life. Feeling like this is not unusual and as time goes on you will find ways to live life with diabetes. It is not unusual for people to feel depressed and anxious but there are many ways you can help yourself. If the emotions you experience last more than a month have a chat with your GP. Your GP may:

- Refer you for extra support such as counselling and/or
- Prescribe medication

Learning about your condition can help reduce your anxieties. If you don't know what to do then ask for help, no question is "silly". Understanding diabetes and talking to your family, friends and other people with the same condition can help you feel more confident about coping with your diabetes.

**Your diabetes will not go away if you ignore it, but by controlling it and building the lifestyle changes into your daily routine, you can reduce your risk of health problems.**

## Healthy eating

People with diabetes do not need a special diet; you need to follow a healthy eating diet. A healthy diet is important for every one and means that the whole family can eat the same meals.

A healthy eating plan will help control your blood glucose levels. For some people eating a healthy diet is the only treatment they need, other people may need the help of tablets or insulin as well as eating a healthy diet.

### Which foods affect my blood glucose levels?

Carbohydrates are the foods that have the biggest effect on blood glucose levels. Carbohydrates break down into glucose during digestion causing blood glucose levels to rise.

There are 2 main types of carbohydrates-

- Starchy foods like bread, potatoes, pasta, rice and cereals
- Sugary foods which include natural sugars found in fruit and milk and added sugars including table sugar, and sugar found in sweets, chocolate, puddings and sugary drinks.

If you are overweight it can make it harder to control blood glucose levels so losing weight can reduce your blood glucose levels in the long-term.

### Healthy eating includes:

- 1) **Regular meals** - aim to eat every 4-5 hours and avoid long gaps between meals.
- 2) **Having starchy food with each meal** - wholegrain varieties and high fibre foods are best. All of these foods break down into glucose which we need for energy but it is the amount we eat that is important. The amount you need depends on your age, weight and activity levels. A dietitian can advise you on the appropriate amount of these foods for you.
- 3) **Having at least 5 portions of fruit and vegetables throughout the day** - a portion is the amount that will fit in the palm of your hand. Potatoes are not included as a vegetable as they are a carbohydrate (starchy food). To help balance your blood glucose spread your fruit intake over the day. Also add green or salad vegetables to your meals, these provide minerals and vitamins to keep us healthy but will not affect your blood glucose level or your weight.
- 4) **Meat, chicken, fish, eggs and dairy products** should be eaten in smaller portions, choose the low fat varieties. If you are vegetarian unsalted nuts, pulses and legumes are good alternatives.

Suggested serving at main meals are:



*NB Image not to scale*

**5) Snacks between meals** – snacks are not always needed. Here are some ideas of the types of snacks you can eat between meals which meet the healthy eating guidelines for diabetes:

- a piece of fruit or
- a pot of low fat plain or low sugar “diet” fruit yoghurt/ fromage frais or
- 2 crackers (wholemeal are best) or
- 1-2 plain biscuits e.g. Rich Tea or
- a slice of wholegrain bread with low fat spread

*Note: if you are on insulin or medication that makes you produce more insulin it may be important to have a snack between meals or at bedtime, discuss with your healthcare professional.*

- 6) **Drinks** - have at least 8 cups of fluid a day. Choose water, tea or coffee (without sugar), “no added sugar” or “diet” drinks. Pure fruit juices are high in natural fruit sugars so limit them to 1 small glass (150ml) a day.
- 7) **Alcohol** - if you have alcohol it is recommended not to have more than 2-3 units per day for women and 3-4 units per day for men with at least 2 alcohol free days a week.



**REMEMBER:**

- All alcoholic drinks are high in calories and may cause weight gain. Diabetic or low sugar beers/ lagers are usually lower in sugar than ordinary but are often higher in alcohol.
- Avoid high sugar drinks e.g. sweet sherry, sweet wines and liqueurs.
- Use sugar free or diet mixers.
- If on insulin or a Sulphonylurea (see page 16) alcohol can lower your blood glucose to an unsafe level known as hypoglycaemia (hypo) so never drink alcohol on an empty stomach. You should have a substantial starchy snack or meal beforehand, a starchy snack while drinking and one when you get home to make sure that you do not go hypo. Remember to always carry glucose with you in case of hypo. Make sure your friends would know what to do if you had a hypo and carry some form of diabetes identification with you e.g. ID bracelet, necklace or card.

## **Foods to look out for:**

**Sugary foods (simple sugars)** e.g. sugar, jam, marmalade, syrups, honey, desserts, sweet cakes and biscuits, chocolate, sweets, ice-cream, tinned fruit in syrup, soft drinks and cordials raise the blood glucose quickly.

### **TIPS**

- Avoid adding sugar or honey to drinks or food
- Try to use low sugar alternatives e.g. Sweetex, Hermesetas and Canderel
- Try sugar free drinks e.g. diet drinks and no added sugar squash

**Foods high in fat** cause weight gain and this may make your blood glucose control more difficult. You can reduce the fat in your diet by:

- Choosing low fat options when selecting foods e.g. skimmed or semi skimmed milk, reduced fat cheese
- The way you prepare food e.g. cut fat off meat, remove skin off chicken, grate cheese rather than slicing it as less is used, use as little butter/fat spread as possible
- Grilling, boiling, steaming, poaching, microwaving or baking rather than frying
- Limiting high fat snacks e.g. crisps, nuts, chevada and samosas

Look out for hidden fats in foods e.g. cakes, biscuits, crisps, cheese, sausages, salami, sauces, salad dressing and mayonnaise.

REMEMBER there is no such thing as a diabetic diet! You do not need to buy “diabetic” foods, they can be expensive and are often high in fat and calories.

***If you would like more support with healthy eating or managing your weight ask your GP or practice nurse to refer you to a dietitian.***



## *Fasting and diabetes*

Fasting is very important to many religions but you may need to make changes to your treatment during periods of fasting. If you wish to fast please discuss this with your healthcare professional to see if you need to adjust your diabetes treatment to allow for this.

In the Islamic faith fasting during Ramadan is mandatory for all healthy adults. However the following do not have to fast:

- Children (under the age of puberty)
- The elderly
- Those who are sick or have certain health conditions
- Those with learning difficulties
- Those who are travelling
- Pregnant, breastfeeding and menstruating women
- Anyone who would be putting their health at risk by fasting, e.g. people on insulin or insulin producing medication, people with diabetic complications such as damage to the eyes, kidneys or the nerves in your hands and feet.

If your diabetes is controlled by diet only you should not need any changes in treatment of your diabetes.

If you take tablets for your diabetes you may fast but the timing of tables will change. It is essential to take your tablets during Ramadan as they are needed to keep your blood glucose stable and keep you feeling well.

- If you normally take your tablet in the morning only, take the same dose at Iftar instead.
- If you normally take your tablets twice daily, then take your morning dose at Iftar and take half your normal evening dose at Sehri
- If you normally take your tablets three times a day, consult your GP as the dose and timing will have to be changed for Ramadan.

If you are on insulin then you need to be very careful if you decide to fast. It is important to contact your healthcare professional to discuss this with them. It is important not to stop your insulin during Ramadan.

***It is important to see your healthcare professional before changing your medication or insulin doses. You will also need to talk to a dietitian about the dietary guidelines during fasting.***



## *Physical activity*

Physical activity can help you to:

- Reduce your blood glucose
- Lose weight
- Improve your muscle and heart health
- Reduce resistance to insulin, this means your body uses the insulin it makes more effectively and can delay the need for extra medication
- Lift your mood

For good health it is advised to aim for 30 minutes of moderate intensity activity a day, five times a week. Moderate intensity activity is any activity that makes you:

- feel warm
- perspire
- breath more deeply but leaves you able to hold a conversation

If this seems too much at the beginning try starting with 5-10 minutes and increase gradually. You should choose an activity that you enjoy and that is convenient for you as you are more likely to keep exercising – a really important part of you diabetes management.

**Most people are safe to do physical activity but if you are concerned or have a health condition such as heart disease, asthma or foot or eye diabetes complications then speak to your GP before undertaking physical activity.**

## Lifestyle

### Smoking

Giving up smoking is the most positive thing you can do for your diabetes and your health in general.

**SMOKER?** Walsall Healthcare NHS Trust

**DID YOU KNOW...**

Smoking initiates gum disease and can result in tooth loss. 	Smoking can cause cancer, cardiovascular disease, lung disease and death. 	Surveys have shown that people find smokers less attractive. 
--	--	---

**MAKE A CHANGE, KEEP THE CHANGE.** [www.walsallhealthcare.nhs.uk](http://www.walsallhealthcare.nhs.uk)

The average smoker saves around £2000 a year when they quit. 	Chewing tobacco and shisha pipes are just as harmful as cigarettes. 	Babies born to mothers who smoke are twice as likely to die from cot death. 
---	--	--

For help and support to stop smoking call: **01922 44 40 44**

*One call for all* your health needs

Also call for weight management, healthy lifestyles, stress awareness and drug and alcohol advice.

As you can see smoking damages your blood vessels, so too does diabetes, increasing your risk of a heart attack, stroke and problems with circulation to your legs. Smoking and diabetes together increases your risk of this happening by 4 – 9 times compared to the risk for someone who does not smoke and does not have diabetes.

If you are a smoker and want to quit you can contact your GP or the Walsall Healthcare Stop Smoking Service. They offer free local support to help you to quit smoking and aim to offer the best possible support to smokers who intend to make a serious attempt to stop. Call an advisor on 01922 444044.

## Weight management

If you are overweight your body will be less sensitive to the insulin you are producing or injecting. Research shows that a 10% reduction in body weight (if overweight) can:

- Reduce the risk of heart disease and stroke
- Lower blood pressure
- Make you feel better

Following the healthy eating advice and increasing your physical activity levels will help you to lose weight.

If you need more support you can contact the Walsall Health Trainers on 01922 444044 who offer a wide range of activity sessions for all ages and levels of fitness, from gentle aerobics and family dance to circuit training. The sessions are available at different venues across the borough during the day, evenings and on Saturdays.



## Medication for diabetes

There are many types of medication to treat diabetes. Your healthcare professional will prescribe the most suitable medication for your diabetes and lifestyle.

It is important to know the following about your medication:

- The name
- How much to take and when to take it
- How your medication works
- Any possible side effects and any affects from other medications you take.

### Tablet treatment for diabetes

Your healthcare professional will advise you on when to take your tablets. It is important to remember the following:

- NEVER stop taking your tablets
- If your dosage is more than 1-2 hours late, miss it and take the next one at the normal time. NEVER DOUBLE DOSE because you missed a tablet.
- If you are ill DO NOT STOP taking your tablets
- If you are vomiting contact your GP immediately.

By taking your tablets as prescribed you will be able to achieve better blood glucose control and therefore reduce the risk of long term complications. If you are having trouble controlling your blood glucose or have any side effects please discuss this with your healthcare professional.

The list on the next page gives a brief outline of tablets used to treat diabetes, how they work and their main side effects. It is important to read the information leaflets provided with your medication before taking it for more detailed explanations.

Medication name	How it works	When to take	Main side effects
<b>Sulphonylureas</b> e.g. <i>Gliclazide (Diamicon), Glipizide and Glibenclamide (Daonil)</i>	Stimulates the pancreas to make more insulin and the body to use the insulin more effectively.	Once or twice a day before meals.	Low blood glucose levels (hypoglycaemia). Weight gain.
<b>Biguanides</b> e.g. <i>Metformin (Glucophage)</i>	Improve your body's response to insulin and stops the liver making extra glucose. This tablet is often the first choice of treatment especially if you are overweight as it does not cause weight gain.	Twice or three times per day with meals.	Upset stomach and wind, this can be overcome by starting on a low dose.
<b>Alpha-Glucosidase inhibitors</b> e.g. <i>Acarbose (Glucobay)</i>	Slows the rise in blood glucose normally experienced after meals. It does this by slowing down the uptake of starchy foods from the intestine.	Should always be chewed with the first mouthful of food or swallowed whole with a little liquid immediately before.	Upset stomach and wind.
<b>Glitazones</b> <i>Pioglitazone</i>	These tablets increase the action of your body's insulin.	Once daily.	Fluid retention.
<b>Prandial insulin releasers</b> e.g. <i>Repaglinide (Prandin) and Nateglinide (Starlix)</i>	Helps your pancreas to produce the right amount of insulin after meals to cope with the increase in blood glucose following eating carbohydrate.	Directly before meals.	Upset stomach, wind and low blood glucose (hypoglycaemia).
<b>DPP-4 inhibitors</b> e.g. <i>Sitagliptin (Januvia), Saxagliptin Vildagliptin (Galvus), Linagliptin (Trajenta)</i>	Increases gut hormones (incretins) that help the body respond to raised blood glucose levels.	Usually once daily.	Nausea.
<b>SGLT2 inhibitors</b> e.g. <i>Dapagliflozin (Forixga) Canagliflozin (Invokana)</i>	Helps to reduce the blood glucose level by increasing the glucose passed out in the urine by stopping the reabsorption of glucose in the kidney.	Once daily.	Urinary tract infections, thrush.

### **Incretin Mimetics** eg *Exenatide (Byetta)*, *Liraglutide (Victoza)*, *Lixisenatide (Lyxumia)*

Aid the body to increase production of insulin after a starchy meal, slow the emptying of the stomach and can make you feel satisfied with smaller portions of food. It is given by injection. The main side effect is nausea. You will be supported in administering and monitoring this treatment.

### **Insulin treatment**

The treatment for Type 1 diabetes is insulin along with a healthy diet and lifestyle. Insulin has to be given by injection. Insulin cannot be taken in tablet form as the acids produced in the stomach would destroy it. If you have Type 2 diabetes and need to start insulin treatment because your blood glucose is not controlled on diet and tablets, some of the tablets you take may be continued.

The idea of starting insulin may be scary but your healthcare professionals are there to help you make this change. Any concerns should be discussed with your GP or diabetes specialist nurse who will give you the information you need to put you more at ease before you start insulin. The type of insulin and the number of injections will be based on your blood glucose results, lifestyle and wishes. All the options will be discussed to help you make the right choice for you. Your healthcare professional should discuss the following:

- How to inject your insulin
- How to recognise and treat a low blood glucose (hypoglycaemia)
- What to do if you become ill (sick day rules)
- DVLA guidelines for driving
- On-going review





## Monitoring your blood glucose control

Monitoring your blood glucose control shows the effect of your treatment and indicates when any changes in treatment are needed.

There are two main ways to monitor your blood glucose control - **random blood glucose tests** and **HbA1c**:

### *Random blood glucose testing*

Random blood glucose is normally measured by doing a finger prick blood sample and shows the blood glucose level at the time the test is taken.



It is normal for the blood glucose level to change throughout the day and for levels to rise after eating. The best times to test are just before a meal or 2 hours after a meal. The usual target range for this test is 4-7 mmol/l before meals and below 9mmol/l when tested 2 hours after meals. Your healthcare professional will agree with you what your target range should be, show you how to test and advise you when to test.

As a random blood glucose test only tells you what the blood glucose level is at the time you take it, a series of tests gives the most useful information about your blood glucose control.

If you find that your results are regularly outside your target range please contact your healthcare professional to review your treatment.

If you have not been asked to test your blood glucose by your healthcare professional, you may not be able to get prescriptions for the test strips. This is usually if:

- You are on diet control alone. This is because your blood glucose will not fall too low and so you will not need to test.
- You take medications that do not cause your blood glucose level to fall too low and therefore random blood glucose levels may not need to be checked.

### *HbA1c*

This blood test measures the amount of glucose that has stuck to the red blood cells whilst they have been circulating in the blood. This test reflects the blood glucose control over the past 3 months. The usual target range for this test is 48 – 53 mmol/mol. Your health care professional will tell you what your target range should be.



### *Low blood glucose levels (hypoglycaemia or “hypo”)*

Hypoglycaemia is when your blood glucose level below is too low (below 4 mmol/l). This can occur when on insulin injections or medications that make you produce more insulin. This is why it is important to know how your medication works. If unsure, ask your healthcare professional or Pharmacist how your medication works and if it could cause hypoglycaemia.

Signs and symptoms of hypoglycaemia include:

- Excessive sweating
- Trembling/ shaking
- Feeling anxious
- Tingling of the lips
- Hunger
- Going pale
- Palpitations (heart pounding)
- Blurred vision
- Difficulty concentrating
- Change from normal behaviour e.g. unusually aggressive or tearful

Low blood glucose levels can be caused by:

- Delayed or missed meal/ snack
- Eating less starchy food than usual
- Being more activity than usual
- Taking too much insulin or diabetes tablets
- Drinking too much alcohol or drinking without starchy food

#### **Treating a low blood glucose level**

Take one of the following immediately:

- 100ml of Lucozade
- 150ml of non-diet fizzy drink
- 200ml of smooth orange juice
- 4-5 GlucoTabs, 5-6 dextrose tablets or 4 jelly babies

If you do not feel better after 5 -10 minutes or your blood glucose level is still below 4 mmol/l repeat one of the above.

Once you are feeling better or your blood glucose is 4 mmol/l or higher then have something to eat such as:

- A slice of bread
- Two plain biscuits or crackers
- Or your usual meal if it is due.

It is important to **never stop your diabetes medication** if you have had a hypo. If you are having hypos more than twice a week you **MUST** arrange to see your healthcare professional to review your treatment.

## *High blood glucose levels (hyperglycaemia or “hyper”)*

Hyperglycaemia is when your blood glucose level is too high. Symptoms of this include:

- Tiredness and loss of energy
- Increased thirst
- Passing more urine than usual
- Recurring infections e.g. thrush, urine infections, skin infections

High blood glucose levels can be caused by:

- Eating/drinking more sugar and/or starch than usual
- Not having the right medication (insulin or tablets)
- Taking less exercise than usual
- Emotional stress
- An infection or illness
- Certain medications e.g. steroid tablets

You should discuss your high blood glucose levels with your healthcare professional.

If you have Type 1 Diabetes remember to test for ketones if you have a high random blood glucose feel unwell or have signs/ symptoms of ketones (see sick day rules on next page).

If you need advice about your insulin dose please contact your healthcare professional

## *Sick day rules*

When you are ill, have an infection or are stressed your blood glucose levels may increase. **If you test your blood glucose levels you should aim to test at least 4 times a day when ill.**

It is important not to stop taking your diabetes medication when you are ill. You need to get advice from your healthcare professional if you are unsure how to manage your diabetes during illness. You **MUST** contact your healthcare professional if you vomit more than once, or have signs/ symptoms of ketones.

### **Signs of ketones:**

- Feeling sick/ stomach pains.
- Smell of nail varnish remover or pear drops on the breath.
- Deep sighing breathing.
- Increasing drowsiness.
- Vomiting.

If you take insulin you may need to need to give additional insulin. If you are unsure how much to take please contact your healthcare professional. **Please note if you have Type 1 diabetes you should never omit your insulin.**

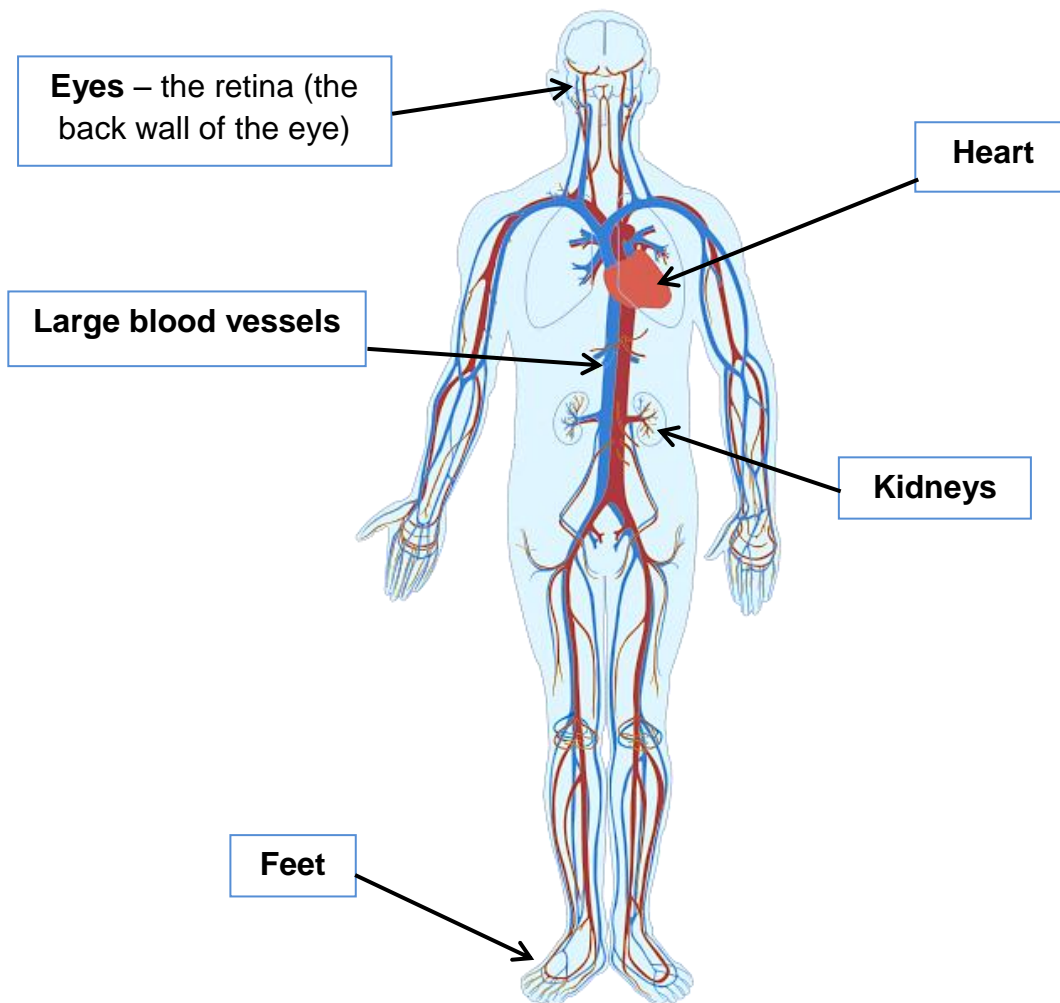
### **When you are ill remember:**

- Drink plenty of fluids, aim for five pints (3 litres) of unsweetened fluids a day
- If you cannot eat solid food try to take in some carbohydrate (sugar and starch) in the form of something easier to eat e.g. milk drinks, yoghurt, soup, ice cream, meal replacement drinks, drinking chocolate.
- If you don't feel like eating normal meals, eat small regular snacks

## Diabetes complications and how to reduce your risk

Diabetes can impact on a many parts of the body by causing damage to the large blood vessels, small blood vessels and nerves. Having high blood glucose levels, high blood pressure and high cholesterol can increase your risk and rate of damage.

The parts of the body most often affected are:



Evidence has shown that people with Type 2 diabetes who manage their diabetes and achieve good levels of blood glucose, cholesterol and blood pressure control reduce their risk of developing complications.

### *Reducing the risk of loss of vision*

Diabetes can damage the small blood vessels at the back of the eye (the retina), this damage is called diabetic retinopathy. Damage to the retina can lead to reduced vision or blindness if it is not picked up early and treated. The only way to check this is to have a digital photograph of the retina taken every year.



You will be sent a letter inviting you to attend for this along with a list of opticians who can take the photograph (this includes the community screening service held at the Manor Hospital). You will need to ring to make an appointment with the optician of your choice from this list.

**Having the photograph taken does not replace the need for a full annual eye test with your own optician.** If you have not received this invite within two weeks of diagnosis please contact your GP to check that you have been referred to the diabetic eye screening service.

### *Reducing the risk of heart disease (cardiovascular disease)*

Diabetes speeds up the narrowing and hardening of the blood vessels (arteries) that occurs naturally through aging. Cholesterol, the main type of fat in the blood, can build up in the blood vessels making them more prone to blocking. If the large blood vessels to the heart, brain or feet get blocked this increases your risk of a heart attack, stroke or circulation problems to your legs or feet. You can reduce the risk of these complications by:

- Reducing the amount of fat in your diet
- Not smoking
- Taking regular exercise
- Reducing your weight (if overweight)
- Ensuring you attend your annual review appointment to have your blood pressure and cholesterol measured

### *Reducing the risk of damage to the nerves*

Regularly high blood glucose levels can cause damage to nerves. Most commonly the nerves in the feet are affected. For men, nerve damage can result in not being able to get an erection. Good blood glucose control reduces the risk of nerve damage. If you have concerns about this, please talk to your healthcare professional.

### *Reducing the risk of kidney disease*

Diabetes can cause damage the small blood vessels in the kidney. This damage is called nephropathy which could eventually lead to requiring dialysis. As part of your annual diabetes review your kidney function will be checked by a blood test and a urine test. Your blood pressure will also be checked as high blood pressure increases the risk of kidney damage. Often high blood pressure does not cause any signs or symptoms so it is very important to have your blood pressure checked at least once a year. If you are on medication for your blood pressure it will checked more often.

### *Reducing the risk of damage to the feet*

Diabetes can cause:

- Nerve damage in the feet and legs resulting in an altered sensation, pins and needles or possible numbness and burning sensations, this is called neuropathy.
- A reduced blood supply to the feet and legs resulting in cold, painful feet.

This means that injuries to the feet may go unnoticed, be slow to heal and can quickly become infected.

It is important that your feet are examined as part of your annual review each year so that any problems can be treated early.



To prevent problems it is important that you care for your feet. The information on the next page should help you to do this.

- 1) Wash feet daily with a mild soap and luke warm water
- 2) Dry feet thoroughly, especially between the toes, using a soft towel or tissue
- 3) For moist/sweaty skin between the toes apply surgical spirit with cotton wool
- 4) To prevent dry skin use moisturising cream but avoid applying between the toes
- 5) When cutting toenails follow the curve of the nail and avoid digging into the corners. Do not cut nails too short
- 6) Use a pair of nail clippers and file the nails to avoid sharp edges
- 7) For problem nails such as ingrown or thickened nails, or if you have poor eyesight, consult a HCPC Registered Podiatrist/ Chiropodist
- 8) Corns and calluses should be dealt with by a podiatrist. No not use razor blades, corn plasters etc. However you may use a pumice stone to smooth hard skin and corns
- 9) Choose shoes with a fastening such as laces to hold the foot in place. Wear closed in shoes with a deep, round toe box to allow plenty of room for the toes.
- 10) Have feet measured when buying new shoes. Always wear in new shoes gradually to prevent rubs/ blisters
- 11) Avoid walking barefoot – always wear shoes/ slippers even indoors to protect your feet
- 12) Change socks daily. Wear socks or stockings which fit correctly and are in good repair
- 13) Look at your feet every day. Check between the toes and underneath your feet, you may need to use a mirror
- 14) Things to look out for:
  - Cuts, scratches and blisters
  - Any change in colour (red, black, blue, white)
  - Any changes in temperature between the feet
  - Any discharge from a break or crack in the skin
  - Any unusual swelling
  - Painful areas

**If any of the above occur seek professional advice promptly**
- 15) Check shoes inside and out before putting them on for cracks, pebbles or sharp edges which may irritate the skin. You may not be able to feel these if you have a loss of sensation





## Annual review

To achieve the best possible state of health you need to work with the healthcare professionals. You are entitled to have a full check up every year at your GP practice, this is called the annual review.

**The annual review** is very important as this is when the impact of your treatment is checked and any problems that are found can then be treated promptly.

At this review you should have the opportunity to discuss how you are coping with your diabetes and any problems or concerns you have. You will also be asked about your emotional wellbeing.




The review should include the following investigations:

Test	Definition
<b>HbA1c</b>	Indicates blood glucose control over previous 3 months.
<b>Weight</b>	Excess weight makes diabetes more difficult to control
<b>Body Mass Index (BMI)</b>	Equals weight in relation to height.
<b>Waist Circumference</b>	Larger waist circumference can be linked to insulin resistance.
<b>Blood Pressure</b>	Indicates how hard the heart has to work to move blood around the body.
<b>Blood Lipids:</b> <b>Total Cholesterol</b> <b>HDL</b> <b>LDL</b> <b>Triglycerides</b>	Types of fat in the blood.  HDL(High Density Lipoprotein is a good type of cholesterol). LDL(Low density Lipoprotein) & Triglycerides can be harmful to the heart and blood vessels.
<b>Kidney Function:</b> <b>Micro-albuminurea</b>  <b>Serum Creatinine</b> <b>eGFR</b>	Tiny amounts of protein in the urine, a higher level than normal can indicate early changes in the kidney  Indicates level of waste products in the blood Indicates rate at which the kidneys are filtering the urine.
<b>Foot Examination</b>	Checks circulation, sensation and condition of the feet.
<b>Retinal Photography</b>	Photograph of retina (back wall of the eye) to check the condition of the blood vessels.

If you are on insulin your injection sites should be examined.

At the end of the consultation you may have identified results that you wish to act on to reduce the rate/risk of diabetes complications.

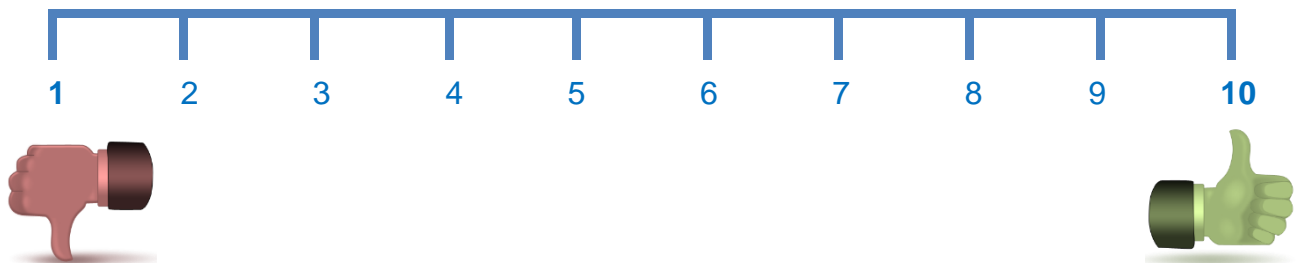
## Achieving your personal targets

Which target do you want to act on?	How you could do it?			
				
<b>Reduce your blood glucose</b>	Day to day	<ul style="list-style-type: none"> <li>• ↑ physical activity</li> <li>• ↓ sugary foods</li> <li>• ↓ portion size of foods containing carbohydrate Choose foods that turn into glucose slowly</li> <li>• Take medication as prescribed</li> </ul>	Long term (insulin resistance)	<ul style="list-style-type: none"> <li>• ↑ physical activity</li> <li>• ↓ fat in diet</li> <li>• ↓ saturated fat</li> <li>• Change to monounsaturated fats</li> <li>• ↓ weight &amp; waist measurement</li> </ul>
<b>Reduce your blood pressure</b>	<ul style="list-style-type: none"> <li>• ↑ physical activity</li> <li>• ↓ weight &amp; waist measurement</li> <li>• ↓ salt</li> <li>• Keep within advised alcohol limits</li> <li>• Stop smoking</li> <li>• ↑ fruit &amp; veg (5+/day)</li> <li>• Take medication as prescribed</li> </ul>			
<b>Reduce your cholesterol</b>	<ul style="list-style-type: none"> <li>• ↑ physical activity</li> <li>• ↓ fat in diet</li> <li>• ↓ saturated fat</li> <li>• Change to monounsaturated fats</li> <li>• ↑ fruit &amp; veg (5+/day)</li> <li>• Take medication as prescribed</li> </ul>			
<b>Reduce your weight &amp; waist measurement</b>	<ul style="list-style-type: none"> <li>• ↑ physical activity</li> <li>• ↓ fat in diet</li> <li>• ↓ alcohol</li> <li>• ↓ portion size of foods containing carbohydrate</li> </ul>			
<b>Stop smoking</b>	<ul style="list-style-type: none"> <li>• Access smoking cessation programme via GP</li> <li>• Set a 'quit' date</li> <li>• Get support from family &amp; friends</li> <li>• Nicotine replacement therapies</li> </ul>			
<b>Reduce depression</b>	<ul style="list-style-type: none"> <li>• ↑ physical activity</li> <li>• Get support from family &amp; friends</li> <li>• Talk to your GP</li> <li>• Access counselling/ other support via your GP</li> <li>• Take medication as prescribed</li> </ul>			

**Key:** ↑ = increase  
↓ = decrease

## Thinking through the steps to achieving your target:

- Step 1** Which target have you decided to work on?  
E.g. reduce weight
- Step 2** How could you do this you? See above  
E.g. ↑ physical activity
- Step 3** Exactly how will you do this?  
E.g. increase walking from 2 to 4 times a week
- What will you do?  
E.g. start going for a 30 minute walk after evening meal
  - When will you do it?  
E.g. Tuesday and Thursday
- Step 4** What might stop you doing this?  
E.g. lack of motivation when weather is bad
- Step 5** How might you overcome this?  
E.g. planning to have company for the walk
- Step 6** On a scale of **1** (no chance) to **10** (absolutely) how confident are you that you can do this?



*If you rate your confidence at 5 or below you need to re think your plan, if you rate your confidence at 5-7 what would increase your confidence?*

- Step 7** Set a date to review your progress and set new targets.

## Remember

- What might seem like a small change can make a difference
- 1 action can affect several targets
- If you need support to achieve your target do not hesitate to talk to your nurse or GP
- There are several sources to go to for help

## Education sessions

Once diagnosed with Type 2 diabetes you will be referred to an appropriate education session to learn more about your condition. It is very important that you attend one of these sessions so that you are better informed to manage your diabetes. Ask your GP or Practice Nurse for more details.

People with Type 1 diabetes will receive on-going education with a member of the diabetes specialist team.



## Referral

In some cases your GP may refer you to other members of the diabetes team. Who you see and how often will depend on the level of care your GP surgery provides and what your specific needs are. The roles of the team members are listed below:

<b>GP:</b>	<b>Has overall responsibility for your healthcare</b>
<b>Practice Nurse:</b>	May be the person at your surgery who provides you with most of your diabetes care
<b>Diabetes Specialist Nurse:</b>	Works solely with people with diabetes providing education, support and advice.
<b>Diabetologist:</b>	A doctor specialising in diabetes care
<b>Dietitian:</b>	Offers specialist dietary advice for diabetes and weight management
<b>Podiatrist/chiroprapist:</b>	Provides advice and specialist treatment for foot problems caused by diabetes
<b>Optometrist:</b>	Provides eye examinations and some provide retinal screening.
<b>Pharmacist:</b>	Are based in pharmacies/ chemists. They give you your prescription supplies when you give them a prescription from your GP

## Talking to your healthcare professional

Your healthcare professional can help you to understand your condition and how to treat it. However, the way you chose to use this knowledge day to day will have the biggest impact on your diabetes control. To ensure you can achieve the best possible control of your diabetes you need to know:

- What is diabetes?
- How is diabetes managed?
- How diet and activity can affect diabetes?
- When to take any medication you are given, how it works and what the side effects could be. What to do if a dose is missed?
- How will you know if the treatment is working?
- How will you know if the treatment is not working?
- How often will I need to see the nurse or doctor?

**If you do not know the answers to these questions or you have other questions please ask.**

- Ask your healthcare professional to write down any instructions.
- Ask your healthcare professional for printed information about the topic you have been discussing.
- If you still have trouble understanding your healthcare professional ask where you can go for more information
- Ensure you know how to contact your healthcare professional in case you have questions before your next appointment.

**You can bring a family member or friend with you to the appointment**

## Living with diabetes

### Concessions

- If you are taking medication for diabetes you are entitled to free prescriptions, ask your pharmacist or GP for an exemption certificate
- You are entitled to free eye checks every year

### Dental care

Remember to tell your dentist that you have diabetes. Regular check-ups and early treatment are important as dental infections may affect your diabetes control. There are no concessions for people with diabetes for dental care.

### Pregnancy and diabetes

It is important to **plan your pregnancy**

Having diabetes increases the risk of problems during pregnancy. Preconception care and good blood glucose control before and during pregnancy can reduce these risks. Poor blood glucose control at the time of becoming pregnant increases the risk of developmental problems for the foetus.

Your HbA1c should be less than 53mmols/mol, aim for 43 mmol/mol if it is safe for you to do so. Any reduction in HbA1c may reduce risks. If the HbA1c is above 86 mmol/mol pregnancy should be avoided. It is therefore important to avoid an unplanned pregnancy.

- Diabetic eye and kidney complications can become worse in pregnancy.
- Some medications used in diabetes care are not recommended in pregnancy e.g. Metformin is the only diabetes tablet used in pregnancy.
- Some medications for blood pressure control are not used in pregnancy.
- Statins must not be used.
- It is important to start taking the vitamin Folic Acid before pregnancy. When you have diabetes you need a higher dose of Folic Acid which needs to be prescribed by your GP.



Care before pregnancy should include a review of your diabetes management. It is especially important to have good blood glucose control before you stop using contraception. Any method of contraception can be used unless you have been advised otherwise by your GP. Methods that are effective and reliable reduce the chance of unplanned pregnancy.

*Plan your pregnancy*

## *Operations and diabetes*

If you are having an operation your blood glucose needs to be well controlled. Your HbA1c should be checked when you are referred and then every three months until you have had your operation.

## *Diabetes and employment*

Diabetes does not have to make a difference to your work. To prove this to your employer your diabetes will need to be well controlled and you must be able to adjust your treatment to fit your working life. You may find you need specific advice in relation to your particular job.

### **Points to consider in relation to work:**

- When applying for a job, if there is a health section on the application form you should state that you have diabetes. If your diabetes is well controlled you may wish to add this on the form. It is important to be honest.
- Following diagnosis let your manager and human resources department know.
- You should consider telling your colleagues about your diabetes as you may need their assistance if you are unwell at work such as if you go “hypo” (see page 19).
- For people using insulin there are restrictions in place for some occupations. For up to date advice contact Diabetes UK Careline (see page 39) or [www.diabetes.org.uk](http://www.diabetes.org.uk).
- Discuss any employment concerns you have with your healthcare professional.

### **Discrimination at work**

Lack of understanding about diabetes can still lead to discrimination in the workplace based on prejudice and lack of information. The Disability Discrimination Act 1995 makes it illegal for employers to treat people with disabilities differently from other employees. Although most people with diabetes do not consider themselves as disabled, diabetes is covered by the Act. If you consider you are being discriminated against you can contact your union, Citizens Advice Bureau (see page 39) or Diabetes UK Careline (see page 39).

## *Driving*

Having diabetes does not mean that you have to stop driving unless you have diabetes complications which could affect your ability to drive safely. Such problems could be due to loss of vision, nerve damage in the feet or “hypo” problems.

### **Notifying the Driver and Vehicle Licensing Agency (DVLA):**

- You do not need to inform DVLA if your diabetes is treated with diet and exercise alone.
- If you are taking non- insulin medication for your diabetes management you may need to inform DVLA according to the type of licence you hold.
- If you are on insulin you are required by law to inform the DVLA. There are specific restrictions if you are a Group 2 Driver (Bus or Lorry) or have a C1 licence.

For more information please contact the Driver and Vehicle Licensing Agency (DVLA) or the Diabetes UK Careline (see page 39).



## *Insurance:*

### **Motor Insurance:**

When applying for motor insurance you must declare that you have diabetes even if you are not asked about this. You should inform your insurance company of any changes to your treatment or your condition. Not doing this could mean you are not covered. Insurers can only charge you more or refuse you cover if they can prove you have increased risk.

### **Life Insurance:**

You must declare your diabetes when applying for a new insurance policy. Any life insurance policy you hold at the time of diagnosis is unaffected.

### **Travel insurance:**

You must inform your travel insurance company that you have diabetes and what medications you are taking. You are likely to have to pay a higher premium as most insurance policies do not cover pre-existing conditions. Ensure the policy you chose covers your medical conditions.

## *Diabetes and travel*

When travelling you need to consider:

### **Medication:**

Carry medication in your hand luggage to ensure it is not lost

- Make sure that you have enough medication and blood glucose/ketone monitoring equipment to cover the time away and to allow for a delayed return.
- Remember to pack your usual travel sickness and diarrhoea treatments
- If you are on insulin:
  - You will need a letter from your GP verifying that you have diabetes so that you can explain at customs why you are carrying insulin, delivery devices and needles.
  - Check with the manufacturer what insulin will be available in the country you are visiting. The names and strengths of insulin can be different from in the UK.
  - Insulin should be kept cool (below 25 degrees centigrade) and out of direct sunlight. Cool bags can be bought for use when travelling. Any insulin kept out of the fridge must be used within 28 days. Insulin should not be allowed to freeze, and so should not go in the hold of the plane.
  - Insulin can be absorbed quicker in hotter countries so regular blood glucose testing is important to avoid hypos. Remember to keep hypo treatment to hand at all times
  - It is a good idea to check with your accommodation where you can store your medication before you travel.
  - The BD Safe-clip device available on prescription can be used to clip and store used needles/ small travel sharps box

**Diet:**

- Have some healthy snacks with you in your hand luggage and in your suitcase and hand luggage for long flights.
- It is usually better to avoid “diabetic meals” on planes as they are often low in carbohydrate rather than providing a balanced meal.

**Feet:**

- Make sure that you have comfortable, well-fitting shoes in case your feet swell in hot weather.
- Avoid going barefoot, particularly on the hot sand and in the sea. Make sure you do not get sand in your shoes.

**General:**

- Arrange to have any necessary vaccinations or malaria tablets before you go. Your practice nurse can advise you about this. Vaccinations may upset your diabetes control in the short term.
- Check what to do if you are travelling across time zones. You can discuss this with your GP or diabetes specialist nurse once you have booked your travel.
- Get travel insurance, make sure it is going to cover your needs
- If travelling in European Union Countries take your European Health Insurance Card. This does not replace travel insurance. To apply for a card go to [www.ehic.org.uk](http://www.ehic.org.uk) or call 0300 330 1350.
- Carry plenty of bottled water to make sure you drink safe water regularly.
- Look up how to say “I have diabetes” in the language of the country you are visiting and carry your diabetes ID card/insulin passport/insulin ID card with you. If taken ill on holiday never stop taking your insulin or tablets even if you cannot take solid foods.

Discuss any concerns you have about travelling with your GP or specialist nurse.

## *Social life*

Your social life should not change much as long as you plan ahead and have a contingency for emergencies. This means making sure you are well organised and prepared. It is not always easy to be spontaneous, however gradually you will get to know what you can and cannot do without planning in advance. If you have a car, ensure you keep an emergency box in the car with some glucose tablets, packet of biscuits or crackers, bottle of water, Lucozade etc. Whenever you are out and about remember to carry your hypo treatment with you.

Make sure you tell your friends and family about your diabetes and what your needs are. This will help them to help you and be considerate if you say “I need to stop for something to eat” or “I think I’m having a hypo”.

### **Eating with friends**

Friends and family can sometimes worry about what they should serve you. Reassure them that you do not need a special diet, you just need to be a bit more careful about the sugar content of the food. To reassure them you could discuss the menu and you may be able to suggest any changes that suit your needs.

If on insulin or a Sulphonylurea (see page 16):

- Make sure you know when you are going to eat so that you can plan your other meals around it.
- If the meal is late, ask for/have with you something starchy to keep you going.
- If eating out try to look at the menu before going, most are available online.

## Who can offer me support?

### *Your diabetes care providers:*

- **The primary healthcare team at your GP surgery.**
- **Community diabetes team**  
Bentley Health Centre  
Churchill Road  
Walsall  
WS2 0AW  
Tel – 01922 604970  
Fax – 01922 604975
- **Hospital diabetes team**  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel – 01922 656543  
Fax – 01922 656742
- **Paediatric diabetes team**  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel – 01922 656570  
Fax – 01922 656742
- **Paediatric assessment unit**  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel – 01922 656888
- **Podiatry department**  
Bentley Health Centre.  
Churchill Road  
Walsall  
WS2 0AW  
Tel – 01922 423525  
(for infections and ulcerations **only** call 01922 656543)

## *Other services and support:*

**Walsall Lifestyle services and Health Trainers** provide the following services:

### **Smoking Cessation**



Walsall Stop Smoking Service offers free local support to help you to quit smoking.

### **Physical Activity**



**Free** physical activity sessions are available throughout the borough. Physical activity improves health and wellbeing. It reduced stress, strengthens the heart and lungs, increases energy levels, helps you maintain and achieve a healthy body weight and it improves your outlook on life.

### **Health Trainers**



Walsall Health Trainer service offers free one to one motivational support to make lifestyle changes including weight management, increasing levels of physical activity and stop smoking.

### **Mental Health First Aid**



A two day course with the target group being non mental health health staff, service users and carers. Compulsory attendance on both days required for full accreditation.

### **Specialist Health Trainer – Food Access**

Specialist Health Trainer offers healthy eating and nutritional advice across Walsall through one off sessions and five weeks programs.

**Lifestyle Services can be contacted on 01922 444044.**

## Patient Relations

Walsall Healthcare NHS Trust recognises the importance of your experience as a patient and those of your friends and family. We aim to listen to you, respond in a timely way and learn from you to help improve our services.

The Trust offers advice and support for both patients and visitors. Here you will find information on these services and how to access them, and also ways you can get involved to help make improvements.

### If you have questions or concerns:

Always speak to ward or clinic staff if you:

- have any queries
- are unhappy or concerned with an aspect of the trusts services.

Most often, our staff can deal with your enquiry straight away. If you feel they cannot help or you do not wish to speak to them you can contact the **Patient Relations service** on:

**Tel:** 01922 656463

**Email:** [patientrelations@walsallhealthcare.nhs.uk](mailto:patientrelations@walsallhealthcare.nhs.uk)

---

## Expert Patient Programme (EPP)

This is a self care management training courses for patients with chronic diseases or for carers of patients. The courses are 2 ½ hours per week for six weeks.

Each week, two tutors lead a group of 10-16 participants with the primary aim of helping people develop self-management skills, such as problem solving and goal setting. These skills help people to gain confidence and take control of their life.

The course covers a range of topics including:

- relaxation techniques
- dealing with tiredness/fatigue
- exercise
- healthy eating
- coping with depression
- communicating with family, friends and professionals
- planning for the future

Tel – 01922 605490

---

**NHS 111**

Or visit their website: <http://www.nhsdirect.nhs.uk/>



---

**Diabetes UK** is the leading charity that cares for, connects with and campaigns on behalf of every person affected by or at risk of diabetes. We help people manage their diabetes effectively by providing information, advice and support.

**Tel: 0345 123 2399**, Monday to Friday 9am to 7pm.

Or visit their website: <http://www.diabetes.org.uk/>

**Midlands office:** Diabetes UK Midlands  
6<sup>th</sup> Floor, Tameway Tower  
Bridge Street  
Walsall  
WS1 2JZ  
Telephone: 01922 614500

---

**DVLA drivers and medical enquiries**

Tel: 0300 790 6806, Monday to Friday 8am to 5.30pm, Saturday 8am – 1pm

---

**Citizens Advice Bureaux**

139-144 Lichfield Street, Walsall  
Tel: 01922 700600

---

**Insulin Manufacturers**

**Novo Nordisk**  
Tel: 0845 600 5055

**Lilly**  
Tel: 01256 315000

**Sanofi**  
Tel: 08000 352525