

Public Health Annual Report 2016

# Diabetes in Wandsworth



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## Public Health Annual Report 2016

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# Foreword

## Houda Al-Sharifi

Every week 15 people in Wandsworth are told they have diabetes. In a year that is enough to fill 10 double decker buses. Another 15,000 residents are living with the condition and another 25,000 are on the verge of getting it.

Diabetes is a disease that, if managed poorly, can lead to extremely serious complications like kidney, eye and heart problems and even amputations. However diabetes is not an inevitable condition that comes with age, the vast majority of cases can be either prevented or delayed. It is particularly linked to lifestyles and obesity.

As a director of public health I am required to report annually on public health matters that are of high significance to Wandsworth. Diabetes is such an issue: because of the sheer number of residents who are affected by it, because it is on the increase, because it is a very serious condition, because it can cause distress to patients and their loved ones, because it is costly to health, social care and society at large and, most importantly, because we can do something about it.

The report connects the facts of diabetes with human stories and how people experience the risk of developing it, being diagnosed, coping with its symptoms, addressing complications, the risks in pregnancy, and the extra challenges when it exists with other conditions. I hope that this makes the report easily accessible to as many people as possible. The report also describes the Council and NHS services, self help resources and community organisations across Wandsworth that are available. All of them make Wandsworth stand out... but more can be done.

Rightly, a lot of attention is now given to diabetes and obesity in the NHS, both nationally and in Wandsworth. It is timely that all of us use this report to spur further action and to empower local organisations, communities and individuals to be in control. I have included seven specific recommendations for action (page 23), which I know we will all work together to achieve this year.

I welcome feed back from users of this report to my email address [hal-sharifi@wandsworth.gov.uk](mailto:hal-sharifi@wandsworth.gov.uk). I also would like to thank Sarah Deedat, Hannah Gill and Sue Odams from my team for producing this report; Wandsworth CCG colleagues for their contributions and Dr Ken Earl, Consultant Diabetologist at St George's Hospital for his clinical oversight of this report.



## **Cllr Maddan**

I am pleased to jointly introduce this years annual report and am thrilled it focuses on diabetes, which is an issue that is continuing to grow, both at the national and local level. Diabetes is something that affects so many of us across Wandsworth, myself included. With the right information, advice, knowledge and support people with diabetes can still lead a full life.

There are lots of things that we can all do to ensure we have good health, such as eating well and exercising. Taking care of yourself and making small positive changes to improve your health is good regardless of whether you have diabetes or not. That is why Wandsworth continues to support people to make and maintain good choices for their health, through healthy lifestyle services, running of our numerous parks and green spaces, through children centres, supporting active travel and much more.

The best way for us all to prevent or delay diabetes is to ensure that we know about the condition: what causes it, its signs and symptoms, the complications. By knowing more about diabetes we can all be better equipped to take steps to prevent ourselves from getting it or to live well with it for those of us with the condition. I hope this report can be used to continue to raise awareness and shine the spotlight on diabetes.



## **Nicola Jones**

As a GP in Wandsworth I know too well the effects that diabetes has on people and their friends and family. In April this year, the World Health Organisation called for global action to halt the rise in and improve care for people with diabetes. This highlights how diabetes is an issue affecting people across the globe and we need to act now to reduce the impact of diabetes on people in Wandsworth.

The annual report this year demonstrates, through personal stories, what we are doing and what more can be done locally to improve the health of local people. Despite all the positive work there is indeed still more to be done. Unfortunately, many people do not realise they could be at risk of developing the condition and an estimated 30% of people with diabetes have not been diagnosed. This is worrying because the course of diabetes can be changed by taking action early and health can be dramatically improved with the right advice and lifestyle changes. Without a diagnosis these people may not be receiving the full support that is available to them, and may miss the opportunity to make lasting changes to their health.

I therefore fully support this report and its recommendations and am excited to be working in partnership to improve the care and lives of people with diabetes across Wandsworth.



# Introduction

Our report this year tells the story of diabetes in Wandsworth and gets us talking about its risks and what we can do to live as well as possible.

Today there are 15,000 people in Wandsworth living with diabetes. In just over a decade the number of people in the borough diagnosed with diabetes has increased by almost 50%, a trend that is set to continue.

Diabetes is a largely preventable disease and the changing pattern of modern life means that more and more of us are now at risk, as we take less exercise, eat unhealthy food and a large number of us still smoke.

While each person's story is unique there are many common paths that create a journey towards diabetes. We have used local stories together with key facts and information to produce five different stories, which tell the too common tale of diabetes in Wandsworth. Each of these stories can stand alone or be read together. In many cases Type 2 diabetes can be delayed or prevented, unlike Type 1 diabetes. For this reason this report focuses only on Type 2 diabetes. For an explanation of Type 1 and Type 2 diabetes please see page 6.

## The stories of diabetes

**Nasir** - Read about how Nasir found out about his diabetes risk whilst out shopping and what he did to reduce it.

**Sharon** - Find out what a diagnosis of prediabetes might mean and how Sharon and her family all made changes to improve their health.

**Eileen** - Find out about some of the symptoms to look for and how Eileen coped with being diagnosed with diabetes.

**Graeme** - Read how diabetes can damage your eyes and what Graeme is doing to address this.

**Veronica** - Hear about how Veronica manages her diabetes and Multiple Sclerosis (MS).

**Omar** - Hear from Jemma, Omar's carer, about how diabetes has changed their lives and why good foot care is essential.

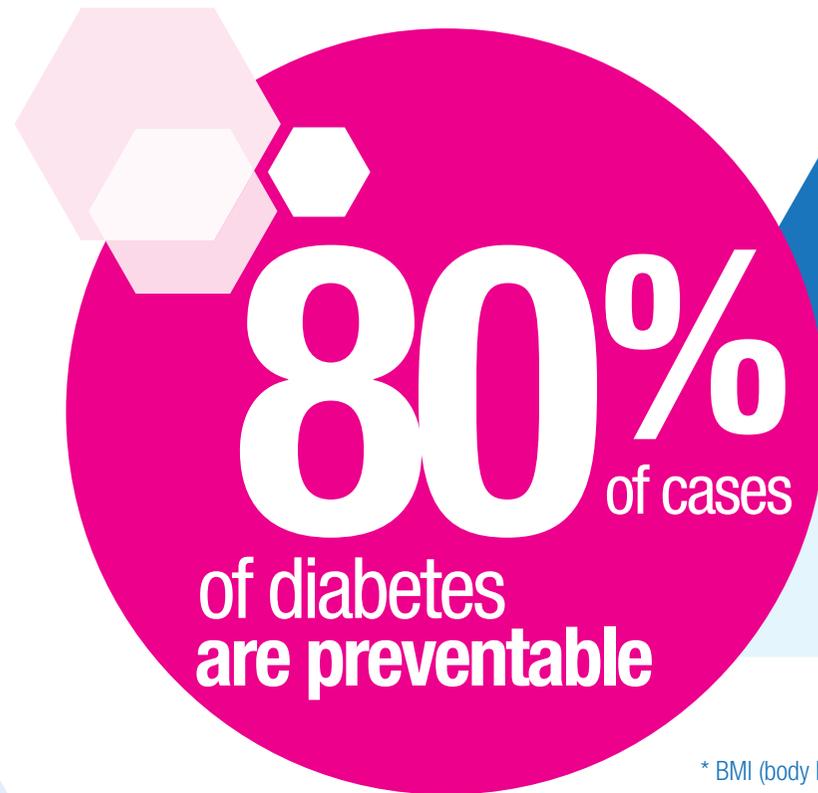
**Rachel** - Find out about diabetes during pregnancy and how this affected Rachel and her baby.

These stories have been based on Wandsworth peoples experiences of diabetes. None of the pictures or names are of real people with diabetes.

# The Population in Wandsworth

Wandsworth is the biggest inner London borough and has an estimated 318,000 residents.

We can look at the population in Wandsworth to understand who might be at risk of developing diabetes and where we might need to target information, advice and support.



a **BMI\*** of **30** will increase your chance of **diabetes** by over ten times

more than **50%** of over 16's are **overweight** or **obese**

Wandsworth has a much younger population  
**40%** of people Wandsworth aged between **25-** it is important these people **not develop diabetes** in later life

**19%** of people in the borough have told us that they **do not** take part in **any physical activity**

\* BMI (body Mass Index) is a measure of your weight for your height

ion.  
in  
rth are  
**39**  
do  
s

in Wandsworth  
**9%** of the  
population are **aged 65+**  
as we age we are more  
likely to develop health  
problems such as  
**diabetes**

**diabetes** mainly  
affects the **over 40s**  
**32%** of the population  
in Wandsworth are  
aged over  
40 years

people living in  
the **poorest areas**  
in Wandsworth are  
**50%** more likely to  
**be obese**  
than the rest of  
Wandsworth

people with  
**diabetes** that live  
in the **poorest areas**  
are more than  
**twice** as likely to  
**die early**  
compared to the  
national average

by 2030  
**20,000**  
people in Wandsworth  
will have **diabetes**.  
That's **5,000** more in the  
next **14 years**

People with a  
learning disability are  
**40%** more likely  
to be **obese** than the  
general population.  
They are also more likely  
to have **diabetes**

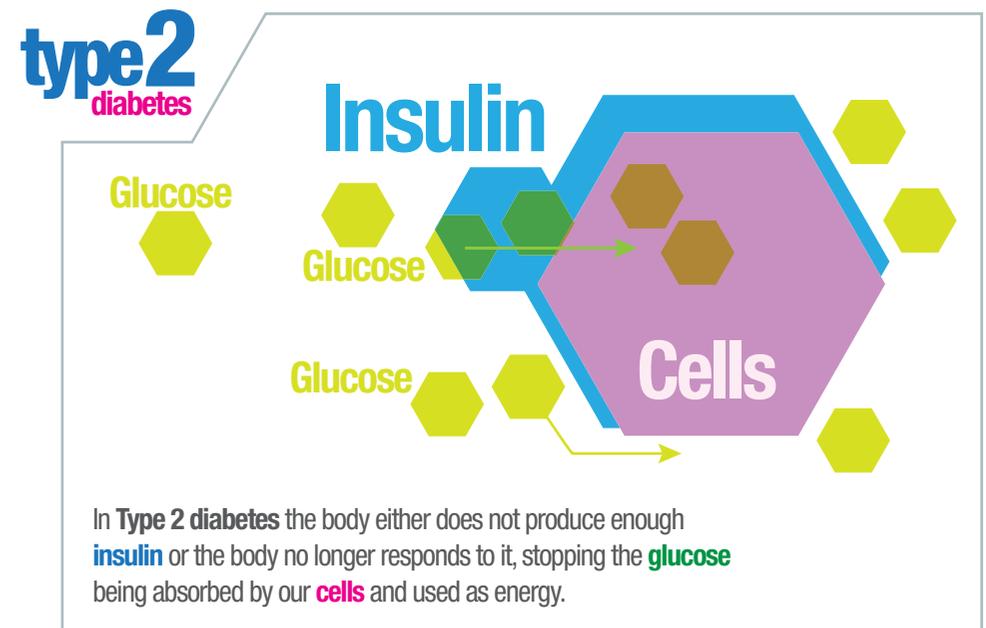
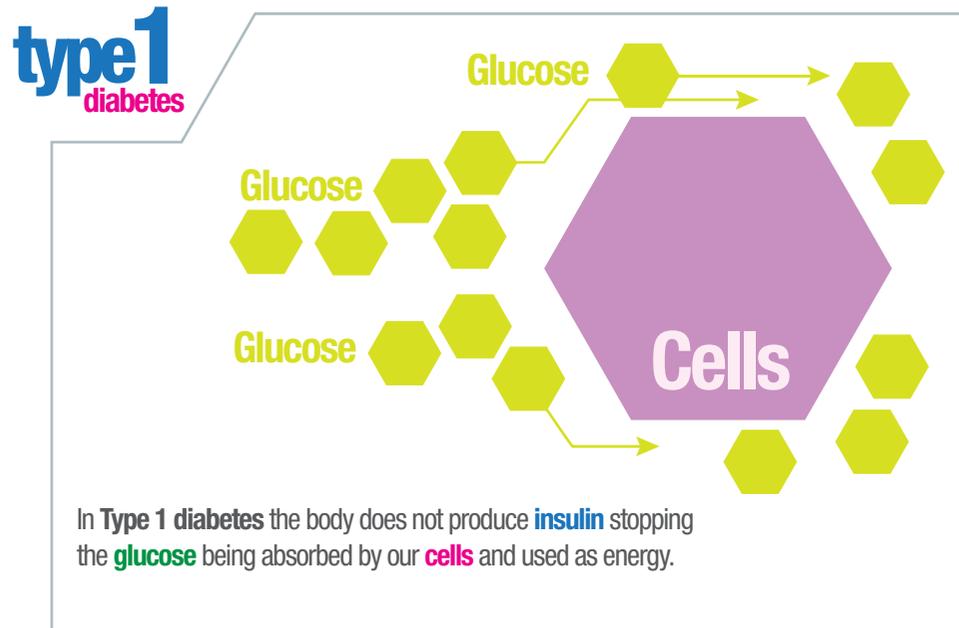
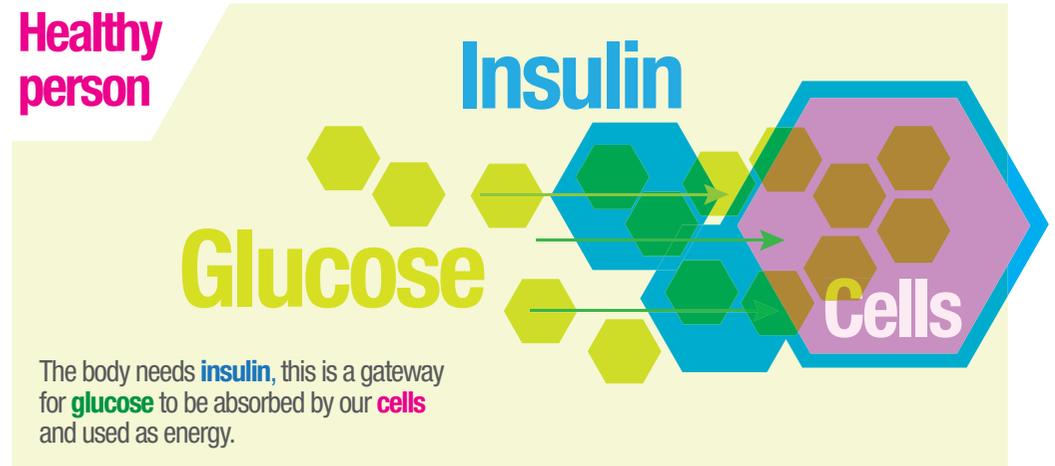
**Tooting** and  
**Graveney** have the  
highest percentage of  
people from an **Asian**  
or **Asian British**  
community

People from  
**Asian or Black**  
communities are **more**  
**likely to develop**  
**diabetes** than the  
general population

# What is diabetes?

Diabetes is a condition where the amount of **glucose** in a person's blood is too high and can not be used by the body as fuel. There are two main types of diabetes: **Type 1 diabetes** and **Type 2 diabetes**.

The causes of **Type 1 diabetes** are not thought to be preventable; but up to 80% of cases of **Type 2 diabetes** can be delayed or prevented by making simple changes in our everyday lives like moving more, losing weight and eating healthily. For this reason this report will only focus on **Type 2 diabetes**.



# How this works in my body

Our pancreas sits behind our stomach and forms part of our digestive system. One of the jobs of our pancreas is to make a hormone called **insulin**. This is important to help us turn our food into energy.

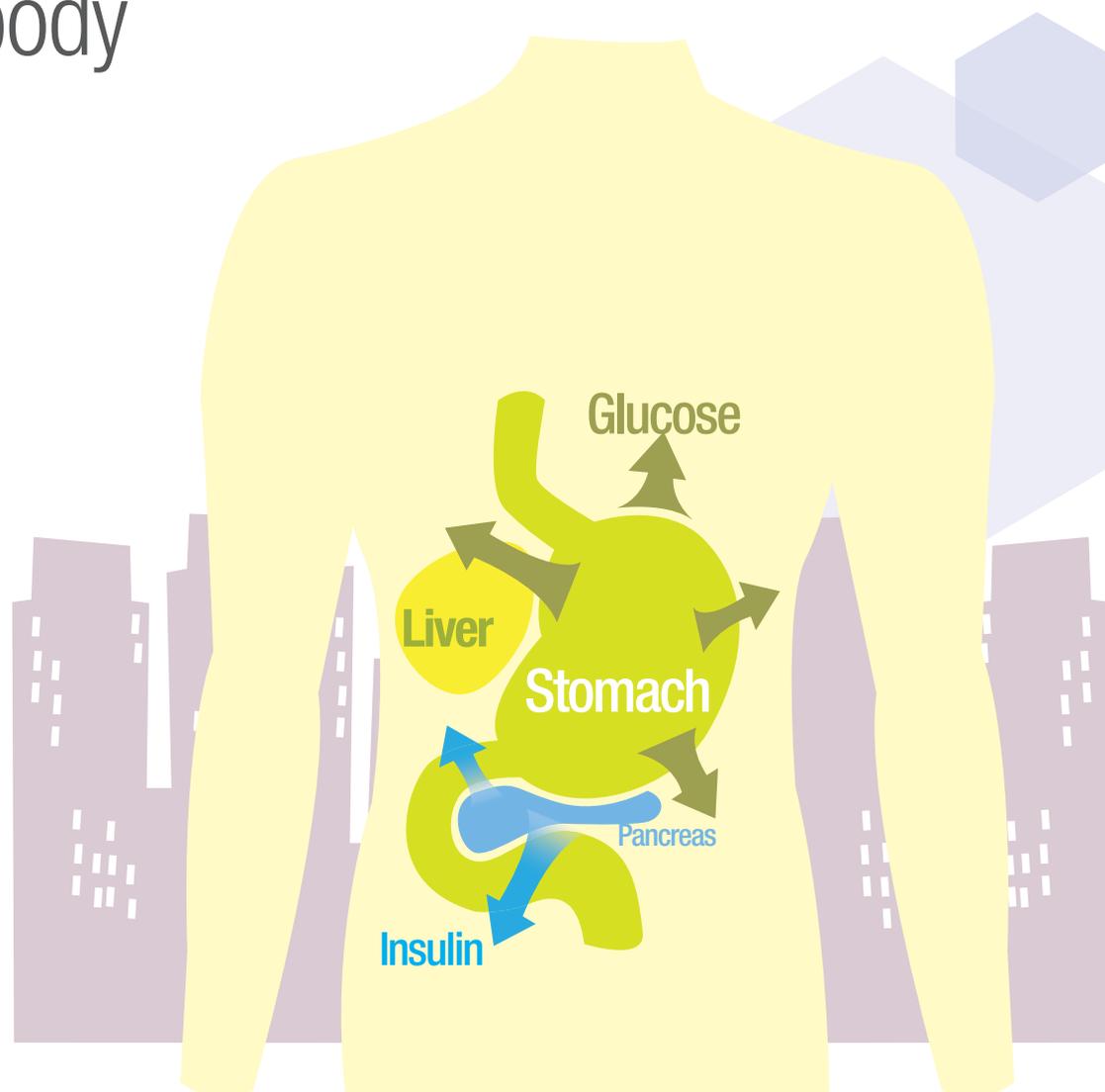
Sugar or glucose is a source of energy for the body, but we need **insulin** to process it. Our blood sugar levels may rise after we have had something to eat or drink and this is completely normal. **Insulin** removes the sugar from our blood and helps us to use it as energy to fuel our bodies. Therefore **insulin** is responsible for controlling the amount of sugar in our blood.

In **Type 2 diabetes** either our pancreas cannot make enough **insulin** or the cells in our body respond poorly or are resistant to **insulin**. This means we cannot use the sugar in our blood as energy and the level of sugar in our blood rises.

You may hear people use the term **glucose** this is the same as sugar so we can use either the phrase **blood glucose** or blood sugar to talk about the amount of sugar we have in our blood.

People with Type 1 diabetes use **insulin** injections to help the body to absorb glucose and use it as energy.

People with Type 2 diabetes may control their blood sugars with healthy diet and exercise, take tablets or **insulin** injections or a combination of these.





# Avoiding Diabetes

The number of people developing diabetes is rising and predicted to continue to increase.

A number of things make people at risk of developing diabetes. You can reduce your risk by moving more, losing weight, eating healthily and recognising the symptoms of diabetes.

This is the story of **Nasir** and the small steps he took to reduce his risk of diabetes.

## What next

Nasir's results are sent to his GP practice who invite him in to discuss them. His doctor suggests making small achievable changes. Having seen his mother live with diabetes Nasir decides to make some changes starting by trying to move more. At first getting off the bus one stop earlier and building up to walking to the station and back daily. He also makes sure that he uses the stairs and walks up any escalators during his commute.

Since downloading a step counting app on his phone Nasir has increased his steps from 1,500 to 7,000 every day. It's not quite at the recommended 10,000 steps a day but it's a great improvement. At weekends while he is watching his son at football practice he makes sure that he gets his steps in by walking up and down the side line whilst cheering.

Within the first few months Nasir has noticed that his clothes feel looser and when he weighs himself he is pleased to see his effort has paid off and he has lost 8lbs and an inch from his waist.

Nasir is now looking to make the next change and start eating healthier breakfasts.

### Get moving, keep moving

**Aim to walk 10,000 steps a day or do 150 minutes of moderate activity. That's just 30 minutes, 5 times a week.**

## Nasir

**Lives** Furzedown/Tooting

**Age** 43

**Height** 5ft 9inches (175cm)

**Weight** 11stone 3lbs (70.5kg)

**Waist** 37inches

**BMI** 25

**Smoker** No

**Alcohol** No

**Job** IT programmer  
(lots of sitting down)

**Activity** Walks to the bus stop on his way to work

**Favourite Foods** Anything his wife and mum cook!

**Family History** Mum has diabetes

**Nasir currently lives with his wife and two children in the Furzedown area. He gets to his job in central London on the bus and tube every day.**

Nasir doesn't have much time in the morning, he skips breakfast at home and usually grabs something on his way to work like a coffee and croissant.

Nasir knows that he's not the same size as he used to be and tries to eat a healthy salad at lunch with a juice or smoothie and a biscuit.

In the evening after a long day, and once the children are in bed Nasir and his wife enjoy a meal at home together. Nasir often has a couple of helpings. Their ideal way to spend an evening is in front of the TV with a couple of biscuits.

At the weekends Nasir takes the kids to their activities like swimming and

football. In the afternoon the family often go to the cinema where they all have popcorn and Nasir looks forward to nachos.

One weekend Nasir and his wife head into Tooting. They see an advert for a NHS Health Check in the local pharmacy window. They are picking up some cough medicine so ask their pharmacist about it at the counter. The pharmacist offers them a free NHS Health Check.

They explained that you don't have to feel unwell to be at risk of developing health problems in the future and that this check can act as a simple 'Health MOT'.

Nasir is shocked to find that he was at high risk of developing diabetes within the next 10 years. Nasir admits that he had noticed that his weight had slowly crept up over the last few years, more than anything he had not realised just how much of a problem his waist size was to his health.

## Nasir's Risk Explained

- 1 Family History** - Nasir's mum has diabetes. Having a relative with diabetes increases your risk. The closer the relative is the higher the risk, for instance parents or a brother or sister put you at higher risk.
- 2 Age** - Nasir is aged 43 years. People over the age of 40 have an increased risk of getting diabetes. However it is important to remember you can develop diabetes at any age.
- 3 Waist Measurement** - Nasir has a waist measurement of 37 inches. Having a waist measurement of 37 inches or more in men puts you at a higher risk of getting diabetes.
- 4 Body Mass Index (BMI)** - Although Nasir has a BMI which appears in the healthy range, people from black, asian or other ethnic communities are at a higher risk of diabetes with a BMI over 23.
- 4 Ethnicity** - Diabetes is up to six times more common in south Asian communities than in the general UK population, and it's three times more common among people from African and Caribbean communities.



**You are at higher risk of developing diabetes if your waist measurement is above:**  
**Women - over 80cm or 31.5 inches.**  
**Men - over 94cm or 37 inches or if you are an Asian man a waist measurement over 89cm or 35 inches.**

## What is a NHS Health Check?

**The NHS Health Check is like a mid life MOT.** All adults **aged between 40-74** who don't suffer from any long term illnesses are entitled to have a check.

In Wandsworth you can have this done at your GP, or some pharmacies.

As we get older, we have a higher risk of developing serious conditions like **high blood pressure, heart disease or diabetes.** Your NHS Health Check can spot early signs of these conditions and help prevent these happening to you, which means you'll be more likely to enjoy life for longer.

Once you've had your NHS Health Check, your healthcare professional will discuss your results with you.

You'll be given advice and support to help you lower your risk and maintain or improve your vascular health.

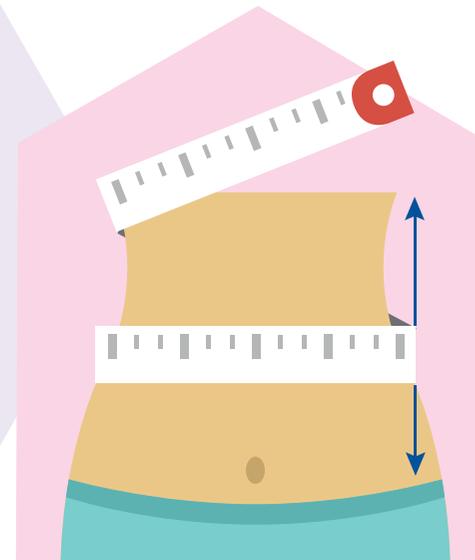
**You don't have to wait until your NHS Health Check appointment to make healthy changes.**

## Waist Measurements, what should you be measuring?

Measuring your waist is an easy way to look at your risk for diabetes. Your waist measure is a good way to work out how much fat you carry round your centre. This type of fat is much more toxic and puts you at much higher risk of diabetes, as well as stroke, coronary heart disease and even some cancers.

**To take your waist measurement follow these 3 simple steps:**

- 1 Find the **bottom of your ribs** and the **top of your hips.**
- 2 **Breathe out** naturally.
- 3 Wrap a tape measure **around your waist** midway between these points to find your measurement.



**Calculate your risk**



Follow the link using this QR Code



## Sharon

**Lives** Roehampton

**Age** 50

**Height** 5ft 2inches (157.5cm)

**Weight** 14stone (89kg)

**Waist** 36inches

**BMI** 31.1

**Smoker** No

**Alcohol** Enjoys a glass of wine in the evening

**Job** School assistant

**Activity** Mum of 3, drives to work

**Favourite Foods** Chinese takeaway

**Family History** None

## Acting before it is too late

**You're more likely to develop diabetes if you're overweight or obese.**

In particular, fat around your tummy (abdomen) increases your risk. This is because it releases chemicals that can upset the body's cardiovascular and metabolic systems.

Change for life

One you

Follow the links using these QR Codes

### What next

At the first group Sharon is surprised to see that quite a few of the children are from her son's school and she knows a few of the other parents. By the time the first session is over Sharon has decided that she would like to come back the following week and her son really enjoyed it. Later in the course they have a session with a nutritionist about how to shop and cook healthily for the family. The course has made Sharon think about her own weight and lifestyle.

A few weeks later Sharon visits her GP to talk about her weight, and her lifestyle. The doctor suggests she finds a weight management group near to her home.

He also talks to her about her general lifestyle and arranges for her to have a blood test. A few days later Sharon re-visits the doctor where she finds out she has something that is called **prediabetes**. The doctor explains that there is a lot she can do to stop herself getting diabetes and now is the time to act.

Sharon is initially shocked by this news, but it motivates her to make sure she makes time to attend her weight management sessions and prepare healthy meals.

The whole family have also made changes like eating together at the table. They've even started to play and do more together. The kids have been enjoying going for bike rides and walks in Richmond Park and everyone has much more energy.

### Sharon has a busy life, she has three children and a full time job in a school.

Sharon knows that since she had her youngest child her weight has gradually crept up, but didn't really think it was anything serious as most of her friends look about her size and shape. Most days Sharon feels really tired which she puts down to her job and being the mum of three children.

Sharon drives the 45 minute journey to work every day and a couple of times a week picks up a takeaway for her and the kids as there is little time to cook once she gets home. On days that the family don't have a takeaway they tend to have a ready meal from the supermarket. The family don't often sit together to eat as Sharon's kids love watching TV. A few months back Sharon was really

shocked when she got a letter from her son's school telling her that he was overweight. She felt really cross when she got the letter, because she doesn't think her son is overweight and thinks he looks no different to any of the kids in his class! Within a few days of receiving the letter Sharon gets a call from the school nurse who suggests that Sharon and her son attend an after school activity session, **Beat It**, Sharon isn't sure but the school nurse suggests they give it a go for just one session.

**Prediabetes** - is not a clinical definition but it is a risk factor for developing diabetes. We use this term when your blood sugar is higher than normal and you are at a much higher risk of getting diabetes.

## What is the national child measurement programme?

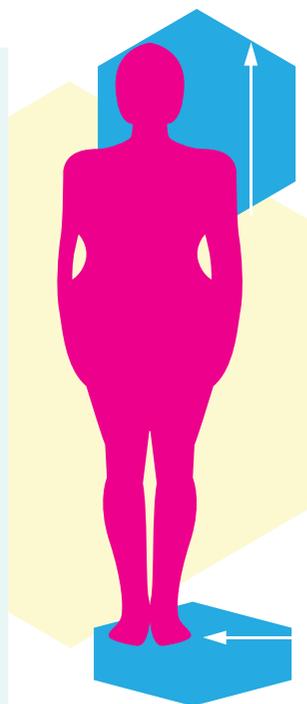
This is a national programme which measures the **Body Mass Index (BMI)**, height and weight, of **all children in Reception** (ages four and five) and **Year Six** (ages 10 and 11) in primary schools.

Children who are a healthy weight are more likely to grow up to become healthy adults.

BMI score is just one way to measure whether we are a healthy weight and the results from the child measurement programme can be used as a cue to understand your child's health.

You will receive a letter before with information about how and when it will happen. It takes place within your child's school where their height and weight is measured in their normal clothes by your school nurse.

The results will not be shared with any teachers or other children and will be sent to your home in a letter. If your child is measured as either underweight or overweight you will also get a call from the school nurse to talk to you about activities and programmes your family can take part in.



**BMI** is a number calculated using your **height** and **weight**

**BMI** follows a formula that assumes that at a **certain height** you should be a **certain weight**.

**BMI** is a good first step to determining your overall health. A **high BMI** is a clue that you need to think about your health.

Your **BMI** can vary depending on certain factors: Age, gender, ethnicity, body fat, and muscle

Know your BMI checker

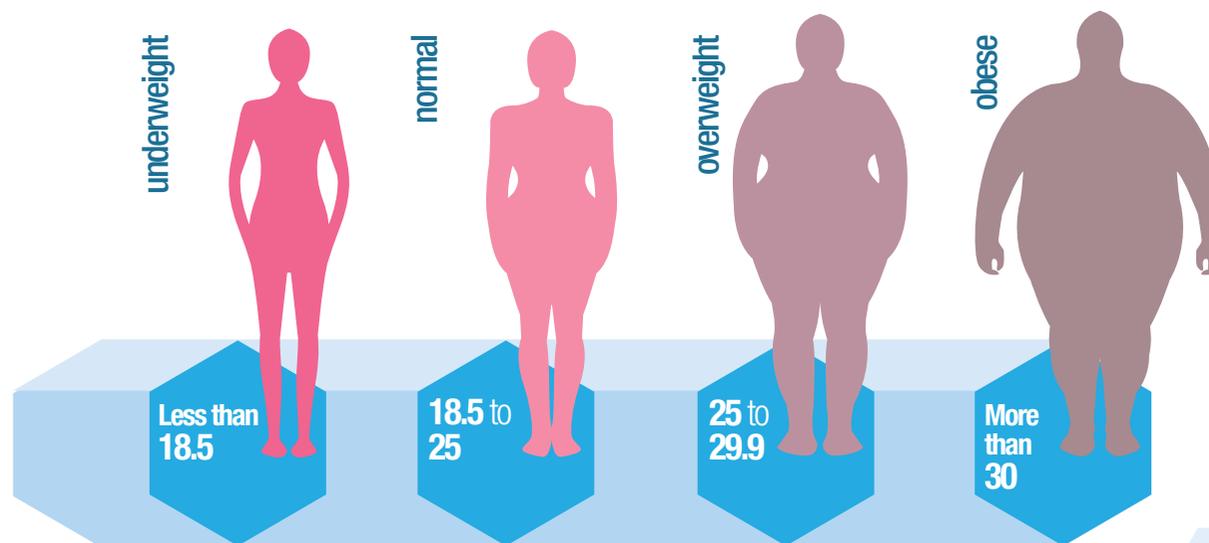


Follow the link using this QR Code



Beat it is a fun and educational **FREE** programme all about getting active, trying new activities and leading a healthy lifestyle.

The sessions are for all children aged 5-13 years who are above a healthy weight, a parent/carer must attend with them, ensuring that the lifestyle changes are carried on at home and after the programme too. Sessions range from Dodgeball to exploring what's in popular drinks available from the supermarket. They give children and young people the opportunity to learn how to make informed decisions on healthy food choices in the future.



\*For people from black, asian or other minority ethnic communities a BMI of above 23 would put them at a higher risk of diabetes



## Eileen

**Lives** Balham near Clapham South

**Age** 51

**Height** 5ft 5inches

**Weight** 12st, 13lb

**Waist** 33 inches

**BMI** 30

**Smoker** Yes

**Alcohol** fruit punch on special occasions

**Activity** Playing with grandchildren

**Job** Has been a stay at home mum all her life

**Favourite Foods** Jerk chicken

**Family History** No history of diabetes

## Coping with a new diagnosis

People with diabetes are 3 times more likely to be diagnosed with depression than people who don't have it.

Every week 15 people in Wandsworth are told they have diabetes. In a year that's enough people to fill 10 double decker buses. After a diagnosis many people may feel depressed.

Depression can affect a person's ability to deal with their diabetes, including how they control their blood sugar levels.

**It all started with night sweats, I didn't really worry much to be honest, I thought it was the menopause.**

I went to the doctor to see if anything could help with my symptoms. They asked: if I went to the loo a lot, was I thirsty or tired, or if I had blurred vision. I was often tired but I look after my grandchildren so that's not surprising. I was asked to come back for blood tests which showed that my blood sugar levels were very high. The doctor explained to me that I had **diabetes**. I was given lots of information and was prescribed some tablets called Metformin and Gliclazide. I went to the pharmacist in a bit of a daze to get my new pills. I didn't really know what any of it meant

but they were great and answered all my questions about my medicines.

Being told I had diabetes shocked me; I'd always felt fairly healthy. I had noticed a few changes, being a bit heavier and tired, but just put it down to ageing. At first I just thought I could take my medication, avoid biscuits and sweets and it would all be fine. There was lots of information and I found it hard to know what to do. The doctor suggested that I go along to these classes called **DESMOND**, I wasn't sure at first but my daughter came along with me. The course was really useful and I soon understood what I needed to do.

**1** in **4** people with diabetes has **depression**  
That is almost **4,000** Wandsworth people

People with depression are more likely to neglect their diabetes

Who is **DESMOND**?  
DESMOND stands for Diabetes Education and Self Management for Ongoing and Newly Diagnosed

More simply it is...  
**A way of finding out about diabetes**  
**A course to help you manage the changes diabetes will bring to your life**  
**An opportunity to meet and share experiences with others.**

**DESMOND** is a programme which will help you increase your knowledge and understanding of what diabetes means for you. The course is designed to support you to become an expert in your own care to make sure you are in control and making the decisions.

**DESMOND** is run over a full day with a small group.

It is built around group activities, but there will be opportunities for you to speak with someone one on one. Studies show that people who go to **DESMOND** are less likely to feel depressed, they are more likely to make healthy changes to help keep their diabetes well controlled like quitting smoking or losing weight.

## What next

The first few months were hard. I found it easier to stay at home instead of going out with my friends and family. Although I was managing my blood sugar, I had withdrawn from my friends. I couldn't get it out of my head that I was now sick. I began feeling like my diabetes was all I could think about. I even stopped wanting to go out with my grandchildren. I knew my husband and daughter were worried about me and I knew I was not myself. I felt down and I felt that my diabetes was the only thing that defined me. After a few months I went back to the doctor and I was really glad because I was referred to IAPT with depression. I knew I had been feeling unhappy but I didn't realise I had depression.

At first I was nervous about going as it wasn't something I had done before. I was offered Talking Therapy. It helped me come to terms with my diagnosis and the therapist helped me to understand myself. After about 3 months I really turned the corner and felt more like myself. As part of my coping strategies I joined a local diabetes support group, which I still go to. I realised just how common it is for people with diabetes to suffer from depression.

I've found things to help me cope both with diabetes and depression. I walk every day, usually in the morning, its become part of keeping my mind and body well. Eating healthily has become normal for me and the family and I make sure I take my medication.

I always go for my annual check at the doctors to make sure everything is okay and I am doing the right things. I've learnt how to manage my diabetes in a positive way and really feel like my life is my own again.

## Diabetes and Mental Health

Everyone feels lonely, stressed or unhappy at some point in their life. Generally, these difficult times pass, but sometimes there are problems that do not go away and it becomes harder to cope. This is even more likely for people with a long term health condition such as diabetes or cardiovascular disease.

### Increasing Access to Psychological Therapy

**(IAPT) Services** provide free confidential talking therapy. They can help with worry, stress, anxiety, phobias, low mood, bereavement, relationship troubles, loss of confidence, trauma and coping with long term conditions.

Talking Therapy works by changing how you think and behave which can help to change how you feel. **You can refer yourself to IAPT or talk to your doctor.**

IAPT  
Self referral  
form



Follow the link  
using this QR Code

## Your Annual Check

Everyone with diabetes should have an annual check-up with the doctor and specialist nurse at their GP practice and hospital services.

### They will look at the following 9 areas of your health:

- 1 Long-term blood sugar levels (the HbA1c test),
- 2 Blood pressure
- 3 Kidney function by testing your urine
- 4 Kidney function by testing your blood
- 5 Cholesterol
- 6 Weight and BMI
- 7 Foot check
- 8 Eye screening, this will be done at the hospital
- 9 Smoking check

Get your  
**NINE**  
to do  
**FINE**

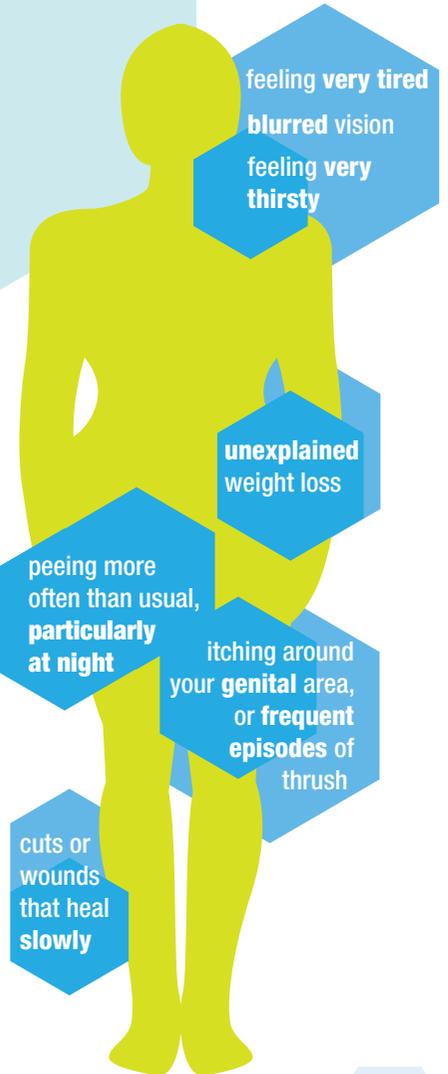
Up to 40% of people with diabetes in Wandsworth do not receive their checks. If you think you have missed your annual check then contact your doctor to make an appointment.

## These are common symptoms of diabetes

### Look out for them

## Complications from diabetes include:

- **Damage to the eyes** which could lead to blindness
- **Damage to the kidneys** which can lead to kidney failure
- **Damage to the nerves** which often leads to loss of feeling in your feet
- **Gastrointestinal problems**
- **Erectile dysfunction** in men
- **Depression**
- **Heart attack, angina** and **heart failure**
- **Stroke**
- **Poor circulation**, particularly in your legs, which may result in pain when walking or may increase chance of foot ulcers
- **Amputations** due to ulcers or infected wounds



## Diabetes and early complications



### Graeme

**Lives** Ashburton Estate

**Age** 56

**Height** 6ft (183cm)

**Weight** 15st 5lb (97.5kg)

**Waist** 39inches

**BMI** 29.1

**Smoker** Yes

**Job** Electrician

**Activity** Plays football once in a while, DIY

**Alcohol** Likes a beer after work

**Favourite Foods**  
Spaghetti Bolognese

**Family History** No history of diabetes

**Many people with diabetes suffer from a number of long term complications. Diabetes can often have serious implications on a number of parts of the body including the eyes, kidneys, heart and feet.**

People with diabetes will often receive care from lots of different health care professionals as part of their treatment such as dietitians, podiatrists, ophthalmologists, pharmacists, doctors and nurses.

The chance of a person with diabetes developing complications is due to how well their blood sugar is controlled, how long they have had diabetes and genetic factors.

#### **I was diagnosed with diabetes when I was 44.**

Its been about 11 years that I've had diabetes and over that time I've lost about 4 stone, although I know I'm still heavier than I should be. I'd never had a problem with my eyes before I was diagnosed. Over this time I'd felt I had a pretty stable diabetes routine. However over the last couple of years I began to notice that something wasn't quite right and my vision was becoming blurry, so I went along to my local optician. During my sight test the optometrist said that they were concerned about the health of my eye, specifically the back of my eye. They referred me to the eye clinic over at St George's Hospital.

I saw a consultant at the hospital who told me that I had had some bleeding on the back of my eye. They said it was a good thing I came in because my blood sugars and blood pressure were quite high which is probably what caused the bleeding in my eye. The consultant was also concerned about my cholesterol so I made an appointment with my GP to discuss my overall health. I thought I was doing okay, so I hadn't been for my regular checks or annual eye screening. I realise now that was a mistake. I had high cholesterol, blood pressure and my blood sugars were not properly under control as shown by my HbA1C test.

The doctor explained that I was at very high risk for either a heart attack or a stroke because of my varied blood glucose levels, I've been put on statins to reduce my cholesterol and now inject insulin to keep my blood glucose under better control. I'm also following the advice to lower my blood pressure. Unfortunately the bleeding in my eyes has already affected my vision so they cant do anything to improve it but I've been booked in to have laser treatment to stop my vision getting any worse. This has shown me that I can't be complacent with my diabetes. I'm monitoring my blood sugars more regularly and making sure I take my insulin injections appropriately, it's normally twice a day.

I didn't realise it put me at increased risk of other conditions such as stroke or heart disease as well. I'm now attending all my regular checks as its one of the best things I can do to prevent any further problems. I've even signed up to stop smoking!

Looking at the future I want to become a diabetes champion so I can help support others and make them aware of how important it is to look after yourself.

### **HbA1C is the short name for glycated haemoglobin.**

Your doctor should do a **HbA1C** test at least once a year. It is a simple blood test that can check your blood sugar levels for the past two to three months. It is a good way to test whether you are controlling your diabetes.

**Wandsworth Diabetes Champions** are local people who have been trained about diabetes and key health messages.

Over the last year the diabetes champions have been helping out at lots of communities events, including the Tooting cancer pop-up shop. They are a great opportunity to raise awareness of diabetes throughout local communities and to help people who have been diagnosed with diabetes with useful information and advice.

# Diabetes and other serious diseases



## Veronica

**Lives** Roehampton

**Age** 64

**Height** 5ft 6inches (168cm)

**Weight** 11stone (70kg)

**Waist** 36inches

**BMI** 26

**Smoker** No

**Job** Retired

**Activity** Chair based Pilates

**Alcohol** Only on special occasions

**Favourite Foods**  
Pistachio nuts

**Family History**  
Father had diabetes

**I was diagnosed with diabetes in 2001. I was profoundly shocked and surprised at this news as my father had diabetes so I had a pretty good idea of what was involved**

I have also suffered from MS (Multiple Sclerosis) since 1987 and have been completely wheelchair-bound for about 10 years.

I cannot walk at all and can only stand, with support, for a few seconds. At the time of my diabetes diagnosis I was very confused about what diet I should follow and spoke to a dietitian. Initially the advice felt very depressing.

I was told to have a serving of 6 pistachio nuts, because of the high salt and fat, whereas I used to eat them by the handful.

I found it even more difficult because some of the general diet advice for diabetics was different to some of the advice for my MS. So it took me some time to work out what was the best diet and nutrition for me and how it affected my blood sugar readings. Now I am not following any particular diet to the letter, but I try to maintain a healthy varied low fat diet with plenty of fruit, vegetables and salads.

Of course I still cheat from time to time as we all need the occasional treat! As far as managing the diabetes is concerned I monitor my blood sugar daily before breakfast and try and keep an eye on my weight although using scales is difficult as I cannot stand on them unsupported for long enough to get an accurate reading.

I have experienced hypoglycaemic incidents at night when I am woken up very suddenly feeling very shaky, sweaty and sick.

They are scary events. These usually pass in 10 minutes or so eating 5 jelly babies, taking sips of water and checking my blood sugar level is okay.

My diabetes remains fairly well-controlled my regular HbA1C tests are quite good. My annual retinopathy (eye) checks show that my right eye is deteriorating but does not at the moment require active

### Hyperglycaemia

is when you have a very high level of sugar/ glucose in your blood. You may urinate more, become weak and thirsty. In the long term it can damage your eyes, kidneys, nerves and blood vessels.

It is important to keep your blood sugar levels within the normal range as much as possible. If it's too high or low it can be harmful.

### Hypoglycaemia

is when you have an abnormally low level of glucose/sugar in your blood. This may cause you to become unconscious or feel very unwell.

treatment but its something that is being monitored by the doctor.

Its difficult when people tell me that I should take more exercise as I am in a wheelchair all the time but I do chair-based Pilates exercises once a week. I cannot use my legs at all so I have to adapt what I can do and rely on my arms and upper-body strength.

I have found talking to other people with diabetes has been a real support and I am a member of the Wandsworth Diabetes Patient Group. I think the hardest thing about having diabetes is the uncertainties it raises, particularly when combined with my MS.

**Wandsworth Diabetes Patient Group is a group of people who have diabetes who meet to share their experiences.**

The group meet every 1-2 months. To find out more visit the Care 4 Me directory it has lots of information about different groups and services in Wandsworth.



Follow the link using this QR Code



## Omar

**Lives** West Hill Road

**Age** 39

**Height** 5ft 9inches (175cm)

**Weight** 15st, 10lb (100kg)

**Waist** 55inches

**BMI** 32.6

**Smoker** Yes

**Job** two day a week providing office support

**Activity** Gets the bus everywhere, enjoys bowling

**Alcohol** No

**Favourite Foods** shawarma and cola

**Family History** No history of diabetes

## Diabetes and learning disabilities

People with learning disabilities are 80% are likely to be obese compared to the general population.

People with learning disabilities are more likely to have diabetes.

**I've been Omar's carer for the last six years or so and in that time we have been through a lot together.**

He was diagnosed with diabetes about five years ago, but he may have even had diabetes before then. It took me about a year after meeting Omar for us to get him to a doctor he felt comfortable with, someone who would talk to him directly and listen to what he was telling them.

I was with him when he was diagnosed and its been a really hard journey for us both. We went on the DESMOND course which I found really helpful and I've done a lot of reading up on diabetes since. It was difficult trying to explain and get Omar to understand why he had to make changes to his life. For instance his favourite food is a chicken shawarma with a large cola, if its up to him he will have that morning, noon and night, which isn't good for his blood sugar. Its taken a while but he understands now that he can't eat his favourite food all the time and that it's a treat. This is just one of the good changes he has made.

We now make some of our short journeys on foot or even on our bikes which Omar has actually really enjoyed. At his last annual health check the nurse ran these special forks over his feet, legs and knees and noticed that Omar had started to lose feeling in his feet. In fact he doesn't have any feeling at all in some of his toes. If he gets a small cut then then it can easily become infected and because he has little or no feeling in his feet it could take a while to notice this.

I'm very careful to check his feet daily, we saw a guy last time we were at the diabetes clinic who ended up with a severe infection from a small crack in his heel. The guy was lucky not to have his foot amputated and was in hospital for several weeks.

**The Integrated Falls Service is available for anyone who is concerened about falling or has had a fall.**

You will be assessed for your risk of falling and the team will look at how to reduce your risk. The service offers strength and balance excercises known as B+oost and Bone B+oost as well as educational classes. You can contact the team directly on 020 8812 4079 or ask your GP to refer you.

Alongside daily checks from me, Omar also goes to see a podiatrist every 3 to 6 months. So far we still have it under control but I have noticed that Omar drags his feet more than he used to and can become more unsteady on his feet now he has lost some of the feeling in his feet. It is a worry because we want to make sure Omar is as active as he can be but the worry of him falling has increased.

We've been referred to the Integrated Falls Service at St John's Therapy Centre, Omar has only had a few sessions but their B+OOST exercise classes have been great to work on his strength and balance. Its hard to say what the future holds for Omar but we are taking things slowly together and managing each change in his diabetes together.

**Amputation is unfortunately a very real consequence for people with diabetes.**

**High blood sugar can damage your nerves which can reduce your feeling in your feet.**

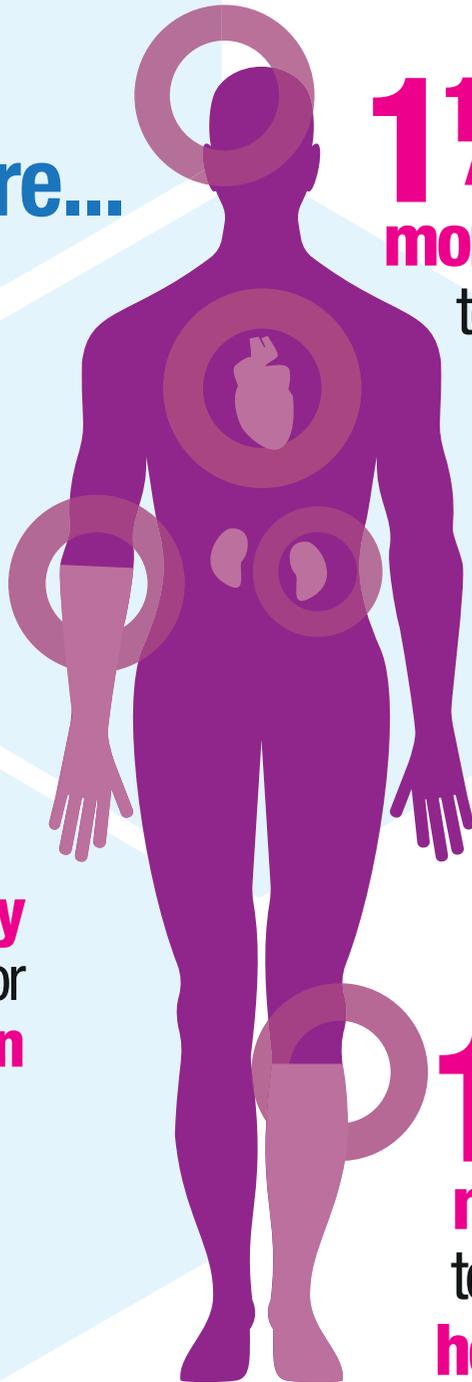
The high blood sugar levels may also mean that skin may not heal as normal. This means that small ulcers, cuts or broken skin may take much longer to heal and can easliy become infected. If left untreated this infection can quickly spread which may lead to an amputation.

people with  
**diabetes are...**

more than  
**twice**  
as likely to **need** a  
**kidney transplant**  
or **dialysis**

**3** times  
**more likely**  
to need major  
**amputation**

than a person  
without diabetes



**1½** times  
**more likely**  
to suffer a  
**stroke**

**1½** times  
**more likely**  
to experience  
**heart failure**

more than  
**135 people in**  
**England each week**  
are having an **amputation**

You can reduce your risk of infections by checking your feet daily and making sure you get anything abnormal seen by your GP straight away.

In 2013/14

**17%**

of people with diabetes in Wandsworth

**did not**

go for their  
eye (retinal) screening  
appointment

Until recently diabetes used to  
be the leading cause of  
**sight loss in England.**

However, in 2003 the government  
introduced the national diabetic eye screening  
programme which checks the health of every  
patient with diabetes at least once a year.



## Diabetes in pregnancy

### Gestational diabetes develops during pregnancy.

It usually comes on in the middle or towards the end of a pregnancy although it can start earlier.

Gestational diabetes often disappears after pregnancy. However women who have had gestational diabetes are more likely to develop diabetes later in life or during other pregnancies.

## Rachel

**Lives** Balham

**Age** 37

**Height** 5ft 2inches (157.5cm)

**Weight** 12stone 10lbs (81kg)

**Waist** 40inches

**BMI** 32.5

**Smoker** No

**Alcohol** Likes to unwind with a couple of glasses of wine

**Job** Marketing manager

**Activity** Yoga

**Favourite Foods** Tapas

**Family History** None

**We were really excited about having a baby. We had waited until we had bought our own place and we felt secure enough in our careers.**

I've always struggled to motivate myself to go the gym but when I have the time I enjoy doing yoga. I try to eat healthily but I know that as I've gotten older and busier with my job its easy for me to slip with my eating habits. When I was about 10 weeks pregnant I went along to the hospital for my booking in appointment. The midwife asked loads of questions, weighed and measured me and took some bloods. She explained that because I was carrying a bit of extra weight and my mum is from the Caribbean I was at a higher risk of developing gestational diabetes. I'd never really heard of it before to be honest. I felt everything was going fine with the pregnancy. When I got to about 25 weeks, I was offered a test for gestational diabetes. I had to go to my appointment without having breakfast and have some blood taken. Once they had taken the

blood I was given a bottle of lucozade to drink and then a couple of hours later some more blood was taken. I did feel a little anxious about it at the time but tried not to think about it too much. A day or so after the test I got a call from the midwife saying that my blood sugar had been high.

At my antenatal appointment the nurse explained that I was more likely to have a large baby which could cause problems for me and the baby when it was time to give birth. She said it might be necessary to have my labour induced or have a caesarean. Listening to the complications was scary, the thought that my gestational diabetes could cause me to miscarry or to have a stillbirth was really upsetting. Even if the birth was okay there was a risk that my baby could be born with low blood sugar when born and would need hospital care. I felt so guilty, I couldn't believe this was happening.

## What next

The antenatal team were so reassuring and said that with proper management of my condition I could have a healthy birth and baby. They referred me to a dietician who helped me to learn how to choose foods that don't raise my blood sugar too much. I did everything I was told, I swapped white rice and pasta for brown and swapped potatoes for sweet potatoes. I also used the **'Sugar Swaps' app** to see how much sugar was hidden in food. They suggested that I do regular exercise such as taking a 30 minute walk after a meal or going for a swim so I made sure I did something everyday.

It took me a while to get used to testing my blood sugar, remembering to do it when I woke up before eating anything and then an hour after each meal. I didn't really like pricking the side of my finger at first and squeezing a drop of blood onto the test strip. I worked really hard to be conscious of my food, blood tests and I exercise. I got quite fed up at times to be honest, but thinking about what could happen to my baby if I didn't make these changes kept me motivated. It did limit my birth choices. When I was first pregnant I really wanted to have a normal birth in a birth pool so when I realised this wasn't possible I was disappointed. In the end I was induced as they team were concerned that my baby was getting a little on the large size.

Throughout the labour my blood sugar was monitored and when it did drop I was put on an glucose drip. When my baby girl was born her blood was tested every 2-3 hours to make sure her blood sugars were at a normal level. Luckily she was all fine. A few weeks after the birth I went back to the doctor for another blood sugar check to make sure that the diabetes had not continued after my pregnancy. I was so relieved that everything was back to normal. But it was a real wake up call. A year after having my first child I am healthier than I have ever been - but I still have a way to go before I am at a healthy weight. I have continued to make better food choices and exercise even if it's just a 30 minute walk. Now more than ever I want to stick at it I want to see my daughter grow up and I want to set a good example to her so she doesn't put herself at risk!



Follow the link using this QR Code

almost  
**20%**

of women giving birth in England and Wales **may be affected by gestational diabetes**



The number of women with **gestational diabetes** has been increasing in England because:

**More women** are **overweight or obese** before and during their pregnancy

**More women are waiting longer to start a family.**  
In 2013 just over half of all births were to mothers over the age of 30, a trend that has increased since the late 1970s

# How is Wandsworth doing?

This part shows us how Wandsworth is doing for diabetes care and can help to show us what we are good at and what we need to improve.

To understand how well Wandsworth is doing we have compared it to other local authorities in London which have similar characteristics such as size, population. We refer to these as our statistical neighbours, so even if they are not the next local authority to Wandsworth they have many similar characteristics to Wandsworth. Our statistical neighbours are Camden, Hammersmith and Fulham, Islington and Westminster.

It is estimated that

**30%** of people living with diabetes in Wandsworth have **not been diagnosed** with the condition.

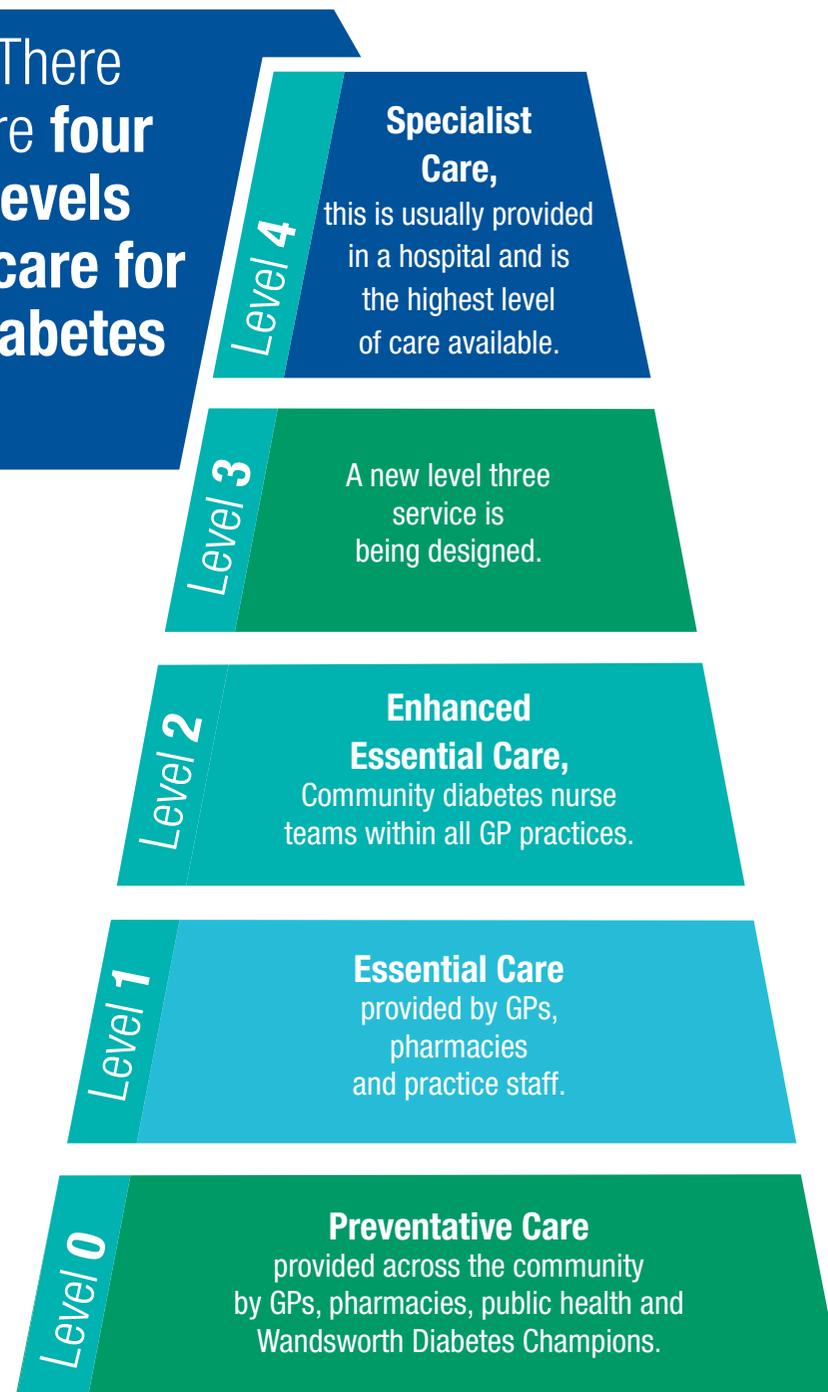
In comparison to people without diabetes, people with diabetes have a much **higher risk** for **heart attacks, heart failure, angina, kidney disease, stroke** and **minor and major amputations**.

However in Wandsworth when compared with our statistical neighbours we have some of the **lowest risks** for these complications.

## NDPP - National Diabetes Prevention Program

Wandsworth is a first site for a new national programme that offers people who are pre-diabetic a range of healthy lifestyle programmes for 9 months, which will reduce their risk.

There are **four levels of care for diabetes**



The rate of years of life lost to diabetic complications

is greater among both **males** and **females** in Wandsworth when compared to **London, Inner London and Hammersmith and Fulham**

**Men** lose more years of life to diabetes than women, both nationally and in Wandsworth.

**Men in Wandsworth are three times more likely to die as a consequence of diabetes than women**

In Wandsworth we **spend more money** on people with diabetes

but people achieve worse levels of blood sugar control **compared to other boroughs**

In Wandsworth **62%** of patients are have **good control over their blood sugar**

however **only 38%** of patients are meeting all of their **treatment targets**

In Wandsworth over a three year period there were **531** stays in hospital for diabetic foot disease, that's **6,180 nights in hospital**

There were **77 amputations** in **Wandsworth** over three years, these are similar to the London average

Around **766 people** need **social care help** because of their diabetes in Wandsworth

Only **1%** of people who are **overweight** or **obese** have **used our weight management services**

It costs us **£140 per person** for **weight management** sessions and **£7,000 per person** for **bariatric surgery** for weight loss

# Next steps

The stories in this report have been used to highlight the risks, issues, opportunities and services in Wandsworth for people at risk and living with diabetes.

There are 15,000 people with diabetes and a further estimated 25,000 people who have pre-diabetes living in Wandsworth. Diabetes affects a wide range of people, from all ethnicities, ages and neighbourhoods, across our borough. **Unfortunately people with diabetes die up to 10 years earlier than those without diabetes.**

This is something that we want to change. We want to make sure that fewer people develop diabetes and that those with diabetes have the knowledge and right care to live as healthily as possible.

Through the use of self-help and local services this report has shown that making small changes which we maintain can help to make us healthier and reduce our risk of diabetes. Moving more, eating better, losing weight and not smoking are not only important to reduce and prevent your chance of developing diabetes but will also reduce your risk of heart disease, stroke and many cancers.

We have made a number of recommendations that will reduce the number of people diagnosed with diabetes and improve the health of those with the condition.

## Recommendations for the Wandsworth Annual Public Health Report 2016- Diabetes

We hope that this report will be used by everyone- from members of the public to providers of care in Wandsworth- to make sure that we are all working together to tackle diabetes in Wandsworth.



## Our practical recommendations are:

- 1** For community groups and care providers to use the information and stories in this report to **engage members of the public** in understanding the risks and complications of diabetes, what can be done about them and the services that are available to Wandsworth residents. This will include building on the current numbers of Diabetes Champions. The Council Public Health and NHS staff will be on tap throughout 2016/17 to provide advice and work with community organisations to engage the public.
- 2** There are far too many people on the verge of becoming diabetic in Wandsworth. It is important that local GPs **identify and refer people who are at high risk (pre-diabetic) and who are diabetic**. This should be more possible now as Wandsworth has just become a first wave site for the National Diabetes Prevention Programme (NDPP). We aim to reduce the number of pre-diabetics by ensuring, for a start, that 200 people with pre-diabetes are referred through the year one pilot of the NDPP. We look to grow this exponentially over the next three years.
- 3** Encourage all schools to create and maintain a healthy environment for their pupils. Great achievements have been made to improve what food is provided in schools and this should be sustained. Additionally **all schools should encourage all pupils to be active every day**. This is proven to be good for their health, their behaviour and for their educational attainment. In particular, all primary schools will be supported to implement the Daily Mile scheme, where pupils are encouraged to walk or run a mile every day during the school day. A pilot has been received enthusiastically by Wandsworth schools and we aim to roll this out to 50% of Wandsworth schools by March 2017 and 100% by March 2018.
- 4** Use all means of communication possible to encourage Wandsworth residents, including parents and carers to **make the most of two very effective national campaigns: Change for Life for children and One You for adults**. These are cost effective programmes with online resources to help us embrace healthy lifestyles for us and for our children.
- 5** For the NHS to **direct all people with diabetes to take part in educational programmes** and other sources of self-help on diabetes case such as the DESMOND programme and the Expert Patient Programme. This includes working with the NHS to ensure that diabetes education programmes are suitable and easily accessible for all people with diabetes, including people with a learning disability or from a black, Asian or minority ethnic community.
- 6** As much as 40% of people with diabetes do not receive all their essential nine care processes. Ensuring that people with diabetes receive the appropriate care at each step of their journey is crucial. We will work with the NHS to **encourage all people with diabetes to attend their annual health check and receive their nine care processes**. We will work in partnership with the CCG to ensure that the right care is provided to the right people at the right time and setting through the CCG's **redesign of the diabetes care pathway**.
- 7** Make this report available to all large and Small and Medium Enterprises in Wandsworth and encourage them to use it to reduce the risk of diabetes in their employees through **healthy workplace initiatives**.

# Useful information

Here you will find all the information and services mentioned throughout the report, alongside some other useful sources of information.

## Useful information on reducing your risk of diabetes

Change for Life aimed at families, and adults, to help them make simple changes to eat well, move more and live longer. [Visit www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)

NHS Health Checks find out more information about the NHS Health Checks, what it involves and how you can get one. [Visit www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)

One You aimed at providing adults with the right information, advice and support to help improve your health. [Visit www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)

Wandsworth Council's Health Page provides information on local services and support to help you live a healthier life. [Visit www.wandsworth.gov.uk/health](http://www.wandsworth.gov.uk/health) for more local information about NHS Health Checks, weight management, smoking cessation, alcohol and lots more

## Useful information on diabetes or for people living with diabetes

DESMOND Project provides information on structured education on diabetes.

[Visit www.desmond-project.org.uk](http://www.desmond-project.org.uk)

Diabetes UK provides a specific diabetes resource website for information, research, advice and support on diabetes, both how to lower your risk and how to live well with the disease. [Visit www.diabetes.org.uk](http://www.diabetes.org.uk)

Diabetes.co.uk is an online community for people with diabetes who provide information, news and an online network. [Visit www.diabetes.co.uk](http://www.diabetes.co.uk)

NHS Choices provides information to help you make choices about your own health and healthcare. [Visit www.nhs.uk](http://www.nhs.uk) for specific information on living with diabetes visit [www.nhs.uk/diabetes](http://www.nhs.uk/diabetes)

## Useful information on mental wellbeing

Big White Wall is a safe online community of people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals. It is free for people who live in Wandsworth. [Visit www.bigwhitewall.com](http://www.bigwhitewall.com)

MIND provide advice and support to empower anyone experiencing a mental health problem.

[Visit www.mind.org.uk](http://www.mind.org.uk)  
or call them on **0300 123 3393**

Samaritans who provide confidential non-judgemental emotional support and are available 24 hours a day, 7 days a week. [Visit www.samaritans.org](http://www.samaritans.org)  
or call them free from any phone on **116 123**

Wandsworth IAPT (Increasing Access to Psychological Therapies) provides psychological therapies to people with common, non-severe mental health problems in Wandsworth. [Visit www.wandsworthiapt.nhs.uk](http://www.wandsworthiapt.nhs.uk)  
or call them on **020 3513 6264** or you can email them at [ssg-tr.WANIAPT@nhs.net](mailto:ssg-tr.WANIAPT@nhs.net)

## Useful information on local community services in Wandsworth

ACIS (Adult Care Information System) provides information on services and organisation who help people with care and support needs. [Visit www.wandsworth.gov.uk/acis](http://www.wandsworth.gov.uk/acis)

Care4Me is a local community directory in Wandsworth which provides information on local services across the borough. [Visit www.care4me.org.uk](http://www.care4me.org.uk)

Wandsworth Council's Family Information Service provides information and advice on childcare, education, family support, health and activities for all children aged 0-19 (up to 25 for young people with special needs or disabilities). [Visit www.wandsworth.gov.uk/FIS](http://www.wandsworth.gov.uk/FIS) or you can call them on **020 8871 7899** or send them an email at [fis@wandsworth.gov.uk](mailto:fis@wandsworth.gov.uk)

Wandsworth Wellbeing Hub aims to help people find the right organisations and services to support their health and wellbeing needs.

[Visit www.wandsworthccg.nhs.uk/hub](http://www.wandsworthccg.nhs.uk/hub)  
or call them on **020 8812 6700**

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