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All Party Parliamentary Group
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2018, the year we finally stand up to the challenge of diabetes

Next Steps for the Childhood Obesity Plan

A session of the All-Party Parliamentary Group for Diabetes took place on 30th January 2018 to discuss the effectiveness of the current Childhood Obesity Strategy. Key witnesses were:

Caroline Cerny - Lead at Obesity Health Alliance, a coalition of over 40 charities, medical royal colleges and campaign groups.
Pav Kalsi - Clinical Advisor at Diabetes UK, a British-based patient and healthcare professional and research charity.
Dr Ana Pokrajac - MD MSc FRCP, Diabetes UK National Clinical Champion, Diabetes Consultant and Endocrinologist at West Hertfordshire Hospitals NHS Trust
Professor Jack Winkler - Emeritus Professor of Nutrition Policy at London Metropolitan University

UK's Obesity Endemic

Dr Ana Pokrajac- Diabetes Consultant

According to recent reports the UK is the 7th fattest nation in Europe and the 12th fattest nation in the world. To combat this the Government introduced the Childhood Obesity Strategy in August 2016. However many experts have lamented the poor effort this strategy has made and there have been calls for this strategy to be improved.

The NHS spends 10% of its budget on obesity, which is preventable through the right education. Being obese leads to a 5 times higher likelihood in developing type 2 diabetes. Diabetes complications (most of which can be prevented) also account for 10% of the NHS budget.

Recommendation 1: Take action to ensure healthier food is cheaper and easier to buy.

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TV Advertising

Caroline Cerny- Obesity Health Alliance

Obesity Health Alliance (OHA) has examined the impact High Fat, Sugar and Salt (HFSS) adverts have on appetite. Their findings suggested that after viewing these adverts the craving for these foods and appetite is increased. The Government have made some headway towards targeting obesity by banning advertising for junk food whilst children's TV is showing. Ofcom banned the showing of HFSS adverts in 2007.

'Watching adverts for food has a direct impact on what children chose to eat and how much they eat'
- Caroline Cerny

It is recognised that many children do not only watch children's channels or TV during certain hours. For example, during one 30 minute episode of Channel 4's *Hollyoaks* OHA noted that there were nine adverts for fast food and junk food. This is a soap opera watched by many young people during the week, increasing their exposure to these adverts.

Recommendation 2: A 9pm watershed on unhealthy food adverts and closing loopholes on advertising on non-children specific TV shows.

'One in five children at reception year is overweight or obese and the proportion is increasing to one in three in year six'
- Dr Ana Pokrajac

Joined-Up Thinking

Professor Jack Winkler, London Metropolitan University

The responsibility for cutting obesity and curbing diabetes cannot be the sole responsibility of the Department of Health and Social Care. The Department for Environment, Food and Rural Affairs (DEFRA) along with the Department for Health and Social Care (DHSC) and the Department for Culture Media and Sport

'There is a focus, particularly by the food industries, of reformulating food rather than an increase in healthier food'
- Professor Jack Winkler


(DCMS) should be creating joint policies to tackle the obesity crisis. Agriculture plays a large part in how a nation eats; what we grow shapes what and how we eat.

There is a current focus on reformulation of food and drink, rather than increasing healthier options. Companies are being encouraged to reduce the sugar and salt in their products, substituting these with sweeteners and artificial products. At the same time the UK continues to import fresh food, increasing the price which is then passed on to the consumer, affecting the cost of the healthier choice.

Recommendation 3: Ensure DEFRA includes health and obesity in its future policies.

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Food Labelling

Pav Kalsi, Diabetes UK

When it comes to eating, the healthy choice has to be the easy choice wherever we buy and eat food if we are to truly try and reduce the national obesity crisis. There is no silver bullet to reducing obesity easily, but there are easy steps that can be taken by the Government and Local Authorities to improve the health of the nation.

'A poor diet contributes significantly to obesity and the risk of developing type 2 diabetes'
- Pav Kalsi

The front of pack traffic light labelling scheme is a quick and clear way of informing consumers about the nutritional content of


the food they buy, enabling people to make healthier choices. Making this system mandatory for all pre-packed foods does not require a major overhaul of policy and standards to ensure this is complete. Additionally, introducing calorie labelling at the point of choice in the out of home sector will help people be more informed when making decisions about what they eat and encourage healthier food choices.

Recommendation 4: Mandatory and consistent nutritional labelling on all foods, such as the traffic light system.

APPG for Diabetes Meeting, November 2017

Role of Diabetes Specialist Nurses (DSNs)

The majority of people with diabetes attend primary care and manage their diabetes themselves with the support of practice nurses. Practice nurses are mostly independent prescribers, but their education in diabetes is self-driven (or not?), and there is no national framework that outlines either competencies needed or accreditations to be revalidated. When diabetes patients get referred to DSNs, the same issues apply – there is no national framework for accreditation of DSNs. We must take into consideration the 'legacy effect' of early years of poor diabetes control. You can never fully abolish the mess at the start, however good the work which you are doing later on. Consultants get to see patients with diabetes at the end of their journey, beyond despair, with complications and low motivation. There is the paradox of a healthcare professional with the greatest expertise not being able to change much on the grand scale of things as he/she sees the patients when they are falling apart.

The backbone of diabetes care are the DSNs. They are mostly recruited from practice nurses and hospital nurses. They have good people management skills, but there are too few of them! According to a Diabetes UK survey of the profession in 2016, nearly four out of five (78%) DSNs voiced concerns that their workload is having an impact on patient care and/or safety and almost four in 10 respondents (39%) said they considered their current caseload 'unmanageable'. Moreover, nobody knows how many DSNs there are in England!

How do they keep their credentials? Randomly, mostly. Until recently we did not have the expertise or the resources to know our weak points. This is where academia, private sector and pharmaceutical industries have helped us by working in collaboration with the NHS to provide skill-gap analysis platforms like EDEN, and accredited educational programmes like CDEP (Cambridge Diabetes Education Programme), the MERIT (Meeting Educational Requirements, Improving Treatment) programme developed by NovoNordisk and TREND-UK have provided excellent insights into the state of affairs and how to fix it.

But all this costs additional money beyond the money required for day-to-day patient care. Nurses (and doctors) are leaving for easier and better rewarded career options than those of overworked fire fighters for a greater good.

TREND-UK already has accreditation material that needs to be adopted by NHS Diabetes and the Royal College of Nursing. It is planned that the data on manpower are collected by DSNs themselves, similarly to the Diabetes Workforce Census by ABCD and the Royal College of Physicians.

The diabetes workforce has to be appropriately remunerated to be able to do what we do best: make a difference to those who need us – our patients with diabetes.

The secretariat to the All-Party Parliamentary Group for Diabetes is provided by:

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Diabetes APPG, House of Commons, London, SW1A 0AA

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