A recent audit by Diabetes UK found that two thirds of people with type 1 diabetes and almost half of type 2 patients do not receive all nine annual health checks to manage their diabetes effectively.¹

This was the biggest ever audit of diabetes in England and Wales, and the figures cause concern that a whole generation with diabetes may require substantial hospital care in the future for the treatment of long-term complications such as heart disease, blindness and kidney failure.

The Diabetes Quality Standard,² launched by NICE in April this year, could not have come at a better time. Made up of 13 quality statements, the purpose is to define high quality care. In a survey about the Quality Standard, 84% of GPs and 80% of diabetes nurses surveyed said this will affect their every day practice and will provide positive opportunities for the delivery of patient care, including allowing for greater national consistency of treatment and improved patient care (65% of survey respondents) and for teams to become more integrated (58% of survey respondents).³

Among GPs, only half noted that they were likely to meet the statement asking that people with diabetes who have experienced an episode of hypoglycaemia requiring medical attention are referred to a specialist diabetes team (52% likely, 48% unlikely).

This is of interest as hypoglycaemia is a common concern for people with type 2 diabetes, with one study finding 38% of patients reporting symptoms of hypoglycaemia in one year.⁴

Yet, as our coverage of the American Diabetes Association annual meeting (page 373) illustrates newer agents are effectively helping manage blood sugar whilst having a lower risk of hypoglycaemia. In addition, there are some promising new therapies and delivery systems on the horizon that hopefully mean that the next generation of diabetes patients do not have to suffer the range of complicating factors that patients with type 2 diabetes currently face.

The issue of hypoglycaemia will be tackled in our conference The Older Patient: from midlife risk factors to later comorbidity on 19th October 2011 at the Royal Society of Medicine, London. See pages 364 and 381 for more details.

References