

DIABETES SUPPORT NEWSLETTER

March 2022

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Welcome to your March issue of the Diabetes Support Newsletter.

In this issue we've included a deep dive into HbA1c and outlined more local support services. We've also included some information around Ramadan and fasting, as well as a Q&A with the local retinal screening team.

Support service updates

DESMOND

Diabetes Education and Self-Management for Ongoing and Newly Diagnosed

After a suspension of the service, to allow the DESMOND team to support the school vaccination programme, courses have now resumed!

Participants can choose to access either face-to-face or virtual courses.

Face-to-face courses are currently being delivered at the following venues:

South Nottinghamshire:

- St Luke's Church (West Bridgford)
- Stapleford Methodist Church (Stapleford)
- Salvation Army Church (Arnold)

Mid Nottinghamshire

- St Peter's Centre (Mansfield)
- Ashfield Play Forum (Ashfield)
- Bridge Community Centre (Newark)

Safety measures remain in place for groups due to the ongoing Covid-19 restrictions in healthcare settings.

For more information or to process a self-referral please contact:

Telephone: 01623 484837

Email: desmondreferrals@nottshc.nhs.uk

Keep in touch with the DESMOND team via social media:



Twitter – [@DESMONDNotts](https://twitter.com/DESMONDNotts)



Facebook – [@desmondnotts](https://www.facebook.com/desmondnotts)

For Nottingham City residents, please contact:

Telephone: 0300 1310 300 option 5

Email: NCP.integratedDiabetesService@nhs.net

KAREN

Kingsmill Adjusting Regime for Eating Normally

- Group Education programme for adults with Type 1 Diabetes who are on multiple daily injections.

The course is designed to give more freedom with diet and confidence with the carbohydrate content of foods, so insulin can be matched accordingly.

- Free access to adults who are under the diabetes team at Kingsmill Hospital.

- Face-to-face courses are run by a diabetes specialist nurse and a diabetes specialist dietitian. These courses take place on a Thursday morning from 09:00 to 13:00 and run over 4 sessions.

- For further information please contact your diabetes team where you can discuss being referred for this course.

DAFNE

Dose Adjustment for Normal Eating

- Group education programme for individuals over 17 with Type 1 Diabetes on multiple daily injections, which aims to improve understanding and promote self-management of the condition.

- Free access across South Nottinghamshire and Nottingham City.

- Face-to-face courses are delivered by 2 trained educators over a 5-day period (Monday-Friday) or 1 day a week over 5 weeks.

- Remote courses are delivered by 1 trained educator over a 6-week period with a blended learning approach of self-directed learning via an online course and weekly virtual group meetings.

- Referral can be discussed with an individual's diabetes team at the hospital or GP surgery.

DIABETES SUPPORT GROUPS

The aim of a support group is to bring people together in the local area to share experiences of living with diabetes and to get practical tips from others about how to live well with the condition.

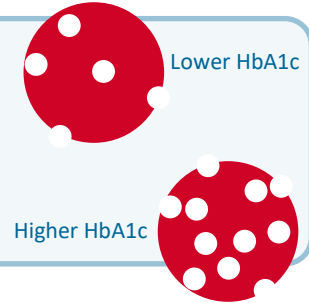
If you are interested in attending a local support group, please discuss with your GP practice or Diabetes Nurse.

Getting to know HbA1c

Have you heard HbA1c discussed within your diabetes appointments but never fully understood what it is or what it means? Take a read of the information below covering all the key points you need to know about HbA1c!

What is HbA1c?

HbA1c tells you your average blood glucose (sugar) for the last two to three months. We all need glucose for energy, but if you have diabetes your body is unable to utilise the glucose effectively. Therefore, more glucose sticks to your red blood cells and builds up in the blood. Red blood cells are active for around 2-3 months, which is why the HbA1c is a measure of your blood glucose levels throughout this time. If you have diabetes you are entitled to have your HbA1c taken at least once a year.



How is HbA1c different to a finger-prick test?

HbA1c measures your average blood glucose levels over the last 2-3 months whereas a finger-prick test is a snapshot of blood glucose levels at that point in time. Everyone with diabetes should have their HbA1c measured but only if you're taking certain treatments such as sulphonylureas and insulin is there a medical need to be finger-prick testing. An HbA1c test should be carried out by a healthcare professional whereas finger-prick testing can be done by yourself if required or desired.



What are the targets for HbA1c?

If you have diabetes, an ideal HbA1c level is 48mmol/mol or below. However, everyone is different and therefore your healthcare team may give you an individual target that considers your personal circumstances and goals. It's also not easy to achieve or maintain an HbA1c level of 48mmol/mol so it's important to focus on realistic and sustainable changes to help improve your result.

A high HbA1c means you have too much glucose in your blood. High levels of glucose over a longer period can cause damage to the blood vessels. This means you're more likely to develop diabetes complications, such as serious problems with your eyes and feet.

How can you lower HbA1c?

If your HbA1c level is above target, it's understandable to be worried; even a slightly high HbA1c level can put you more at risk of developing serious complications. Knowing and understanding your numbers is important and a good first step. Your HbA1c can change for lots of reasons including duration of diabetes, illness, depression, change in lifestyle or because of other medications such as steroids. The actions you take to reduce your HbA1c will depend on whether you have Type 1 or Type 2 Diabetes and your overall health. However, there are some key areas you can consider:



Medication – your diabetes team may need to review your medication e.g. increase the dose or introduce new medication.



Education – your diabetes team are there to provide support, but diabetes requires a significant amount of self-management. A diabetes education course can help you understand your diabetes and support you to take practical steps to lower your HbA1c and improve your overall health. Review our articles on our local services – DESMOND (Type 2), DAFNE (Type 1) and KAREN (Type 1).



Lifestyle – lots of things can affect your HbA1c level, including food choices and activity. It is important to be aware of what a healthy balanced diet is and think about small manageable changes you can make to improve your food choices. More information around food choices can be found [here](#).



Being active and including some physical activity in your day-to-day life is another great way to help improve your HbA1c level. Being active can help to keep blood glucose levels within your target range, so over time this can help to keep HbA1c within target as well. More information on physical activity can be found [here](#). Reducing or stopping smoking can also have a positive impact on health and reduce the risk of long-term complications associated with diabetes.

Gardening and allotments

Gardening is a great way to get active as the weather improves. Getting active is a good way to help manage your diabetes, as well as have a positive impact on other areas of your health, including cholesterol, blood pressure, muscles and joints, and heart health. Read on to find out about the work that Rushcliffe Social Prescribers have done to grow their local community allotment.



Rushcliffe Social Prescribers have worked with Paradise Allotments to transform the allotment to create a tranquil and calming space for the local community and those referred to the social prescribing team to work on their wellbeing.

The space itself was donated by Ruddington Parish Council to give those at risk of social isolation or loneliness in Rushcliffe – including people with physical health conditions as well as mental health issues – a quiet space to socialise, learn about gardening and to meet with likeminded individuals. The space allows people to become part of a community which creates a sense of belonging and provides support.

This project has secured funding from the local council and generous donations from various local generosity and national sources. Recently, they won the Health and Wellbeing Award at Celebrating Rushcliffe Awards 2021.

Allotmentee Sheena Gibbons, says: *“Our desire is to really make a difference to people’s lives, however small – not only helping them with their mental wellbeing but their physical wellbeing, too.”* Mandy Fletcher adds: *“We were very pleased to win the award as it means all the hard work from patients, staff, and allotmentees was worthwhile.”*

Sophie Taylor, Social Prescriber and lead on the project for the Social Prescribing Team, explains: *“As social prescribers, we promote health and wellbeing. We are happy to have the beginnings of a resource for the patients of Rushcliffe where it is a safe space for us all to learn together the importance of growing – both literally and metaphorically.”*

There is a lot of growing research on the importance of green space on wellbeing. We would like to learn from this and put it into practice. Our plans for the future include making the space more accessible to those with mobility and health issues who are most in need of spending time in green space. We also hope to use the space for not only gardening but practising elements of mindfulness and ‘grounding’ which has been shown to help with stress. Moreover, we hope to use the space to promote healthy eating of locally grown vegetables which we know is important for both our bodies and minds.



We usually meet at the allotment on a Wednesday afternoon to do some work and planning. If you live in Rushcliffe and are interested, then please get in touch. You can refer to social prescribing via your GP surgery. For more information, please contact **Sophie Taylor** on **07846 507599** or **Laura Steed** on **07846 142620**.

South Notts befriending service

The South Notts Befriending service, managed by Rushcliffe Community Voluntary Service (CVS), began in response to the coronavirus pandemic but has quickly grown to become a precious lifeline for many who would otherwise be lonely and isolated across South Nottinghamshire.

Friendly volunteers can call, visit, or meet individuals accessing the service once or twice a week to have a friendly chat, check on their welfare, offer advice and company and ensure they have everything they need.

Individuals can talk to the befrienders about anything – a shared hobby or interest, memories, what’s in the news or an issue they would like some help with, such as how to collect a prescription.

Befrienders can also signpost to other support services across Nottinghamshire County such as Voluntary Transport and Handy Housekeeping available in Rushcliffe.

Mary, a service user, says

The befriending service has made a real difference to me. I so enjoy the books that Lesley brings and look forward to chatting to Helen every week.

Individuals can be referred to the befriending service by friends and family, GPs, and social services. Contact can also be made directly by the individual through calling 0115 969 9060 or filling out a contact form via the Rushcliffe CVS [website](#).

NHS low calorie program

Inspired by the ground-breaking Diabetes UK Diabetes Remission Clinical Trial (DiRECT) study, the NHS soup and shake low-calorie diet programme is designed to help individuals recently diagnosed with type 2 diabetes lose weight and put their condition into remission.

Following the first wave of the pilot Nottingham and Nottinghamshire have been selected as one of the pilot sites for the next wave of the programme with ABL Health as the provider.

This year long programme is fully supported and monitored by expert clinicians and coaches throughout. It consists of 3

phases: Total Diet Replacement Phase, Food Re-Introduction Phase and Maintenance Phase.

There is no cost for the individual and the service will be evaluated by NHS England.

There is strict eligibility and exclusion criteria for accessing the pilot and due to the commitment needed from the individual, careful consideration should be given.

If you are interested in accessing the programme and are under 65 years old with a diabetes diagnosis in the last 6 years, consider speaking with your GP surgery to identify whether a referral can be processed accordingly.

Q&A with retinal screening

What is diabetic retinopathy?

It is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). The retina converts light into electrical signals and sends this information to the brain to produce the images that we see. Diabetes can affect the blood vessels that supply the retina with oxygen and nutrients, particularly if the diabetes is poorly controlled.

Why do I need screening to check for diabetic retinopathy?

It can cause vision loss if left untreated and does not show any symptoms in the early stages. You will be invited to a diabetic eye-screening appointment a minimum of once a year. We do not diagnose patients with diabetic retinopathy but look for changes to the back of the eye which may be related to diabetic retinopathy. Depending on your result, you may be advised to return in a year, attend more regular appointments (digital surveillance), or be referred to your local eye hospital. Diabetic Retinopathy was once the leading cause of vision loss in people of a working age but this is now no longer the case due to regular screening.

What does the diabetic eye-screening test involve?

There are three main parts:

1. The screener will check your vision – if you wear glasses for distance we recommend using them during this part.
2. The screener will then use eye drops to dilate your pupils. These take 20 minutes to work so you get to relax in the waiting area for this time!
3. The screener will take photographs of your eye. After this, you will be free to leave and the team will check your photographs for any signs of diabetic retinopathy.

You and your GP will receive a copy of the results in the post within 3-4 weeks.

The appointment takes roughly 30-40 minutes but we advise patients to allow 50 minutes in case of any delays.

Do I still need to attend my opticians? Do they perform the same checks?

We highly recommend you still attend your optician's appointments. They can check the whole eye for a number of different eye conditions. Patients with diabetes should be able to claim a free NHS sight test through their optician.

I am concerned about my diabetes and my general eye health; can you check these during the appointment?

If you have any concerns about your eyes, please speak to an optician or your GP. If you have an urgent concern, such as sudden sight loss, please contact your nearest Eye Casualty as soon as possible.

If you have concerns regarding diabetes, please make an appointment with a diabetes nurse at your GP surgery. The DESMOND team are a great source of information and there is general diabetes information available on the Diabetes UK website.

Further information on diabetic retinopathy and diabetic eye-screening can be found [here](#).

Ramadan and diabetes

Ramadan will run from around Saturday 2nd April to Sunday 1st May 2022. For those that participate in Ramadan and celebrate Eid al-Fitr, knowing how to manage your diabetes during this time can be difficult. For those who fast at other times of the year, or for different reasons, this information around managing diabetes may still be helpful.

Muslims are required to fast during the month of Ramadan, from sunrise to sunset. There are some exceptions to this, one of which includes people who are unwell or have a medical condition. This can include people with diabetes; your Imam will be able to help you with more information around this. If you would like to fast, it is important to discuss this with your diabetes team beforehand if possible. More information can be found on the Diabetes UK [webpage](#).

Are there any risks to fasting with diabetes?

There can be several risks associated with fasting and diabetes:



Some complications associated with diabetes, including retinopathy, heart disease or kidney disease, can be aggravated.



Some diabetes medications, like insulin and sulphonylureas e.g. Gliclazide, carry a risk of hypoglycaemia (low blood glucose levels). It is essential to break a fast to treat hypoglycaemia with fast-acting carbohydrate.



High glucose levels (hyperglycaemia) can also be a risk if people are taking less diabetes medication or are less physically active than usual during a fast. This can develop into a serious health condition, diabetic ketoacidosis (DKA), needing hospitalisation.



Dehydration can be made worse by hyperglycaemia due to frequent urination.

Fasting considerations

If you do wish to fast, there are some things you may need to consider, after speaking to your diabetes team:

- Your insulin regime may need changing during the fasting period.
- You may need to check your blood glucose level more frequently. Glucose monitoring does not break your fast.
- Before fasting, including low GI (slower releasing) foods in your meal like rice, bread, and pulses, along with vegetables and protein is a good idea.
- Try to eat just before starting your fast. Spread meals and snacks out over the time not fasting.
- When breaking your fast, try to have small-moderate portions and avoid very sweet or fatty foods.
- It is important to drink plenty of sugar-free fluids to help with hydration when breaking your fast.
- Take caution when doing physical activity as physical activity can increase the risk of hypos (low blood glucose level), and dehydration. Light to moderate activity is encouraged, but excessive or strenuous activity should be avoided.

For Muslims, Eid al-Fitr is an important celebration that marks the end of Ramadan. Traditionally Eid al-Fitr celebrations include lots of food shared with family and friends. Having diabetes doesn't mean that you can't partake in the celebrations, but it is important to be mindful of enjoying high sugar and high fat foods in moderation. Remember to check blood glucose levels if possible and to take your regular medication.

