

24 November 2014

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

BASSETLAW – DIABETIC CARE FOR THE ELDERLY IN HOSPITAL

Purpose of the Report

1. To provide a general briefing on diabetic care for the elderly in hospital prior to receiving information from NHS Bassetlaw Clinical Commissioning Group.

Information and Advice

2. Amongst the elderly population of the United Kingdom as a whole, type 2 diabetes continues to increase and a larger proportion of diagnosed diabetics are older.
3. Treating diabetes is problematic in the elderly since older people may not display the 'classic' symptoms of the condition – the symptoms may be masked or harder to spot.
4. Other disabilities associated with aging can contribute to complexity of strictly self-managing diabetes. Impaired physical functioning can mean that adjusting to a diabetes care routine is more difficult; likewise cognitive impairment can also prove to be a problem.
5. Diabetes related complications are more common and harder to manage; exercise and adapting a diet can also be more difficult for older people.
6. All diabetic complications can occur in older patients, but cognitive problems are more common amongst the elderly. In addition, a large number of elderly patients have a predisposition towards hypoglycemia (very low levels of glucose in the blood, leading to fatigue, dizziness, blurred vision, loss of consciousness, convulsions and in extreme cases coma).
7. Public Domain data derived from the NIMROD audit data for Nottingham City indicated that 30 % of diabetic patients aged 65-74 had one more repeated admissions to hospital (Members may wish to request similar information that is Bassetlaw or Nottinghamshire specific).
8. Diabetes UK estimated that 1 in 4 care home residents have diabetes and that a person with diabetes is admitted to hospital from residential care every 25 minutes. The median age of diabetic inpatients was 75, and that the majority had been admitted as an emergency. Factors which increase the likelihood of hospital admission of older people include care home residency, mismanagement of medication and carer fatigue.

9. Older adults with diabetes have a 2-4 fold increase in the risk of hospitalisation and pre-admission medical co-morbidities and disability often results in poor clinical outcomes and prolonged length of stay. Major vascular episodes such as stroke or myocardial infarction are common causes of admission in older patients with diabetes. Older people may experience discrimination in the degree of active management offered compared with younger people.
10. Heather Woods, a diabetic nurse by profession and NHS Bassetlaw CCG Corporate Services Manager will attend this meeting of the Health Scrutiny Committee to brief the committee and answer questions as necessary. Members have indicated a particular interest in diabetic care in hospital.
11. Members may wish to request further briefing on aspects of diabetic care, either in Bassetlaw or other Nottinghamshire localities.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Receives the briefing and asks questions as necessary
- 2) Requests further briefing on diabetic care as required

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All