



# InDependent Diabetes Trust

Type 2 and You

Issue 16 - June 2013



Welcome to the sixteenth issue of Type 2 and You. In this edition we take our usual look at a variety of issues, tips for staying safe and healthy on holiday, medical exemption certificates and changes to benefits among others. But firstly we would like to tell you about our new publication...

## Passport for Diabetes in Care Settings

Over recent months there has been lots of publicity about the numbers of people with diabetes in residential care, possibly as high as 40%, and the particular set of difficulties faced by this group and those providing their care. The system is such that residential care homes, through no fault of their own, are underfunded, with high staff turnovers and with very little access to the training necessary to manage diabetes in a care setting. The result of this is that if someone has a low or a high blood sugar, then very often the first reaction of a carer is to call 999, resulting in an unnecessary hospital admission – an admission that could have been avoided had some simple steps been followed.

In order to try and remedy this situation IDDT has been working closely with the Institute of Diabetes for Older People (IDOP) and the English Community Care Association (ECCA) to produce a Passport for Diabetes in Care Settings. The Passport draws together the essential elements of

a person's care needs, in relation to their diabetes, into one simple, user-friendly document. Care staff can use the Passport to familiarise themselves with those needs quickly, easily and providing them with instruction as to what to do should problems arise.

The Passport provides basic personal information, contact details of relevant health professionals, how the individual manages their diabetes and what to do if problems occur. If you would like a copy of the Passport, then please contact IDDT using the details at the end of this newsletter. Multiple copies are readily available to those working in the healthcare field.

**idop** InDependent Diabetes Trust  
in partnership with the  
Institute of Diabetes for Older People

**PASSPORT FOR DIABETES  
IN CARE SETTINGS**

This passport is to assist carers  
in meeting my diabetes needs

**IT IS MY PERSONALISED, CONFIDENTIAL  
INFORMATION AND SHOULD BE AVAILABLE  
TO EVERYONE RESPONSIBLE FOR MY CARE**

A charity supporting and listening to people who live with diabetes

[www.iddtinternational.org](http://www.iddtinternational.org) [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org)

## Who Looks After My Feet?

The answer to this should be simple – a podiatrist, previously called a chiropodist. However, one of our members who recently had foot problems found the answer was not quite so simple. Initially his foot problem was not acute, so his GP gave him some cream. This did not help and in fact, the problem became worse. So, aware of the risks of foot problems with diabetes, he tried to obtain a second appointment with his GP but was given one over 2 weeks away. He explained the problem, that he had diabetes and that he felt that the matter had now become urgent. However, due to 'staff shortages' he could still not get a sooner appointment. His foot became so painful that he had difficulty walking, at which point he rang the GP and asked for a referral to a podiatrist but this was not given.

His next step was to look for a podiatrist and pay privately – bearing in mind that he lives in a rural area this was not as easy as it sounds and he was confused by the various apparent qualifications.

### So what is the difference between a podiatrist and a chiropodist?

In the UK, podiatry is the new name for chiropody. The name was changed in 1993 because this is the internationally recognised name.

### Qualifications of a podiatrist

A registered podiatrist has to complete and pass a full time honours degree in podiatry (BSc Hons). There are also approved 4.5 year part-time courses. A podiatrist must be registered with the Health and Care Professions Council (HCPC).

### So what do the letters of qualifications mean?

- **DPodM or BSc(Podiatry)** - the podiatrist has completed a full training course in podiatry at an approved institution. Originally this course was a diploma in podiatric medicine - DPodM but was later changed to a degree course - BSc. NB: DipPodMed is not the same as DPodM.
- **SRCh - State Registered Chiropodist** – since July 9th 2003 this title is defunct though it is still used by many podiatrists for the time being as the general public may still see it as a sign that the podiatrist is fully qualified.
- **MChS or FChS** - the podiatrist is a member or fellow of The Society of Chiropodists and Podiatrists. A practicing member of this society is assured of having professional indemnity insurance cover.
- **F.C.Pod(S)** – this is a further qualification in surgery that some podiatrists

may have but the qualifications above are suitable for the majority of foot problems.

### **So why is there confusion?**

If you see a podiatrist through the NHS, then they are fully qualified because this is a requirement for employment of podiatrists in the NHS.

Registration with the Health Professional Council (HPC) ensures the practitioner meets certain minimum standards of education but it does not guarantee that the Podiatrist/Chiroprapist has completed an approved course. This is because in 2003 the HPC replaced the old registration organisation and at that time it let people register who had been working privately as an unregistered podiatrist for at least 3 years - a process known as grandfathering. So not all podiatrists have completed a degree course.

So now you know who's who, you can ask if the podiatrist is HPC registered and then if they have a degree or 3 year diploma in podiatry {BSc or DPodM). If there is a reluctance to answer or they simply insist that they are 'fully qualified', it could mean that they are not.

### **Then there's a 'Foot Health Practitioner'**

People who have previously used the term chiroprapist or podiatrist but who have not gained HCP registration because they were not eligible, have adopted the title 'Foot Health Practitioner'. This title is not protected in law which means that anyone can use it regardless of training levels. Courses are available that offer a total of only 11 days practical tuition, after which students will call themselves 'Fully trained and qualified Foot Health Practitioners' and will advertise the same medical treatments as those offered by Podiatrists. They should NOT be confused with fully qualified podiatrists.

**Remember! Podiatry should be your first port of call if you have a foot problem and you do not need a referral from your GP to seek a private consultation. If your GP needs to be involved your podiatrist should contact them after your initial assessment.**

## **People with Type 2 diabetes not reporting hypoglycaemia**

The results of a survey presented at the Diabetes UK Professional Conference in March 2013, showed that more than a third of people with Type 2 diabetes not treated with insulin are unaware of the side effects of their medication and most of them do not report hypoglycaemia to their doctor.

Metformin is the only drug for Type 2 diabetes that does not increase the risk of hypoglycaemia, so the survey looked at 1012 people collecting a prescription for a sulfonylurea. They found that:

- 38% were unaware of the side effects of their treatment.
- Half had experienced a hypo but only 38% reported this to their GP.
- Only 3% said they checked their blood sugars before driving - not surprising if they are not prescribed test strips as so often is the case!

The following month, research was published in Diabetes Care that showed that people with non-insulin treated Type 2 diabetes who experienced hypos, whether mild or severe, were at greater risk of cardiovascular problems and all cause hospitalisation and the risk of the serious consequences of these. The researchers recommend that healthcare professionals pay more attention to hypoglycaemia in people with Type 2 diabetes.

### **What are the lessons to be learned?**

- It is important to report any hypos to your doctor because it may mean that an adjustment of your medication could help to prevent them.
- As so many people appear not to be told, remember to ask what the possible adverse effects of your medication are.
- Regardless of the fact that you don't have to inform the DVLA that you have Type 2 diabetes treated with tablets, if you experience hypos, then it is important to test before driving and every 2 hours on long journeys, so point this out to your doctor and 'request' a blood sugar meter, test strips and help with how to test and how to interpret the results.

**Note: If you would like a copy of our leaflet on hypoglycaemia, please call IDDT on 01604 622837**



## IDDT T-shirts go to help children in Uganda

IDDT is in regular contact with the Diabetes Consultation Association in Uganda. We supply them with our information booklets and in March 2013 we sent IDDT T-shirts to help the children with diabetes in need.

Robert Masereka, Director of the Association, sent us this message:

*"We thank you Jenny and your staff of IDDT, yesterday we received three packets of T-shirts. I have attached some of pictures for you. I am holding them and I am standing with my staff at our head office and the children are wearing them. God Richly Bless You All and we thank you for your support."*

Robert and his colleague receiving IDDT T-shirts and the children wearing them!



## Thank you for your support

The Trustees and the staff would like to thank all our members and readers for their generous donations to help IDDT through these difficult financial times. We are very grateful too all those who have made donations, those who are donating by standing order and those who have offered to receive the Newsletters, Type 2 & You and the Parents Bulletin online.

All of these help IDDT to be able to look forward to the future – a future where we can continue to offer help, support and up to date information to people with diabetes and their families and to the healthcare professionals who help all of us

So a big thank you to everyone for helping us in these ways and if you can spare a couple of pounds a month, give IDDT a call on 01604 622837.

**Can you help IDDT by making a small monthly donation?**

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## Disability Living Allowance replaced by PIP scheme

Understandably many people have expressed their concerns and worries about the changes to Disability Living Allowance (DLA), so we are covering these changes to provide a better understanding of what is happening.

Personal Independence Payment (PIP) started to replace Disability Living Allowance from 8 April 2013 for people aged 16 to 64 with a health condition or disability.

PIP helps with some of the extra costs caused by long-term ill-health or a disability. What you receive is not based on your condition, but how your condition affects you.

The Department for Work and Pensions (DWP) will carry out assessments so that they can work out the level of help you receive. There will then be regular re-assessments.

**Most people will not be affected by PIP until 2015 or later.**

The details of if/when PIP affects your DLA or when you can claim PIP can



be found on the following website [www.gov.uk/pip](http://www.gov.uk/pip) This site advises that you get help if you don't understand PIP, or presumably, if you don't use the internet.

### What you will receive

Personal Independence Payment (PIP) is usually paid every 4 weeks. It's tax free and can be paid if you're in or out of work. It is made up of 2 parts and whether you get 1 or both of these depends on how your condition affects you. The payments are as follows:

Daily Living component	Weekly rate	Mobility component	Weekly rate
Standard	£53.00	Standard	£21.00
Enhanced	£79.15	Enhanced	£55.25

### Who is eligible for PIP?

To qualify for PIP, you must have a long-term health problem or disability related to daily living and/or mobility. You must have these for at least 3 months and expect them to last for 9 months.

Daily living difficulties include:

- preparing or eating food
- washing and bathing
- dressing and undressing
- reading
- using the toilet
- communicating
- managing your medicines or treatments
- making decisions about money.

### Mobility difficulties

You may get the mobility component of PIP if you need help with going out or moving around.

### Health assessments

You may get a letter telling you to go for an assessment to work out the level

of help you need. The letter explains why and where you must go.

The DWP makes the decision about your claim based on the results of the assessment, your application and any supporting evidence you include.

### How to claim

If you get DLA You don't need to contact the Department for Work and Pensions (DWP) about PIP now. You'll have received a letter in early 2013 to tell you more about PIP and when you might be affected.

Most people getting DLA won't be affected until 2015 or later. You may be affected earlier if your care or mobility needs change, or you reach the end of your existing DLA award. To find out when your DLA will be affected you can use a 'PIP checker' on the website [www.gov.uk/pip](http://www.gov.uk/pip)

You do need to apply for PIP when asked even if you get an indefinite or lifetime DLA. When you apply, your DLA will continue until DWP makes a decision about your claim. If you decide not to apply, your DLA will end.

The change from DLA to PIP only affects you if you are aged 16 to 64 from April 8th 2013. You should use the 'PIP checker' to find out what happens to your DLA when you turn either 16 or 65.

### New claims

PIP was introduced for new claims in parts of the north of England from 8 April 2013. It will be introduced nationwide from 10 June 2013.

To make a new claim you have to phone the DWP who will then send you a form to fill in about how your long-term health condition or disability affects you. You can describe your condition on both good and bad days.

### Contact numbers – available 8.00am to 6.00pm Monday to Friday

#### New claims

Telephone: 0800 917 2222

#### General information (if you already get DLA)

Telephone: 08457 123 456

#### General information (if you don't get DLA)

Telephone: 0845 850 3322

### Appeals

If you are not satisfied with the DWP decision you can appeal. Before

going to a Tribunal you should ask the DWP to look at the decision again – this is called ‘mandatory reconsideration’.

If you are still unhappy with the decision you can appeal by filing out a form called the SSCS1, available online at:

<https://www.gov.uk/government/publications/notice-of-appeal-against-a-decision-of-the-department-for-work-and-pensions-sscs1>

**We hope this is of help!**

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## Sunshine Fruit Salad

**By Dr Mabel Blades, Freelance Dietitian and Nutritionist**

After what has seemed an endless winter, this fruit salad reflects the lovely golden yellow sun that we are all hoping for this summer.

**Serves 4**

### Ingredients

Small tin of pineapple in natural juice  
One banana sliced – slice this last or it may discolour  
Half a mango or small yellow melon cubed  
2 golden kiwi fruits peeled and sliced

### Method

- Arrange all of the ingredients together in a bowl or individual serving glasses
  - Make up a sugar free jelly (a yellow one looks best) according to the directions on the packet and put in individual tall serving glasses.
  - When cooled place in the fridge so the glasses are slightly slanted and the jelly sets at an angle.
  - Take out and then spoon in the fruit salad –and serve with a drizzle of plain yoghurt or soy dessert.
  - If you do not have any of the fruit, substitute another one of your choice.
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## Ramadan – Fasting and Diabetes



Ramadan is based on the ninth month of the lunar calendar, so this year it is expected that the fast of Ramadan will commence at the sunset on July 9th 2013 and will last for 30 days. During this month it is expected that Muslims who participate will abstain from food, water, beverages, smoking, oral drugs and sexual intercourse from sunrise

to sunset. Ramadan moves forward each year by about 11 days which means the length of fasting is greater at certain times of year than others. The length of fasting has special consequences for people with diabetes, especially those taking insulin and the risk of complications increases with longer periods of fasting.

People with diabetes who fast during Ramadan can have acute complications, such as hypoglycaemia, hyperglycaemia, diabetic ketoacidosis and dehydration, most of which are as a result of a reduction of food and fluid intake.

There are no evidence-based guidelines for safe fasting so people have to rely on expert advice from doctors and their personal experiences. However, a recent study in people with Type 1 and Type 2 diabetes carried out in Pakistan, has shown that with active glucose monitoring, alteration of drug dosage and timing, dietary counselling and patient education, the majority of patients did not have any serious acute complications during Ramadan. [Diab. Med. 29, 709-715 (2012)] Two educational sessions were given to patients, one about drug dosage and timing and one about dietary and lifestyle modifications. Patients were asked to test their blood glucose levels twice daily for at least 15 fasting days with one test being during the fasting period. Following these education sessions and the advice given the researchers found that the majority of people did not have any serious acute complications – none developed diabetic ketoacidosis and the highest frequency of hypo- and hyperglycaemia occurred before dawn.

The findings of this and other studies suggest that people with Type 1 and Type 2 diabetes should have an assessment before Ramadan with their diabetes team about drug/insulin adjustments, exercise and awareness of the risks of hypo- and hyperglycaemia.

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## Friends and family test rolled out to hospitals



From April the Friends and Family Test is being introduced in A&E and hospitals by NHS England. This test involves patients who stay overnight in hospital or visit an A&E and they will be asked whether they would recommend the service to their friends and family members.

There will be six choices of answer, ranging from “extremely likely” to “extremely unlikely”.

The patients will then be invited to answer follow-up questions to give more detail on their answer. The results will then be published on NHS Choices, allowing the public to compare patient feedback and “make choices about their care”,

NHS England will manage and oversee the rollout of the Friends and Family Test to all NHS-funded services over the next few years.

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## Holiday Tips



**If you are going on holiday this summer, it may be the first time you have travelled since your diabetes was diagnosed. We hope that this article will give you a few practical tips whether going on holiday abroad or in this country.**

### Precautions when travelling by air

- Carry two lots of medication, testing equipment and syringes/pens and distribute them between two different lots of hand luggage. Luggage does get lost.
- You should always carry a card to say that you have diabetes. If you use insulin, you will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you.
- Always take more medication than you need in case of loss or breakages. It is also a good idea to take an extra prescription with you, just in case.

### Beating jetlag

Travelling across several time zones will probably cause some degree of jet lag. Symptoms include daytime sleepiness, fatigue, disorientation, poor concentration, headache and irritability. There are a number of ways to relieve jetlag:

- Avoid caffeine and alcohol on the plane - drink plenty of water or fruit juice.
- Eat modestly at times that correspond to the usual mealtimes as this will help your body to readjust to the new time zone.
- After a westward flight, stay awake while there is daylight and try to sleep when it is dark.
- After an eastward flight, get up in the morning but avoid bright light and go outdoors in the afternoon.
- Take moderate exercise, perhaps by sightseeing.

### Holiday Insurance

If you have diabetes, travel agents are not the best people to provide holiday insurance. Shop around, but always declare your diabetes and any other medical conditions, otherwise you may not be covered if you need to use the insurance. If you are going on holiday in Europe, remember to take your European Health Insurance card (EHIC) and proof of being a UK resident eg driving licence. The EHIC is available at the Post Office.

### The Golden Rules - with or without diabetes

1. Obtain comprehensive travel insurance, and read the small print.
2. Research your destination – know the local laws and customs.
3. Tell someone where you are going and leave them emergency contact details.
4. Take enough money and have access to emergency supplies.

### Coping with diabetes and the heat of summer

- Drink plenty of water as dehydration can raise blood glucose levels.
- Sunburn can raise blood glucose levels, so avoid spending long hours in the sun and wear sunscreen of at least 30 SPF.
- Shield your meter from the sun and test strips should be kept in a cool, dry place.
- Hot weather may affect blood glucose levels and can lead to low blood sugars.

In response to the article this year two of our members contacted us with their own experiences and tips and we thought we should pass them on to you.

One of our members and her husband regularly fly abroad to Italy and France and although she does require to carry any medical equipment relating to her diabetes, her husband has a medical condition that does require him to carry equipment that includes a small pair of scissors. As advised he carries a letter from his GP, as should anybody carrying insulin pens, syringes blood testing equipment etc. This had proved to be fine when flying into major airports. However, recently they flew into a more provincial airport where the customs officers did not understand the letter as they could not read English, resulting in an unpleasant and unnecessary search both his body and luggage. On their return home, they were talking to their son about the experience and he advised that they use Google Translator ( <http://translate.google.co.uk/?hl=en&tab=wT> ) to get French and Italian versions of the letter. Since then they have flown to several provincial airports and have had no further problems. So, if you are travelling abroad and taking diabetes supplies with you then have the letter you have from your GP translated into the relevant language to avoid any potential problems.

Another of our members regularly flies to Thailand and he advises notifying airports in advance that he will be carrying medication and sharps. His second piece of advice applies to anyone travelling to hot countries, which is to purchase a digital thermometer that not only tells you the current temperature but also records the highest and lowest temperature. This can then be placed in the fridge alongside supplies of insulin and used to adjust the temperature of the fridge to ensure it is running at the optimum temperature for storing insulin.

IDDT has produced a FREE Holiday Information Pack. If you would like one, then please contact us using the details at the end of this issue.

## The Medical Exemption Certificate

### Free prescriptions for certain medical conditions

One of our members recently became aware that his Medical Exemption Certificate was out of date by over a year and unfortunately was wrongly informed that he would have to pay for the prescriptions he had had during that time. He was eventually given the correct information and of course he did not have to pay!

There are many conditions requiring regular medication but only the following qualify for a Medical Exemption Certificate:

- Treatment for cancer; note this includes treatment for the effects of cancer, or treatment for the effects of a current or previous cancer treatment.
- A permanent fistula requiring dressing.
- Forms of hypoadrenalism such as Addison's disease.
- Diabetes insipidus and other forms of hypopituitarism.
- Diabetes mellitus except where treatment is by diet alone.
- Hypoparathyroidism.
- Myxoedema (underactive thyroid) or other conditions where thyroid hormone replacement is necessary.
- Myasthenia gravis.
- Epilepsy requiring continuous anticonvulsive medication.
- A continuing physical disability which means you cannot go out without help from another person.

So people with diabetes are entitled to free prescriptions except if they have Type 2 diabetes treated with diet only.

- If you have a Medical Exemption Certificate all your prescriptions are free, whatever the medication is for.
- You may be asked to produce your Certificate when collecting your medication.
- If you are over 60 years old, you are entitled to free prescriptions so a Medical Exemption Certificate is not necessary.
- If you have a medical condition which may entitle you to a Medical Exemption Certificate, you must also inform the Drivers Medical Group of the Driver and Vehicle Licensing Agency (DVLA) of your condition, as it may affect your fitness to drive.



### How to obtain a Medical Exemption Certificate

- Ask your doctor's surgery for an application form (FP92A – clearly marked January 2009).
- You need to fill it in and your doctor, or an authorised person at your doctor's surgery will sign it to say the information you have given is correct.
- Your doctor's surgery will then send the form to the appropriate office in Newcastle Upon Tyne and the Exemption Certificate will then be sent to you.

### Renewing your Medical Exemption Certificate

The certificate is valid for 5 years after which, you will be (or should be) sent a letter with a renewal form for you to re-apply about a month before your old one expires.

Our member referred to at the beginning of the article is not the only person to not receive a renewal letter, so it is as well to check from time to time that your Certificate is up to date. If you do not receive a renewal letter, call 0300 330 1341.

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## NICE gives approval to drug to treat macular oedema

In February 2013, in a new guidance NICE has recommended that Lucentis (ranibizumab) is to be available on the NHS in England and Wales as an option for treating diabetic macular oedema.

The macula is the central part of the retina and is used for colour vision and perception of fine detail, such as reading. Diabetic macular oedema is a swelling of the macula area and it can lead to severe visual impairment, so the possibility of successful treatment with Lucentis is very important.

As discussed in previous Newsletters, this follows a rapid review of the original guidance because the manufacturer submitted updated analyses of the drug's effects and agreed a confidential access scheme with the Department of Health which makes Lucentis available with a discount. It seems that Lucentis could be expected to have a superior relative effect

among people with central retinal thickness greater than 400 micrometers. According to the guidance, Lucentis is now recommended as an option for treating visual impairment due to diabetic macular oedema if:

- **The eye has a central retinal thickness of 400 micrometres or more at the start of treatment and**
- **The manufacturer provides Lucentis with the discount agreed in the patient access scheme (as revised in 2012).**

**People presently receiving treatment with Lucentis whose disease does not meet the above criteria should be able to continue treatment until they and their clinician consider it appropriate to stop.**

Lucentis is given by injection into the eye. It works by preventing the production of a protein called vascular endothelial growth factor (VEGF) which causes increased permeability of the blood retinal barrier. By inhibiting VEGF, Lucentis can decrease the swelling and limit visual loss or improve vision. According to the manufacturer's evidence gains in clearness of vision associated with ranibizumab were greatest in participants with thicker retinas and more severe visual impairment.

According to figures from the International Diabetes Federation approximately 14% of people with diabetes have macular oedema and this increases to 29% for people who use insulin for more than 20 years.

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## The Response To IDDT Members' Lobbying



I would like to thank the many IDDT members who have written to their MPs about our concerns that diabetes is not being given a sufficiently prominent place in the new NHS structure. Many MPs referred your letters to the Secretary of State for Health, Jeremy Hunt or to Anna Soubry, the Minister responsible for diabetes and the key points from the responses are below.

### **The key points from Jeremy Hunt, Secretary of State for Health:**

- The government is clear about the need to improve diabetes outcomes through better care.
- Diabetes has been included as a key priority in the mandate for NHS England and a performance indicator for diabetes and its complications is included in the NHS Outcome Framework, classified under long-term conditions.
- NHS England makes it clear to service providers [presumably GPs and hospitals] that people with diabetes or at risk of diabetes, receive care in accordance with the guidelines produced by NICE. This includes receiving the 9 key health checks.
- Dr Jonathan Valabhji has been appointed National Clinical Director for Diabetes and Obesity and he is well aware of the different needs of people with all types of diabetes.
- The move of the responsibilities of NHS Diabetes into a larger national body, NHS Improving Quality [NHS IQ], [along with all main improvement agencies] will ensure that the expertise and contribution of the staff being moved into NHS IQ will have an even bigger impact across the whole of the NHS.

### **What interpretation can we put on all this?**

It seems that there is nothing new. The organisations that provide the care and treatment for people with diabetes should provide the NICE recommended levels of care – the 9 key health checks. Well, that's been the case for sometime now. The National Audit of Adults with Diabetes has shown that it's not really happening in many areas and the care of people with diabetes has shown no improvement.

The promise that the demise of NHS Diabetes and shift to NHS IQ will have an impact across the whole of the NHS – let's hope this is a positive impact. We also have to hope that one of the actions that does continue to take place is the National Audit for Diabetes, only this way can improvements or reductions in care be measured and known, although it is not clear who is going to carry this out, NHS IQ?

### **What have we, as members of IDDT achieved?**

- We have let MPs and government know that we, people who live with diabetes, are here, we are concerned and we will be watching the performance and results of the changes.
- We have made MPs aware that diabetes care needs improvement and we are not convinced that the NHS changes are going to bring this about.

- IDDT now has quotable statements directly from the Secretary of State for Health about what care we have to receive, so if we don't, either the system or the providers are failing people with diabetes.
- Dr Valabhji's official title states 'National Clinical Director for Obesity and Diabetes' but both Anna Soubry and Jeremy Hunt have changed it round to 'Diabetes and Obesity'. One would have thought they would have got this right, or is the change in response to our comments?
- Interestingly IDDT has been invited to attend two meetings in the House of Commons about diabetes care. This has not happened before, so is this coincidence or thanks to your lobbying?

**I would like to thank all of you who took the time and trouble to write to your MP. The next step is to wait and watch. I'd welcome hearing from you if you notice improvements or otherwise, in the care of your diabetes or its complications – just email [jenny@iddtinternational.org](mailto:jenny@iddtinternational.org) or give me a call on 01604 622837.**

Note; a slightly longer report is published in our Newsletter, if you would like a copy, call IDDT on 01604 622837.



## **We're sorry but ...**

As we are all only too well aware, IDDT is having to watch the pennies and after a great deal of heart searching, we are sorry but we will not be holding our usual big conference this year. Instead we will hold our Annual General Meeting, on Saturday, October 12th 2013 at the Hilton Hotel, Northampton, just off the M1 at Junction 15. We will provide a sandwich lunch, discussion sessions and our speaker will be Dr Gary Adams. So we hope that many of you will still be able to join us for the afternoon. More details will be available in the September 2013 issue.

But 2014 is our 20th Anniversary, so we are holding a 'proper' conference and hopefully one that is a little bit special to celebrate the formation of IDDT and some of our achievements. A date for your diary - October 11th 2014!

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