

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Impact of COVID-19 restrictions on diabetes health checks and prescribing for people with type 2 diabetes: a UK-wide cohort study involving 618 161 people in primary care](#)

Publication details (Vancouver format)

Carr MJ, Wright AK, Leelathna L, Thabit H, Milne N, Kanumilli N, Ashcroft DM, Rutter MK. Impact of COVID-19 restrictions on diabetes health checks and prescribing for people with type 2 diabetes: a UK-wide cohort study involving 618 161 people in primary care. *BMJ Quality and Safety* 2021. doi: 10.1136/bmjqs-2021-013613.

What are the most important findings/conclusions in this paper? Why are they important?

In England, the number of people with diabetes that received vital health checks was between 76% and 88% lower than expected in April 2020. Between May and December 2020, the numbers gradually increased, but remained low throughout the year. We found similar patterns in the other nations of the UK.

We estimate that in the whole UK population, about 7.4 million fewer care processes took place during 2020 than in previous years. We also found that about 32,000 fewer people with type 2 diabetes were prescribed a new type of diabetes medication, and around 14,500 fewer were prescribed a new drug to lower blood pressure.

What did you do?

To compare how many health checks were done, as well as how many diabetes medications were prescribed before and after the start of the COVID-19 pandemic, we studied 618,161 people with type 2 diabetes between March and December 2020. We focused on six health checks:

- haemoglobin A1c
- serum creatinine
- cholesterol
- urinary albumin excretion
- blood pressure
- body mass index assessment.

We compared the number of health checks that were done with the number we expected to see, based on information from previous years. We also looked at whether the differences were bigger for particular age groups, genders, ethnic groups or people living in poorer areas.

Why did you conduct this research?

We had recently shown how the COVID-19 pandemic had an effect on the number of people diagnosed with diabetes, the amount of HbA1c monitoring that happened, and how many people with type 2 diabetes died. However, there was less information about how the COVID-19 pandemic affected diabetes health checks and prescribing in primary care.

What was known before your paper was published?

An earlier study using primary care data from UK patients with type 2 diabetes showed reductions in type 2 diabetes health checks between March and December 2020 compared with previous years:

- 31% less HbA1c testing happened
- there was a 20% reduction in new prescriptions of metformin
- there was a 5% reduction in new prescriptions of insulin.

In this paper we worked out the impact of the COVID-19 pandemic on a much wider range of health checks and a wider range of diabetes-related medications.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

Over the coming months, healthcare services will need to manage the backlog of testing and prescribing that we identified. In the paper, we make recommendations about how to communicate well with patients to make sure they engage with diabetes services, monitoring, and opportunities for prescribing. We also suggest when it's appropriate to make use of home monitoring, remote consultations and other new ways of providing care.

In the next paper in this series, we will look at how the reduction in care described in this paper increased the number of negative health outcomes for people with diabetes.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This paper is the second output from a project called 'Examining primary care interactions, monitoring, prescribing and outcomes pre, during, and post COVID-19 in people with diabetes'.