



## Detecting Diabetes early at St Leonard's Practice – How much does it cost?

This paper is linked to ongoing research into diabetes at St Leonard's Practice. It looks at the cost of trying to detect diabetes early by *opportunistic screening*. This is when the doctor offers a screening test for diabetes when a patient, thought to be at risk of the disease, comes to see the doctor for any reason.

The paper argues that this opportunistic approach works well. It is also cheaper than the alternatives. Partly this is because the screening test is being offered during a consultation that is happening anyway. One alternative is to screen everybody; another is to write to everybody in a practice whose notes suggest that they are at risk. Both are more expensive than opportunistic screening.

A study in the USA found that screening for diabetes costs over \$4,000 per newly-diagnosed patient. In Denmark, they found that screening cost between €707 and €1058 depending on the methods used. At St Leonard's Practice it cost £377 per new diagnosis.

Why bother to screen? After all, at some point, people will have symptoms of diabetes and come to see the doctor about them. However, catching diabetes early means that diet, exercise and treatment can start earlier and, in the longer term, this may be better for people. The test can also pick up whether people are in a 'pre-diabetic state'; with diet and exercise they may be able to avoid or delay the onset of diabetes itself.

Because the screening is done by the Practice, treatment can start more quickly than if it is done by a more remote service. As time passes, many of the patients who are at risk of diabetes will be tested and we all turn up to see the doctor for something given time.

It seems that about a fifth of the patients at St Leonard's Practice have been screened in this way. That is over 2,700 people. St Leonard's is able to do this work because it has excellent electronic records which go back some way. It also has GPs with their own lists who know which patients to test.

This paper does not explore the longer-term benefits of screening for diabetes: this aspect has yet to be studied. However, patients who have an early diagnosis may well experience better health and families may benefit from having their members in better shape. The NHS may also benefit as the costs of diabetes could be reduced by early diagnosis throughout the life of each patient, if the complications of diabetes can be prevented by earlier treatment.

This is not just an NHS issue. Many poorer countries have higher rates of diabetes than the UK and they cannot afford other forms of screening. At a time when the health service is short of money a policy like this can both save money and improve the service to patients.

**The full paper is:** D. J. Pereira Gray, P. H. Evans, C. Wright and P. Langley, The cost of diagnosing Type 2 diabetes mellitus by clinical opportunistic screening in general practice. *Diabetic Medicine*, 2012, Volume 29: pages 863-868.