InDependent Diabetes Trust

Type 2 and You

Issue 15 - March 2013

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**Welcome to the fifteenth issue of Type 2 and You. In this edition we look at a variety of issues, particularly those surrounding blood testing, how to deal with cravings for sweet foods, urinary tract infections, as well giving you a round-up of IDDT activities over the last few months.**

## Helping Developing Countries

**Children in Tanzania**

As many of you will be aware IDDT acts as the UK arm of the international organisation Insulin for Life. In this role we collect unopened, unused, in-date insulin and send it to developing countries. In our case this is Tanzania, where children die because insulin is unaffordable or simply not available. At this point in the year we like to have a look at what we sent in the previous year. Thanks to your generosity, we managed to collect and send 6,368 pre-filled pens, cartridges and vials of insulin. If this insulin was to be purchased in this country it would cost more than £43,000.

We also support a charity in India called the Dream Trust by inviting people to sponsor a child with diabetes. Unlike Tanzania, insulin is available in India, the problem is that people are simply too poor to buy it. Dr Pendsey, who runs the Trust, uses the sponsor money to purchase insulin and diabetes supplies, which he then distributes to the children who attend his clinic. Last year Dream Trust sponsors raised a fantastic £6,574 and Dr Pendsey has asked me to pass on his sincere thanks.

## Blood Glucose Testing - a Change in the Evidence


As we regularly report in our publications, one of the most common problems that people express to us is the restriction on the supply of blood glucose test strips, or in many cases of people with Type 2 diabetes, the refusal to prescribe any at all!

The evidence for this from a review was that self-testing in Type 2 diabetes made no improvement in HbA1c and this was the message health professionals took on board even though the review did not take into account the benefits of testing if you live with diabetes. These are the feeling of safety when you know what your blood sugars are doing, reducing the risk of hypos, learning the effects of different foods on blood sugars etc.

**A review of the review!**

A large scale Cochrane Review (the Cochrane Collaboration is an international Agency that reviews research in order to make policy recommendations) has looked at the evidence again and found that newly diagnosed people with Type 2 diabetes who are not on insulin are achieving significantly better HbA1cs if they have access to blood glucose testing.

Why the difference? One of the reasons is that the studies included in the first review excluded people who had previously shown interest in self-testing many of whom buy their own test strips. So the studies that excluded these people did not, and cannot, give a true representation of people with Type 2 diabetes in the UK.

Another study shows self-monitoring improves glycaemic control in Type 2 diabetes treated with tablets. The study, published in Diabetes Metabolism Research and Reviews, has shown that self-monitoring of blood glucose in people with Type 2 diabetes improves control as measured by HbA1cs.

Interestingly, in this 24-week study of 137 people, three groups were compared – no testing, testing by taking blood from the finger tips and testing taking blood from the palm of the hand. The results showed:

- HbA1cs remained unchanged in the group that did not test but was decreased in the finger tip and the palm groups.
- Compliance with testing was greater in the finger tip group than the palm group.
- A patient questionnaire showed that 84.1% of the finger tip group and 90.2% of the palm group were satisfied with blood glucose monitoring.

The researchers concluded that self-monitoring of blood sugars is beneficial in people treated with tablets and blood testing using the palm is a useful way of doing it.

**'Fighting for your test strips'**

As we know it is not possible to 'fight' this matter nationally because the Department of Health has placed no restrictions on blood glucose test strips. The decision to not prescribe or restrict numbers of strips, is a local one, so IDDT's advice has always been to explain to the practice manager why you need strips, or need more strips and if this

has no effect, to take the matter up with your local Primary Care Trust [PCT]. However, from April 2013 PCTs will no longer exist, so it is a matter to take up with your GP.

Here are the key points to use.

**For people with Type 1 diabetes and those with Type 2 diabetes taking insulin:**

- To maintain the tight control that is necessary and with present 4 plus injections a day, at least 125 strips a month are necessary.
- To take into account times of illness or stress, additional strips are needed.
- The new driving regulations state that people have to test before driving and at least every 2 hours on long journeys. The extra number of strips to conform with the regulations will vary from person to person.

**For people with Type 2 diabetes not taking insulin:**

- The Cochrane review shows that people with Type 2 diabetes do benefit from testing and their HbA1cs are improved and this should be pointed out if you are refused test strips.
- The only tablet that does not cause hypoglycaemia is metformin, so for people taking any of the other tablets for Type 2 diabetes there is a risk of hypos and therefore, the driving requirements to test before driving apply to them too to reduce the risk of hypoglycaemia.

Whatever type of diabetes you have and however it is treated, NICE guidelines say that self-testing should be available as part of the education people with diabetes should receive.

**So don't be fobbed off without test strips or without the number you require – it's your health and welfare that is at stake!**

In putting your case, you are supported by a statement made by Anna Soubry, Parliamentary Under Secretary of State at the Department of Health. On November 27th 2012 she made the following statement:

"We have been made aware that some people with diabetes have experienced difficulties in accessing blood glucose testing strips. General practitioners should prescribe these in accordance with National Institute for Health and Clinical Excellence and Driver and Vehicle Licensing Agency guidance, and clinical need. They should ensure appropriate patient education."

**If you test or are thinking about testing, remember:**

- Always wash and rinse your hands thoroughly to make sure they are free from contaminants that may affect the results, such as hand cream or food residue.
- Use the side of the end of your finger, it is far less painful than using the tip itself.
- Use a different finger each time you test to avoid fingers becoming sore and painful.

## CALLING YOU!

In the December 2012 issue, we reported the findings of the Public Accounts Committee into the management of adult diabetes. No one could fail to recognise that people with diabetes are being let down by the system. While some people may live in areas where care is excellent, many others are being badly let down by the quality of care, which varies dramatically across the country.

This is happening despite numerous documents with recommendations for standards of care – from the National Service Framework for Diabetes in 2001 to the NICE Quality Standards for adult diabetes in 2011. Yet Diabetes UK recently published results from a survey which showed that last year there were no improvements in standards of care – they rightly call it 'the lost year'.

**How many more 'lost years' can we afford?**

This question is easily answered – none. The health of so many people with diabetes is being adversely affected and they are truly losing years because they are not receiving the care they need to

manage their diabetes.

But we also have to look at the costs and question whether NHS funds are being spent in the wisest way?

A report issued in August 2012, 'Prescribing for Diabetes in England: 2005-06 to 2011-12' highlighted the increased costs of diabetes to the NHS for 2011-12 compared to 2005-06.

- Diabetes prescriptions have for the first time topped £40 million a year, a rise of nearly 50% on six years ago.
- The net cost of diabetes drugs also rose by just under 50% in the same period - faster and greater than for prescriptions overall, where items increased by 33%.
- The overall cost of all drugs to the NHS fell last year by just over 1% but the diabetes drugs bill increased by nearly 5%.
- Diabetes drugs accounted for a net ingredient cost of £760.3 million, a 4.8% (£35.2 million) rise on 2010/11 and a 47.9% (£246.3 million) rise on 2005/06.

These differences are too great to simply put down to the increase in numbers of people with diabetes.

**What is missing?**

Certainly not reports on the situation – there are plenty of those! Lacking is the will, political or otherwise, to follow these up with ACTION to bring about change. Reports are of little value unless they are acted upon and that certainly does not seem to be the case.

The reaction of the then Health Minister to the report on costs was: "*the rise in the cost of the diabetes drugs bill is also being driven by new more expensive medication, which is effective at helping diabetes sufferers...*" [Does he actually KNOW that the new, expensive drugs are more effective? Many of them have not been around long enough to gather the evidence for such a statement and research does show that the cheapest Type 2 drug, metformin, is still the most effective!]

He goes on: "*We know the risk of developing Type 2 diabetes can be reduced by eating a healthy diet and increasing activity levels. That's why last year we launched a call to action to wipe five billion calories off the nation's waistline each day and through Change4Life we are encouraging everyone to eat less and move more.*"

Do Ministers and the Department of Health really believe that Change4Life is going to sort out all the problems?

Diabetes UK's Chief Executive, Barbara Young responded with "*We need a government-funded awareness-raising campaign on the risk factors and symptoms of Type 2 diabetes and we need to get much better at identifying people at high risk so they can be given the support they need to prevent the condition.*" Awareness alone is not going to do it. While we do need to diagnose people at risk and help them to prevent diabetes developing, we actually need positive action to provide better care and treatment for the people who are actually living with diabetes now!

**The action we are seeing is negative – diabetes is being downgraded!**

**NHS Diabetes is being closed down at the end of March 2013**

For 12 months diabetes will be looked after by a 'Transition body' before being moved to the 'New Improvement Body'. Diabetes is not being treated separately but simply put in the category of 'long-term conditions'. So with the closure of NHS Diabetes, diabetes is effectively being downgraded to just another long-term condition.

**Strategic Clinical Networks are not viewing diabetes as a priority**

These Networks were set up for specific patient groups or conditions in 12 geographical areas to improve health services and reduce variations in services across the country. The first Clinical Networks are for the following conditions: cancer, cardiovascular disease, mental health and maternity and children's services.

Once again, diabetes is not being seen as a separate condition with its own Strategic Clinical Network but in this case, it is being put into the Cardiovascular Disease Network. While there may be some logic to Type 2 diabetes being put in with cardiovascular disease, Type 1 diabetes does not belong in this category because it is an autoimmune condition.

**So who is going to do the innovative thinking to improve the health of people with diabetes?**

Without specific organisations within the NHS dedicated to diabetes, this is a question that must be answered. Despite the huge costs of diabetes, all the technological advances and new expensive drugs and insulins, blood glucose level targets are not being met by the majority of people. Surely Government and the Department of Health should be asking why this is the case – it's too easy just to blame the patient!

We need to see investigations into ways of changing behaviour to help people improve the self-management of their diabetes and ways to help doctors and healthcare professionals to provide better support for people living with diabetes. The World Health Organisation suggests that improving self-management "may have a far greater impact on the health of the population than any improvement in specific medical treatments". Improving such skills helps people with diabetes develop confidence to manage their condition more effectively and make better use of their consultations with their doctor or healthcare professional. Some researchers and doctors are already doing this but in an ad hoc way, making it a long way off becoming national policy.

**We have to conclude...**

- Services for people with diabetes are failing, or at best there are no improvements,
- blood glucose targets not being met by the majority,
- the numbers of people with both Type 1 and Type 2 diabetes are predicted to rise and
- diabetes is a huge cost to the NHS.

Yet diabetes is not being seen as a priority but just another long-term condition or a cardiovascular condition.

## IDDT is calling on you, our members and readers, to take action NOW by writing to your MP!

**We need to ensure that people with diabetes are not sidelined, that the NHS structure is in place to ensure they are given priority within the NHS to provide the much needed improvement in their treatment and care.**

Included with this Newsletter is a draft letter for you to use to write to your MP and instructions on how to lobby. If we can help you, do call IDDT on 01604 622837.

## WRITE TO YOUR MP NOW!

## Introducing the Association for Nutrition

IDDT has recently partnered with the Association for Nutrition (AfN) to try and provide mutual benefit to the members of both organisations. Alice Cameron (Communications & Marketing Manager) of the AfN explained what they do. She writes:

"Have you ever tried finding a nutritionist? There are thousands out there so if you search online you'll be presented with a dazzling array of qualifications and claims. The media furore following Which? Magazine's controversial investigation of nutritional therapists highlighted just how much confusion exists around the terms nutritionist and nutritional therapist. Of course, it's vital for anyone seeking reliable nutrition advice that they are able to find highly qualified practitioners who base their practice on best available evidence, as opposed to those who are less well trained or might advocate processes such as detoxification, optimal nutrition and use of supplements, which in many cases cannot be justified by existing scientific evidence.

- Any Registered Nutritionist using the letters RNutr by their name is a nutrition professional who has been accepted onto the UK Voluntary Register of Nutritionists (UKVRN) only after meeting rigorously applied training, competence and professional practice criteria.

- All Registered Nutritionists have a degree in nutritional science or substantial peer-recognised professional nutrition experience and adhere to a strict Code of Ethics and Statement of Professional Conduct.
- The UKVRN is governed by the Association for Nutrition (AfN) which aims to protect the public and assure the credibility of nutrition as a responsible profession.

On the AfN website, **www.associationfornutrition.org**, we provide a Search The Register function, so it's very straightforward either to find a Registered Nutritionist near you or to double check that someone claiming to be on the Register actually is. This online listing includes registrants' status, contact details, professional profile, specialism and links to their social media and website. If you don't have access to a computer, just call our office (020 7291 8352) and we'll check for you.

Apart from Registered Nutritionists, the other category of registrant on the UKVRN is Associate Nutritionist (ANutr). Associates are recent graduates in nutritional science who have yet to gain the practical experience required for full registration but want to signpost their commitment to the principles which underpin the UKVRN, to peers across the field, employers and the public. They are seizing the opportunity to do their bit to grow this body of professionals and progress it towards our goal to attain protection of title for nutritionists and greater confidence among the public.

In fact, AfN is defining and advancing standards of evidence-based nutrition practice at all skill levels within the health and social care sectors, to ensure that everyone who provides nutritional information to the public is competent and confident to do so. We have developed the online tools for members of the wider workforce to self-assess their nutrition competences, work towards an AfN Certificate of Nutrition Competence and access further training they might need through a range of AfN Certified Courses. We will launch this scheme later on this year so that doctors, nurses, health visitors etc are equipped to deliver sound, more consistent nutrition messages for your benefit."

## Doughnuts for Breakfast Anyone?

This is IDDT's response to one MP's suggestion that Type 2 diabetes is a lifestyle condition caused by things, such as eating doughnuts for breakfast and as such, people with Type 2 diabetes should have to pay for treatment. As a charity for people with diabetes, we are appalled by Dr Phillip Lee's suggestion in a briefing to the Institute of Economic Affairs, that people with Type 2 diabetes, and 'other lifestyle conditions', should lose their right to free NHS prescriptions. Such statements are frightening for people with diabetes. We and many other charities would resist such actions with vigour.

As he is a GP, we are amazed at his lack of understanding of the nature of Type 2 diabetes. It is not simply a 'lifestyle condition', there is a strong hereditary factor involved so some families have a susceptibility to developing Type 2 diabetes and some cultures have a much greater risk of developing the condition.

We would like to remind Dr Lee that generally speaking Type 2 diabetes develops after the age of forty and therefore the majority of people have paid for their free NHS treatment over the last 20 years and more. In addition, many people with Type 2 diabetes are not receiving the education programmes and not receiving the blood glucose test strips they need to manage their diabetes, so cuts in NHS provisions are already being made for this group of patients.

To follow Dr Lee's recommendations means that some families simply would not be able to afford treatment, especially the more expensive drugs and the insulin many people eventually need. The resulting effect would be that greater numbers of people would suffer from the complications of diabetes, which in turn would cost the NHS even more money or is he proposing that we simply leave these people to suffer ill health, blindness, amputations, increased hospital admissions and premature death?

We also have to question what other conditions he considers to be due to lifestyle – heart disease, stroke or some types of cancer, all of which could be classed as being associated with obesity, overweight, lack of exercise and other so-called 'lifestyle choices'. Is he really recommending that free treatment is denied to all these people?

# Speaking of Doughnuts: Sweet Cravings

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

Most people get a real desire for sweet things from time to time. For those with diabetes this can be especially hard as it is less easy to eat the chocolate or whatever without an impact on blood glucose levels. From experience these cravings vary markedly from person to person and what suits one person does not always suit another.

## Background

We all have taste buds and some of them detect sweet flavours. Some people say the innate liking for sweet things is due to breast milk tasting sweet! Also many of the more comforting foods are sweet like the puddings, confectionery and other sweet items –these are also the items, which boost blood glucose levels.

So what can we do when we are hit by that desire for something sweet?

## Ideas

Sometimes the desire for something sweet is almost like the need for a pick-me up when we feel tired or a bit jaded. Whichever food you choose sip or eat it slowly. This is because the signals of satisfaction take a little while to travel from your stomach to the brain. Sometimes that feeling may be due to boredom, so it may be worth trying to distract yourself , for example, by going for a walk, phoning a friend or washing the car.

## Fluids

Sometimes our bodies mistakenly tell us that we are hungry when actually we are thirsty and this mistaken feeling of hunger can be interpreted as the desire for something sweet. So, firstly check you are not actually dehydrated, try the following:

- A glass of water.
- Low calorie squash.
- Diluted fruit juices - a mixture of say orange and pineapple gives a pleasant flavour.
- Water with an effervescent vitamin tablet - gives a sweet and satisfying flavour.
- Low calorie drinks, like dry ginger.
- Hot fruit tea.
- Low calorie hot chocolate or malted milk.

## Low Blood Sugar

This can leave you feeling a craving for sweet items and it is imperative you increase blood sugar levels by having a mixture of quick-acting, rapidly absorbed carbohydrate and a slower acting one.

- A slice of granary bread with a couple of teaspoons of honey or syrup.
- Porridge topped with syrup and slices of banana.
- Crisp bread with peanut butter or chocolate spread.
- Pineapple with a scoop of ice cream and a swirl of syrupy topping.
- Cereal bar

## Hunger

Sometimes those cravings are due to genuine hunger, so here are some ideas for snacks to satisfy your hunger:

- Pieces of ham or low fat cheese on a piece of bread.
- Small jacket potato with low fat spread.
- Boiled egg.
- Strips of raw vegetables with a dip made from low fat yogurt, flavoured with paprika or use a tomato salsa dip.
- Slice of frittata.
- Pot of yoghurt or soy desert.

## Comfort eating

Sometimes you may just want to eat simply because you feel cold, a bit down or it is simply a wet, dreary day. These are some healthy yet comforting options:

- Homemade popcorn – made in the pan and topped with sweetener or parmesan cheese. The warmth and the bulk of homemade popcorn is very satisfying.
- Bowl of vegetable soup with lots of different vegetables and

lentils.

- Big bowl of salad made with lots of leaves and grated vegetables and some oven baked croutons.
- Roasted seeds or nuts.
- Boiled egg with granary soldiers - evocative of childhood.
- Beans on toast.
- Egg mixture with cooked potatoes and various vegetables like a frittata.
- Homemade bread or drop scones are easy to make and the smell of baking is very comforting.

**Just sweet things**

When simply nothing but something sweet will do, you can try:

- Chewing gum.
- Fruit like strawberries or rhubarb dipped into a granular sweetener for that sweet taste and sugar like crunch.
- A square of dark high cocoa solid chocolate allowed to melt very slowly in the mouth.
- A bowl of low calorie jelly – this is very low in calories or carbohydrate so you can eat the whole bowl.
- A plain fromage fraiche topped with a chocolate sauce made from one of the low calorie instant chocolate sachets with a small amount of water.
- Porridge, custard or blancmange made with a sweetener and skimmed milk...
- If you make a sugar free jelly with less water or mix gelatine and low calorie squash, you can make some firm jellies, which can be eaten like sweets.

Finally, if it comes to the point when you cannot be satisfied by anything but say a chocolate bar then try not to feel too guilty but you may need to cut down on the amount of carbohydrate at your next meal or alternatively, you could, if you use insulin, adjust your dose. Another option would be do some extra exercise to use up that extra glucose.

## IDDT apologises for delivery charges for multiple copies but...

All IDDT booklets and leaflets will remain free of charge. We are delighted that healthcare professionals are ordering multiple copies of our booklets and leaflets to give to their patients and we are grateful for the help and support that healthcare professionals are giving to people with diabetes in this way.

In just over a year, IDDT has supplied nearly 135,000 copies of 'Diabetes – Everyday Eating', 85,000 copies of 'Understanding Your Diabetes', nearly 26,000 copies of 'Type 2 Diabetes – Management and Medication' in just over 6 months and thousands of our leaflets on diabetes related topics.

However, IDDT is a charity relying entirely on voluntary donations and due to the large and increasing demand for multiple copies of the booklets and leaflets by healthcare professionals for their patients, it is with regret that we have had to introduce a delivery charge for orders of more than 20 copies in total.

So in future the delivery charges will be as follows.

| **Number being supplied** | **20 copies** | **21 to 50 copies** | **51 to 100** |
|---|---|---|---|
| Delivery charge | FREE in any 6 month period | £7.20 | £9.20 |

- For orders over 100 copies, please contact IDDT for the cost of delivery by telephone 01604 622837 or by email: **enquiries@iddtinternational.org**
- We will supply orders of 20 FREE copies once every 6 months.
- Invoices will be sent with the order.

- If funding the delivery charges is a problem, we are happy to supply FREE multiple copies of Publication Lists for healthcare professionals to give to their patients so that they can order direct from IDDT.

## Urinary Tract Infections

Diabetes raises the risk of urinary tract infections. In a recent study 135,000 people with Type 2 diabetes were matched with a similar number of people without diabetes and over a period of 2 years the risk of urinary tract infections was 61% higher than in the people without diabetes. The US researchers concluded: 'Our results confirm that patients with diabetes are at an increased risk of developing UTIs across all age categories. [J Diabetes Complications 2012, online 13 August]

**More about urinary tract infections or UTIs as they are commonly known**

- UTIs are very common and can be painful and uncomfortable but usually pass in a few days or can easily be treated with antibiotics.
- They are more common in women than men. Children also get UTIs although this is less common.

**What is the urinary tract?**

The urinary tract is the system that makes urine to get rid of waste products from the body and consists of:

- The kidneys, which make the urine.
- The ureters, the tubes that lead from the kidney to the bladder.
- The bladder where the urine is stored.
- The urethra, the tube that carries the urine from the bladder and out of the body.

**Causes of UTIs**

A UTI develops when part of the urinary tract becomes infected, usually by bacteria which usually enter through the urethra. Often there is no obvious reason why the infection occurs, although some women may develop a UTI after having sex. UTIs are NOT sexually transmitted infections [STIs] but irritation from having sex can sometimes trigger a UTI.

UTIs in men are much less common than in women and should be investigated to find the underlying cause. Possible causes can include a narrowing of the urethra, a previous STI, a balder stone or a problem with the prostate gland.

**Different types of UTI**

UTIs can occur in any part of the urinary tract. An infection in the lower part of the urinary tract [bladder and urethra] or the upper part [kidney and ureters] are often referred to as lower and upper UTIs. Upper urinary tract infections are potentially more serious because there is a risk of kidney damage.

An infection of the bladder is called cystitis and an infection of the urethra, urethritis.

**Symptoms of a UTI**

- Pain or a burning sensation when urinating [called dysuria].
- A need to urinate often.
- Pain in the lower abdomen.

**When to see your GP**

UTI symptoms can be mild and pass within a few days without treatment but if the symptoms are very uncomfortable or last for more than 5 days, you should see your GP. However, if you have diabetes, you should see your GP sooner. You should also see your GP if you have a UTI and:

- You develop a high temperature.
- Your symptoms suddenly become worse.

- You are pregnant.

**Treatment**

Antibiotics can speed up recovery time and are usually recommended for women who have repeated UTIs. Sometimes long-term use of antibiotics can prevent the infection returning.

Complications of a UTI are not common but can be serious. They usually only affect people who already have a health condition such as diabetes or a weakened immune system. Hence it is important for people with diabetes to see their GP if they develop a UTI.

**A few words of thanks**

We would like to take this opportunity to say a big thank you to the people who work closely alongside IDDT. Without the help and support these people give us, we would not be able to achieve all that we do. So, in no particular order, a big thanks to Veronica Wray (Veronica Wray Public Relations), Rupert Campbell – Black (IT-MK Limited), Oliver Jelley (Orange Juice Communications), Una Illing (U.S. Illing Accountancy Services), Stuart Lacey (Website Support), Nigel Frost (Newsletter Design), Chris Searle (Hamilton House Mailings) and Ron Naylor (Acorn Print Media).

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

IDDT runs purely on voluntary donations and all the information we produce is free. If you would like to help us continue to provide this valuable information to people with both Type 1 and Type 2 diabetes please complete the following page - a standing order mandate for monthly donations to IDDT.

**Thank you!**

# STANDING ORDER MANDATE FORM

(PLEASE USE BLOCK CAPITALS)

TITLE: Mr / Mrs / Ms / Miss / Other:..... FIRST NAME(s):.....

SURNAME:..... TELEPHONE NO.....

ADDRESS.....

..... POST CODE.....

## Gift Aid your membership donations to IDDT

Choosing to Gift Aid your donation to IDDT will allow us to reclaim the basis rate of income tax paid on the cost of your donation. If UK tax is deducted from any of your income, all you need to do is sign the declaration in the box below and we will do the rest. For every £10.00 that is donated to IDDT in this way we can reclaim an extra £2.80, making your donation go further.

I am a UK taxpayer. I would like all donations I make to the Insulin Dependent Diabetes Trust to be treated as Gift Aid until further notice.

Signed..... Date.....

# STANDING ORDER MANDATE FORM

| ACCOUNT TO BE DEBITED | BENEFICAIARY DETAILS |
|---|---|
| Sort Code..... | BARCLAYS BANK |
| Account Number..... | CAMARTHEN SA31 1WS |
| Account Name..... | SORT CODE: 20-18-54 |
| Bank..... | ACCOUNT NUMBER: 00433160 |
| Address..... | NAME: INSULIN DEPENDENT DIABETES TRUST |

PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £..... DATE OF FIRST PAYMENT.....

AMOUNT OF USUAL PAYMENT ( IN WORDS)

£.....

WHEN PAID (monthly, annually)..... .... DATE OF USUAL PAYMENT.....

PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE YES

MEMBER'S SIGNATURE..... DATE.....

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