

## RESEARCH UPDATE



with  
**Professor  
Simon Heller**  
National Health Research  
Lead in, Professor of and  
Consultant in Diabetes

**Join us on  
Thursday  
17th July, 7pm  
11 Norfolk Row,  
Sheffield S1 2PA**



Sheffield centre and online  
<https://bit.ly/DiaRes25>

**Please donate**  
to help the group and fund research.

### Special Guests:



**Dr Debasish Kar**  
GP at Sharrow Lane  
Medical Centre



**Dr Ning Ma**  
Lecturer in  
Medical Computing



**Dr Vitor CM Neves**  
Senior Clinical Lecturer,  
Honorary Consultant in  
Periodontology

and  
**Oliver  
Walmesley**

**FREE!**

### **Contacts**

Stay in touch with Sheffield Diabetes UK Group  
Phone/Text 0742 938 5554 Email [diabetesuk.sheffield@gmail.com](mailto:diabetesuk.sheffield@gmail.com)  
Website: [www.sheffielddiabetesuk.group](http://www.sheffielddiabetesuk.group)  
X/Twitter Facebook LinkedIn Instagram

# Update from the Chair

On Wednesday 2<sup>nd</sup> July Healthwatch Sheffield held their Community Voices Event, and we were extremely honoured to be selected as one of their Healthwatch Heroes! This award recognises organisations and individuals who go above and beyond to support people in



Sheffield to have their voices heard and influence the health and social care services that affect their lives. I was not on my own at this event as the picture shows, there was a small group of volunteers who attended. This award was accepted on behalf of all committee members, volunteers, carers, and relatives who give up their time and work tirelessly to keep the Diabetes UK Sheffield Group up and running.

However, we need more people to join us and lighten the load. I am afraid that if this does not happen then the likelihood of the group like many other groups is at risk and heaven forbid could even cease to exist. please, please I ask you to consider the future of the group, join the committee or even in a volunteer role to help at events. Remember many hands make

light work.

In June I had the pleasure of visiting the Podiatry Diabetic Foot Clinic. The staff were extremely enthusiastic about the patients in their care. I found it very humbling that patients allowed me to attend the treatment rooms, talk to them and share their experiences. In next month's edition I will bring you details of projects that are taking place.

Our July Meeting on Thursday 17<sup>th</sup> July will see Professor Simon Heller return to the Group Meeting. He is a firm favourite and will bring us up to date with current progress in research.

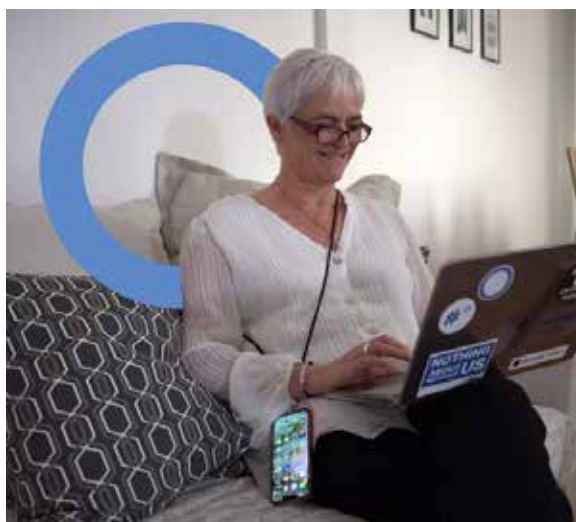
**Shirley**

Shirley Sherwood, Chair



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## World Diabetes Day 2025 is on 14 November with a focus on Diabetes in the Workplace



### Diabetes and well-being at work

Millions of people with diabetes face daily challenges managing their condition in the workplace, including stigma, discrimination and exclusion. This has a negative impact on their well-being. This World Diabetes Day, join our call on employers and employees around the world to 'Know more and do more for diabetes at work' and start the change for a better #DiabetesLife.



## Delaying type 1

The first adult in the UK to trial a ground-breaking drug for type 1 diabetes has started treatment at the Royal Devon University Healthcare NHS Foundation Trust, and is supported by the NIHR Exeter Biomedical Research Centre and the NIHR HealthTech Research Centre in Sustainable Innovation.

Devon-based dentist and mum of two, Hannah Robinson, discovered during pregnancy she was in the early stages of developing type 1 diabetes. She hopes taking the drug could mean extending the time before she needs regular insulin injections by up to three years.

Hannah, aged 36, said: "I've learned a lot about type 1 diabetes since my diagnosis and what this means for my future. For me, this new drug offers more freedom and the chance to focus on my health before I have to start thinking differently and managing life as somebody needing daily insulin. This isn't just about what I eat or monitoring my glucose, it is also about having more control and not feeling defined by my condition. This treatment could potentially pave the way for a future cure for type 1 diabetes, which is incredible. I feel very lucky to be part of this."

In type 1 diabetes, the immune system attacks beta cells in the pancreas, hindering their ability to produce insulin, which regulates blood sugar levels. If blood sugar is too high or low, it can cause serious problems.

The new drug, Teplizumab, trains the immune system to stop attacking these cells, delaying the need for insulin by up to three years. However, it must be given at the earliest stage of



*Hannah Robinson with Dr Nick Thomas*

the disease to be effective.

Dr Nick Thomas, the Diabetes Consultant treating Hannah at the Royal Devon and Academic Clinical Lecturer at the University of Exeter, said: "This new treatment represents a really exciting shift in how we manage type 1 diabetes. For the first time ever, we will be able to provide targeted treatment early enough in the process to alter the underlying immune process, aiming to slow down how quickly people need insulin."

"Approximately half of all type 1 diabetes cases develop in adulthood, and Hannah will

be the first adult in the UK to receive this treatment. Teplizumab is effective only in the early stages of type 1 diabetes, but not for those with established disease, where insulin remains the only available treatment. While Teplizumab is not yet routinely available in the UK, it's currently under review by NICE. We were granted special permission to treat Hannah with this medication, which is considered on a case-by-case basis. My hope is that in the future, we may be able to stop people with early type 1 diabetes from needing insulin at all."

### Share your advice!

**What were you told at diagnosis that's stayed with, and helped, you?**

**Is there anything you wish you had been told?**

**What would you tell a friend if they were diagnosed with diabetes today?**

*Would you consider contributing to a new beginners' short intro to Life with Diabetes?*

**Details in August's News Brief**

# LEARN LAUGH GROW



## HEALTH ADVICE



Health advice and support (provided to you with a number of partners):

- Early years family intervention
- Infant feeding
- Diabetes



Family support

## FOOD, ICE CREAM, BOUNCY CASTLES



## TEDDY TOMBOLA



## VISIT Ready to join?

- Join us, it's **Free**
- Enjoy food, ice cream and bouncy castles
- 50p for Teddy Tombola (if you like)



## When is the event?

Wednesday 23<sup>rd</sup> July - 11am to 2pm



**Come to:** Firvale Community Hub,  
127 Page Hall Rd, Sheffield, S4 8GU



firvale\_community\_hub

## Android 16 update could impact Dexcom G6 mobile app

People who use the Dexcom G6 continuous glucose monitor (CGM) have been advised that the new Android 16 update could impact usage of the Dexcom G6 smartphone app.

If you do not download the new Android 16 update then you will not be affected, and Dexcom G7 users are not affected.

### Android 16 update latest

The Android 16 operating system is available to some Android smartphones, but Dexcom has urged G6 CGM users to not accept the update when your phone prompts them.

This is because the G6 app is not compatible with the Android 16 update.

If you have not already updated to the latest operation system version, then don't update until further information is released by Dexcom.

To stop your phone updating



automatically, you might need to turn off Auto OS updates on your Android smartphone.

If you've already updated your smartphone to Android 16, then the Dexcom G6 app will no longer be operational.

This could affect people who use the G6 sensor as part of a hybrid closed-loop system.

Dexcom is working closely with Google to make the Dexcom G6 app compatible with Android 16, and an update is expected to be available in the coming weeks.

If you have an alternative

device, such as another smartphone or a Dexcom G6 receiver, then this could help you to continue using your CGM until Dexcom confirms that the issue has been resolved.

If you do not have an alternative device, you could speak to your healthcare professional or diabetes care team as they might be able to provide you with a G7 sensor from Dexcom.

You could also contact your phone manufacturer and request your phone is reverted back to the previous operation system, but this could risk loss of data from your phone including your CGM readings.

If you have an emergency issue with insulin delivery, then you should speak to your healthcare professional or diabetes care team as urgently as possible.

If you need further assistance, you can contact the Dexcom customer care team on 0800 011 6132

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## Novo Nordisk is discontinuing the Levemir insulin range

A Medicines Safety Notice (MSN) was issued on 16 June 2025 for:

Levemir FlexPen 100 units/ml solution for injection 3 ml pre-filled pens

Levemir Penfill 100 units/ml solution for injection 3 ml cartridges.

These are being discontinued and stock is expected to run out by the end of 2026.

Clinicians are being asked not to start anyone on a new prescription for Levemir. They

are also being asked not to switch anybody currently taking Levemir to a new insulin until further advice has been issued, which will advise clinicians which alternative insulins are available to support this withdrawal.

Diabetes UK are expecting that another MSN will be published in the coming months, which will give more information on which alternatives will be available and recommended. We will update this page when

this information is available.

At this stage, we do not have any further information because the DHSC is working with NHS England and clinical experts to plan for this discontinuation.

Until this guidance has been produced, people are being asked not to make extra appointments to be switched from Levemir to an alternative insulin. This is to make sure that the discontinuation in 2026 doesn't affect the supply of other insulins now.



# How Primary Care Supports People With Diabetes

An excellent and very informative talk was held on 19 June on how primary care supports people with diabetes was packed with a lot of very useful information. The hybrid meeting had 17 in the room with the speakers and seven online via Zoom.

Shirley introduced the first speaker Oliver Walmsley a second year student at University of Sheffield. He outlined a research project known as “Glucovox”. This will attempt to establish a relationship between voice (tone, pitch and fluency) and glucose levels of people with diabetes. It is hoped to establish an algorithm to monitor glucose levels in a non-invasive way. More about this project can be found in the June Newsbrief.

The main theme of the evening was opened by Dr Ras Perera (a GP with Special interest in Diabetes). He outlined what services can be provided at modern GP centres.

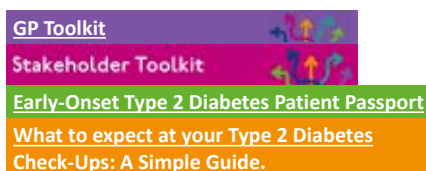
Surgeries are now generally much larger than 10–20 years ago. There are also groups of practices that share services/staff. There isn't a specific ‘model’ of a group Primary Care Network; practices vary in complexity and services provided.

Understanding your GP services will help aid your medical requirements. Services provided can include a doctor, nurse, health care assistant, pharmacist, pharmacy technician, first contact physiotherapist, paramedics, dietician, podiatrist, to name a few. Others may include health and well-being coach, care coordinator, social prescriber and receptionist. Good diabetes and metabolic health is more than just medication, surgeries aim to provide service/medication and care.



## Can you support us by sharing the campaign?

A range of assets have been created, alongside a campaign and GP toolkit.



*Katie's slide on "Your Diabetes, Your Journey" for under 40s*

Katie Whitehead (Practice Nurse and Educator) spoke about “Your Diabetes Review - How primary care can support you.” Everyone with diabetes should be on a register at their GPs and be offered a review appointment at least once a year. This could be with a GP, practice nurse, pharmacist or other health care professional. General observations, bloods, weight, HbA1c, foot screening, etc can be taken initially. Additional checks/support can be arranged if required including weight, psychological, diabetes technology, advice on physical activity, etc. It is important to prepare for your review and to note any questions or concerns you have before your appointment. This appointment should be led by your needs. Agree a clear plan of action and follow up arrangements. You can be referred to additional resources of advice and support as necessary, e.g. Move Well, Hero for Health coaching and others.

Our last speaker was Dr Seleena Thukral GP. Seleena spoke about “How primary care supports patients with diabetes - why we do what we do.” Seleena explained that living with diabetes requires life-long self

care, demanding high commitment from the individual if both long term health and quality of life (QoL) are to be protected. This is becoming harder to achieve with society increasingly focussed on instant gratification. People with diabetes have to take a view of delayed gratification to maintain their QoL. We all understand that diabetes presents multifaceted challenges, including physically, cognitively, emotionally, domestically, socially and identity issues. Tests such as HbA1c are carried out. The results can be impacted by red blood cell changes, severe illness, kidney failure or pancreas problems. Understanding the results and possible effects/causes can assist with the right support to improve the situation.

Seleena summarised the presentation by: We aim to care for you as an individual who has diabetes. We do this in order to optimise your personal well-being and encourage good population health.

Shirley thanked all the speakers for an excellent and informative evening. This talk was recorded and is available on the Group YouTube channel @sheffielddiabetesuk

Follow us on Facebook!  
Or download the toolkit to  
access social media posts.



The “Your Diabetes. Your Journey.” campaign provides resources for individuals under 40 living with Type 2 Diabetes in South Yorkshire. It focuses on empowering them to take control of their health with practical tools and support.

Visit the online resource hub  
today here to support you.

