



## East Suffolk and North Essex

Integrated Diabetes Service - Ipswich & East Suffolk

NHS Foundation Trust

Ipswich Hospital  
Heath Road  
IPSWICH  
IP4 5PD  
(N052)

Tel: 01473 704180

Fax: 01473 704197

Dr C Parkinson BSc (Hons) MB ChB FRCP

Dr P D Fowler DM FRCP

Dr D Morris PhD FRCP

Prof G Rayman MD FRCP

Dr S Sharma MD FRCP FHEA

Email: [ihn-tr.IpswichDiabetesCentre@nhs.net](mailto:ihn-tr.IpswichDiabetesCentre@nhs.net)

SS/ RGQ0390513

21 January 2019

Dr O Phillips  
Consultant Occupational Physician  
Health Management Ltd  
2 Home Farm Courtyard  
Meriden Road  
Berkswell  
Warwickshire  
CV7 7BG

Dear Dr Phillips

**Reference: BT001/ON?JS8/30179/LJ3**

**Sam Watkins DOB 13 Feb 1973**  
**NHS number 429 028 7883**  
**167 Tuddenham Road, Ipswich, Suffolk, IP4 2TF**

Thank you for your recent communication, asking for a medical report regarding this 45 year old lady who is known to me for the management of Type 1 diabetes. I understand based on your letter, her employers at BT are seeking advice on the impact of her Type 1 diabetes on her "*behaviour at work and her ability to undertake her duties at work*".

The medical report mentioned herewith takes into account on my professional perception of Miss Watkins type 1 diabetes record, as observed from our clinical notes on hospital EPR since 1<sup>st</sup> July 2014 and other diabetes-related surveillance reports including biochemistry and retinal imaging. I have telephonically pre-spoken to Miss Watkins regarding this request and I have also additionally obtained her verbal consent on 17th January 2019.

Miss Watkins has had Type 1 diabetes since 1977, i.e. since age. Her current diabetes drug management comprises of insulin in the form of Humalog that she injects with the use of her Accu-Chek combo insulin pump. She has currently been using LIBRE flash glucose monitoring but this could also be intermitted due to costs involved and currently non-availability in local CCG; rst of the time she uses conventional capillary blood glucose at frequent intervals for glucose monitoring. Her last clinic review was on 19th September 2018 and the last telephonic contact with a diabetes health care professional at the diabetes centre was on 5th November 2018.

Her overall glycaemic control has been exceptional, with an HbA1c of 7 +/- 0.5% constantly since 2014. Regarding microvascular complications, she is devoid of any microangiopathic evidence as evidenced by urine for microalbuminuria negative with a renal eGFR of 77 in 2018, clinical assessment suggested devoid of any obvious type diabetes polyneuropathy, and last retinal screen on 18th June 2018 showed background diabetes retinopathy (see reports enclosed). You will note that despite a long duration of diabetes (41 years) she has had minimal microvascular complications which is testament to her excellent diabetes control further aided by exceptional self-management. Other significant medical problems include premature menopause at the age of 7 (October 2014) and uterine prolapse in March 2016 which has been managed conservatively.





East Suffolk and

North Essex

Sam Watkins **North Essex**  
NHS number 429 028 7883

167 Tuddenham Road, Ipswich, Suffolk, IP4 2TF

**Current medications include:**

1. Humalog via Accucheck combo insulin pump
2. Elleste-Duet 2 mg once daily as HRT for premature menopause
3. I note she has been using the freestyle Libre flash glucose sensors for glycaemic monitoring

I have attached recent clinical documentation regarding Miss Watkins' overall diabetes management and you will note from the same she has always been very engaged in her diabetes management and likes to keep her diabetes control within strict parameters without much glucose variability. It is also apparent from the notes that when her glucose levels go beyond this threshold, either low or high, then she does get very worried and emotional about the same, and perhaps that is the motivation for keeping it very tight. I do not see any evidence of significant hypoglycaemia or any neuroglycopenia in the past few years.

Regarding your specific queries for "*further advice on the impact of her Type 1 diabetes on her behaviour at work and her ability to undertake her duties at work*"; please consider the following statements:

1. Patients with Type 1 diabetes (and also type-2 diabetes) who keep their glycaemic profile under tight control, any deviation of blood glucose levels beyond their expected threshold can lead to reduced performance on numerous domains of cognitive function. This has been well demonstrated various modalities over the years including neurocognitive testing, evoked response potentials, and magnetic resonance imaging. References: Heikkilä O et al. *Metab Brain Dis.* 2010 Jun;25(2):227-34; Kodi CT et al. *Endocr Rev.* 2008 Jun; 29(4): 494-511

Whilst hypoglycaemia is well recognised, even relative hyperglycaemia needs to be recognised as being equally contributory to such cognitive deviations. . I cannot comment on any specific episode which has led to the request for this medical report, but to reiterate my above statement, persistent or transient lowering or elevation of blood glucose levels can lead to alteration of functional and emotional state of subjects with diabetes.

2. As requested, I have enclosed relevant copies of her recent investigations including retinopathy screening and also correspondence related to EPR since 2014.
3. As regards her prognosis, her current Type 1 diabetes management despite a long duration of 41 years is excellent and with minimal microangiopathic complications which is indeed commendable. Her engagement with her diabetes control is laudable and as a unit, we are keen to maintain our ongoing support her diabetes management.
4. You have asked me specifically whether she would benefit from some adjustment to her work activities in order to return to work. While I cannot specifically comment on the type of work she does, all employers should show empathy towards patients with type 1 diabetes since despite the best of management there can be some degree of erratic control from time to time and this can adversely affect someone's both professional and emotional performance.







**East Suffolk and  
North Essex**

Sam Watkins DOB 13 Feb 1973  
NHS number 429 028 7883

167 Tuddenham Road, Ipswich, Suffolk, IP4 2TF

I hope the above is suffice for your current needs and if you need any further information, please mention your specific queries and I will try my best to answer them. As is my practice, I have sent a copy of my letter to the patient.

Yours sincerely

*signed: January 22, 2019*

**Dr Sanjeev Sharma**

*MD, FRCP – Endocrinology & Diabetes, FHEA*

**Consultant Physician – Endocrinology & Diabetes**

**GMC: 6104205**

Enc:

1. SystmOne Consultation Summary from July 2014
2. Recent biochemical results including blood and urine outcomes
3. Retinopathy screening results from 2018

Copy:

**Private and Confidential**

Ms Samantha Watkins ✓  
167 Tuddenham Road  
Ipswich  
Suffolk  
IP4 2TF

**Note to patient:** This is a communication from one professional to another being sent to ensure that you are as involved and informed as you wish in your care. It is likely to contain some technical information or jargon. Also, sensitive information included in a letter can sometimes be upsetting and I regret if this is the case. If there are parts of the letter that you do not understand and would like further explanation, please contact the secretarial team (01473 704180) and we will be happy arrange for someone to review your notes and call you back. If you would prefer not to receive further copies of your doctor's letters, please let us know.

