



# Insulin Dependent Diabetes Trust

Type 2 and You

Issue 14 - December 2012

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## Seasonal Greetings to all our readers



**The Trustees and staff of IDDD wish all our members a Happy Christmas and a healthy New Year. We would also like to thank you for your help and support throughout 2012.**

In many ways 2012 has been a very successful year for IDDD – our membership has increased by 20%, we have had more requests for our booklets and leaflets than ever before from members, non-members and from health

professionals who are giving them to their patients as part of their education package.

Our telephone helpline has been busy with many calls from people who need help, support or who just need to talk to someone, so we are fulfilling one of our primary aims – we listen.

As we look forward to 2013, you may have noticed that we have changed our name to the 'InDependent Diabetes Trust' but as you can see we will be keeping our acronym 'IDDD'. The change in name does not mean there is a change in policy or a change in what we presently offer to you but it better reflects the work we do in offering help, support and a listening service to all those who live with diabetes.

The change in name also reflects our position compared to other charities in that we are independent and possibly the only

independent diabetes charity in the world. We do not accept money from the pharmaceutical industry so that information we provide is not biased or influenced by our funding sources. We are only influenced by the needs and views of people living with diabetes.

Food is an important part of Christmas and for people living with diabetes, it can be difficult to know how to manage their diabetes. In this issue we have provided some tips to help and recipes for the traditional Christmas dinner from our Consultant Dietician, Dr Mabel Blades. Mabel has also given us some inspiring ones that are a little different for over the festive season when perhaps we have all had enough turkey!

**Enjoy, and Happy Christmas!**

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## Sick- Day Guidance For People With Diabetes

It is important for everyone with diabetes to know what to do if they become ill and everyone with diabetes to have a “sick-day plan” as illness affects blood glucose levels. Your doctor or nurse can draw up a sick-day plan with you for you, or the person with diabetes that you care for. This will help you:

- To know what blood glucose levels to aim for when you are sick,
- Know how to adjust the timing and/or dose of your medication.
- Assuming you have access to testing your blood sugars,
- to know how often to test your blood sugars and to test your urine for ketones,
- To know when to call a doctor.

You should keep your plan in a convenient place. If possible, other members of the family should know where it is and it should include contact details for your doctor and/or your diabetes nurse day and night times.

**Note:** IDDT’s Hospital Passport is very useful to keep with your sick-day plan as it contains details of your medications and many other details about you that are important if you are taken into hospital. If you would like a copy, call IDDT on 01604 622837, email [enquiries@iddtinternational.org](mailto:enquiries@iddtinternational.org) or write to IDDT, PO Box 294, Northampton NN1 4XS.

### Why is a sick-day plan so important?

Any illness, such as a cold, ‘flu or an infection can upset diabetes control and usually blood glucose levels rise. Even a minor illness can cause blood glucose levels to rise dangerously high. This can lead to diabetic ketoacidosis [DKA] or a hyperosmolar state.

It is therefore important for people with diabetes to continue to take their tablets/insulin. However, metformin is usually stopped if there is a significant risk of dehydration e.g. as may be caused by vomiting and/or diarrhoea.

**DKA** is a serious complication of diabetes caused by a lack of insulin in the body. It usually occurs in people with Type 1 diabetes but it can occur as a complication of Type 2 diabetes and is triggered by severe illness or infection. DKA causes the breath to smell fruity or of pear drops and requires immediate medical treatment. [See our September 2012 publications for further information on DKA.]

**Hyperosmolar state** is rare and most commonly occurs in people with Type 2 diabetes who have an illness that leads to reduced fluid intake. The signs and symptoms of a hyperosmolar state are:

- Hyperglycaemia [high blood sugars],
- Dehydration.
- Altered mental state but without significant DKA.

It is essential that the original illness, which is usually an infection, is diagnosed and treated. Many people respond to treatment with fluids alone but it may be necessary to treat with intravenous insulin alongside the fluid replacement.

## General guidelines to take during illness

**Continue to take your medication even if you are vomiting and having trouble eating or drinking**, as your blood sugar may continue to rise because of the illness. If you cannot eat or drink, then call your doctor and discuss whether you need to adjust your medication.

**Try to eat the foods you normally eat as part of your diet and to drink extra fluids**, such as water or sugar-free fizzy drinks to prevent dehydration. You should aim to drink a minimum of 200mls every hour. You could also try foods that are gentle on the stomach such as crackers, apple sauce or custard. It is advisable, and often easier, to take food gradually throughout the day rather than the whole amount at once.

**If you blood glucose test, check your blood sugars at least every 3 to 4 hours** and more often if it is rising quickly, even through the night. If you are taking insulin and your doctor / nurse has told you how much extra to take in these circumstances, then take the appropriate amount, but if you have not been told, then check with your doctor or nurse first. The aim is to bring blood glucose levels down to between 4 – 10 mmol/l.

**If you have a temperature and your breathing rate and pulse are increasing, contact a doctor.**

**Do not take non-prescription drugs without talking to your doctor, as they can affect your blood sugar levels.**

### ***When to call a doctor***

This is often a difficult decision because we don't want to be a nuisance but it is better to be safe than sorry. It is especially important that a doctor is called if you or the person with diabetes has the following:

- Symptoms of diabetic ketoacidosis [DKA] - stomach pain, vomiting, rapid breathing, breath smelling fruity or severe drowsiness.
- Symptoms of dehydration – a dry mouth and very yellow or dark

urine.

- Continuously low blood glucose levels that will not rise.

Although it may not be necessary to call a doctor every time you have a mild illness, if you are concerned, worried or don't know what to do, then it is better to seek medical advice and especially under the following circumstances:

- If you have diabetes treated with tablets and your blood sugars are 13mmols/l before meals and stay high for more than 24 hours
- Your blood glucose level is higher than around 13mmols/l after taking increased doses of insulin according to your sick-day plan.
- You still have a fever or are not better within a few days.
- You are vomiting or have diarrhoea for more than 6 hours.

**If you are at all uncertain then you must ring your on call Diabetes Specialist Nurse or GP!**

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## Don't Forget To Have Your 'Flu Jab

People with diabetes are advised to have the 'flu jab as they are in the high risk category.

This is because any illness can affect blood glucose levels which can lead to high blood sugars and the risk of diabetic ketoacidosis [DKA].especially in those people taking insulin.

There are three types of 'flu virus:

- Type A which is usually the more serious type. The virus is likely to mutate into a new version that people are not resistant to. This is what happened with the H1N1, swine 'flu strain. Previous pandemics have been type A viruses.
- Type B generally causes less severe illness and the outbreaks

are usually smaller. Type B usually affects young children.

- Type C usually only causes mild illness, similar to a cold.
- One or two strains of Type A circulate most years in addition to Type B.

### How do we know which viruses are going to circulate each year?

The World Health Organisation [WHO] makes an assessment in February each year of the most likely strains of 'flu viruses to circulate during the next winter in the northern hemisphere. WHO recommends 3 'flu strains the vaccines for the next year should contain and this is usually two type A and one type B virus.

### How does the 'flu vaccine protect you?

The vaccine causes the body's immune system to make antibodies to attack the 'flu virus. Antibodies are proteins that recognise and attack germs or viruses that have entered the blood.

The antibodies gradually decrease over time and this is another reason why you need a 'flu jab every year.

If you have had a 'flu jab, it may take up to 10 to 14 days for it to be effective. 'Flu vaccines don't usually cause side effects but there may be mild fever or muscle aches for a day or two afterwards.

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## IDDT Annual Conference 2012

On Saturday 13th October we held our annual conference at the Kettering Park and Spa Hotel. Entitled "Diabetes is More than Medication", the event was very well attended, with more applications to attend than ever before. As usual we asked for feedback from those who attend so that we can find out how to improve the event for future years.

Given our current focus on expenditure, we were pleased to see that everyone felt that the conference was good value for money. Most



people were also very complimentary about the facilities offered by the venue and although the queue for lunch seemed to go on forever at times, we tried to compensate for this by allowing plenty of time.

As ever, the group sessions proved very popular with people variously describing them as helpful, informative and welcoming the chance to share experiences and knowledge. The most popular groups

were Living with Diabetes, Fun and Food, Driving and Neuropathy. I am sure you will all join me in thanking those who led the groups as well as those attending and making them such a success.

Each of the speakers too received praise for delivering clear, easily understandable and informative presentations in each of their respective areas, whether they were more traditional or reporting on new developments and innovations.

We had a few more information stands at this year's event and these generated a lot of interest. It was something of a shame that we had to break down the stands early but this was unavoidable this year as the room had been booked for an evening function. However, comments from the stand holders, as well as delegates were all very positive and people particularly liked the new stands. With this in mind, we will try to be increasing the number of stands at future events.



We like to try to ensure that there is a fun element to the

day and in previous years we have held a general knowledge quiz. This year we decided to do something different and Tony, who presented the Tai-Chi session, certainly brought a breath of fresh air to the proceedings.

As usual, we also ask for suggestions of topics you would like covered in the future and we endeavor to meet these requests either



with the development of information leaflets, discussion groups/ workshops or formal presentations. There were lots of varied and interesting suggestions this year and they can be roughly split into two groups. The first group is requests for

information on diabetes in relation to other medical conditions/ complications including retinopathy, neuropathy, Addison's disease, eating disorders, skin integrity, medication and insulin resistance. The second group is requests for information on diabetes in relation to more practical issues of daily living such as travel, insurance, dealing with health professionals and residential care. This list is not exhaustive but contains the most popular requests.

One final element proving the success of the day is that every person offering feedback, without fail, said that they would come again, so I am sure you will join us in saying a big thank you to Rita, whose time, effort and hard work made the day such a success.

## Christmas Tips

Christmas is a mixture of many things – presents, excitement for children [and adults] and a busy time for everyone. But if you or a member of your family has diabetes, Christmas can be a worrying and stressful time too, especially if this is your first time with diabetes. Celebrating Christmas is not just a time for presents but also about food! We all eat a lot more than we should and we tend to eat much more of the sort of food that is not exactly ideal for children or adults with diabetes. It doesn't matter whether you are taking insulin for Type 1 or Type 2 diabetes or tablets for Type 2, you can't take a day off from it but it is important to remember that it is a time to be enjoyed with family and friends.

### Christmas dinner - cutting calories and carbs but not the enjoyment



**By Dr Mabel Blades,  
Consultant Dietician**

Christmas is a time for celebration and enjoying lovely food. Many people go out to several functions at this time of year when a Christmas dinner is offered.

Here are some ideas for how to cut calories and carbohydrate in an easy way. All calculations have been based on average portion sizes, so if you eat large ones then the calories and carbohydrate will add up even more.

#### Traditional dinner

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy

Christmas pudding and brandy butter

Mince pie

3 small glasses of wine

123g carbohydrate, 83g fat, 33.6g saturated fat and 4g salt,  
1736kcal

### **Traditional dinner with a few reductions - saves over 300 calories**

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy

Christmas pudding and custard made with skimmed milk  
Mince pie

2 small glasses of wine but drunk as 3 glasses as a spritzer

145g carbohydrate, 51g fat, 13.0g saturated fat and 3.7g salt,  
1450kcal (Note the carbohydrate increases as the milk in the custard has more carbohydrate than the brandy butter but less calories and fat.)

### **Traditional dinner with no mince pie or wine saves a further 400 calories and halves the amount of fat**

Portion of roast turkey, chipolata wrapped in bacon, stuffing, roast potatoes, brussel sprouts and gravy

Christmas pudding and custard made with skimmed milk

114g carbohydrate, 39g fat, 13.0g saturated fat and 3.2g salt,  
1040kcal

### **Further reductions can be made by:**

- Cutting down on the potatoes and dry roasting them.
- The chipolata wrapped in bacon can be omitted.
- The plate can be filled up with extra vegetables, such as carrots or brussels.
- The Christmas pudding can be home made to a lower calorie recipe.
- Fruit salad can be substituted for the Christmas pudding.

## **Buffet ideas to get the taste buds flowing!**

These recipes are about inspiration, not ones to be followed slavishly but ideas to get the Christmas taste buds flowing.

If you think they are too different from your normal recipes then adapt them a little but so that you are still moving towards a lower fat type of recipe. So often buffets feature sausage rolls, sandwiches, mince pies and other such rich fat nibbles.

Nothing wrong with them other than they are a bit higher in fat and salt and can be a bit boring. So here are a few low fat ideas. All are calculated out so they will give you some idea as to how to fit them into your diet.

### **Vegetable Kebabs (Portions – 12 kebabs)**

4 large carrots  
24 cherry tomatoes  
1 large cucumber

#### **Method**

Slice the carrots into thin strips using a cheese slicer the type that cuts very thin slices or you may have a food processor that does this - watch your fingers!

Chop the cucumber into chunks. (You could also make the

cucumber into very thin slices).

Thread the slices of carrots onto skewers, making loops of them interspersing with cherry tomatoes and cucumber.

Typical nutritional content per kebab:

26 kcal, 5g carbohydrate, 0g fat, 0g saturated fat, 0g salt

**Variation** - you can put other vegetables or a selection of fruits on skewers or slice up the vegetables and eat with a dipping sauce. Try experimenting.

### Teriyaki kebabs (Portions - 12 kebabs)

450g/1lb lean sirloin or rump steak cut into long strips.

#### For the marinade:

60ml/4tbsp light soy sauce

15ml/1tbsp. sesame oil

15ml/1tbsp orange juice

1 x 2.5cm/1 inch piece fresh root ginger, peeled and grated

1 garlic clove peeled and crushed (optional)

#### For the dipping sauce:

100ml/ 3 ½floz prepared plum or sweet chilli sauce, plus 1tsp sesame seeds.

#### Method

Mix all the marinade ingredients together in a small bowl and set aside.

Thread the beef strips onto 12 metal or wooden skewers (previously soaked in water if wooden ones).

Place in a shallow dish and pour over the marinade mixture. Cover and marinate in the refrigerator for up to 1 hour.

Cook the skewers under a preheated moderate grill according to

your preference, turning occasionally. Normally 6 minutes per side for well done.

Make up the dipping sauce and drizzle over the cooked kebabs or put in a bowl for dipping.

#### Typical nutritional content per kebab:

These kebabs are mainly protein – really tasty and not high in fat. They are around the same calories as many chocolates but much more filling.

62 kcal, 1g carbohydrate, 2g fat, 0.7g saturated fat, 0.1g salt

**Variation** - intersperse the beef with vegetables or even use pieces of cooked chicken or the leftover turkey

### Hot and tasty potatoes (Portions—12 depending on the size of the potatoes)

450g of salad potatoes or baby potatoes cut into wedges  
Chopped thyme and parsley or any other herbs you fancy.

#### Typical nutritional content per kebab:

10ml light soya sauce

10ml sesame oil

#### Method

Put all the ingredients into a plastic bag, shake well.

Place potatoes on a baking tray, lightly oiled or onto grease proof paper and bake at the top of a hot oven.

#### Typical nutritional content per portion:

35 kcal, 6g carbohydrate, 1g fat, 0.2g saturated fat, 0g salt

## Nutty Nibbles (Portions 20)

100g/4oz almonds  
100g/4oz plain popped corn  
1tsp sesame seeds  
1tbsp honey  
1tbsp sweet chilli  
1tsp sesame oil

### Method

Mix the seeds, honey and sweet chilli.  
Put the oil in a non-stick pan, add the nuts and corn.  
Add the seeds, honey and sweet chilli mixture.  
Lightly cook – tossing so the corn and nuts are coated.  
Place in a dish and serve warm.

### Typical nutritional content per portion:

69 kcal, 4g carbohydrate, 5g fat, 0.5g saturated fat, 0g salt

**Variation** - pop corn is fabulous as a snack and it is so easy to make in a pan or popcorn maker, lovely warm and perhaps flavoured with a drop of vanilla essence or grated parmesan. It makes a good alternative to crisps and other savoury snacks.

## Cucumber pockets (12 portions)

1 large cucumber – choose a straight one.  
50g/2oz low fat Philadelphia or other low fat soft cheese.  
Paprika about half a teaspoon

### Method

Cut the cucumber into 12 pieces.  
Hollow out a small piece on one side and fill with the cheese.  
Sprinkle with paprika.

### Typical nutritional content per pocket:

These look really pretty and are virtually carbohydrate free as well as less calories. I saw the idea in Philadelphia and adapted it.

11 kcal, 1g carbohydrate, 0g fat, 0g saturated fat, 0g salt

**Variation** - fillings like hummus or pate can be used as an alternative.

## Mabel's Mincemeat – this will not keep but then it is so delicious – who would want it to!

75g/3oz raisins  
50g/2oz sultanas  
50g/2oz currants  
150g/6oz chopped eating apple or use a cooking apple for a sharper flavour  
half a tsp mixed spice-optional  
100ml cider or apple juice

### Method

Soak the dried fruit in the cider or apple juice – cover it for a couple of hours in the fridge.  
Gently cook the chopped apple in a little water until soft.  
Combine the dried fruit mix and apple. Add the spices.

### Typical nutritional content per 30g portion (one heaped tablespoon):

41 kcal, 9g carbohydrate, 0g fat, 0g saturated fat, 0g salt

**Variation** - try putting the mincemeat into filo pastry, fold over and bake - you may need to use 2 sheets. They make a very pretty alternative to ordinary mince pies. It is also nice with vanilla ice cream especially if warmed and drizzled over the top. Other dried fruit like cranberries can be used or even chopped up figs.



## Cheats version

Add the apple, cooked in water, with the cider or apple juice and spices (optional). Add this to a bought mincemeat or even lift the top off the cheap and cheerful mince pies and put in a little of the mixture!

## Christmas Pudding



Having looked at most luxury style Christmas puddings as well as recipes for homemade ones using traditional ingredients like suet, I found that most provided around 600kcal and 80g carbohydrate per portion. I was given the challenge of developing a lower calorie and carbohydrate pudding.

This is what I made and it makes 8 small portions and each portion provides 204kcal 43g carbohydrate, 1.4 g fat, 0.3g saturated fat and 0.3g salt. It was quick to make and also cheap.

## Ingredients

200g dried mixed fruit  
100ml water  
10 ml red wine  
1 tbsp oat bran  
1 tbsp black treacle  
200g self raising flour  
1 tsp mixed spices  
1 420g can of prunes drained  
1 egg

## Method

- Mix the wine and water together.

- Pour the dried fruit into a dish then pour on the wine and water mixture.
- Leave overnight in the fridge. This soaking step is important as it plumps up the fruit.
- To this mix add the oat bran and return the dish to the fridge
- Take the stones out of the prunes and puree - if you have not got a liquidizer, a potato masher works well.
- Add to the mix, then add the treacle and mix through.
- Sift together the flour and spices and add to the mix.
- Finally beat in the egg.
- If the mix seems a bit dry add a little skimmed milk.
- Pour into a one and a half pint basin and smooth down or alternatively pour into 8 small basins.

## Cooking times

Put in the microwave and cook for 7 minutes on high. Take out of the microwave and let stand for 5 minutes. Cook again for 7 minutes on high and again let stand. Test the inside is cooked with a knife or skewer – if not cooked, then cook again for 5 minutes and allow to stand, then check it. The smaller puddings will cook more quickly and so will a pudding in a shallower basin. If you do not want to cook in a microwave, it can be baked for an hour in a medium oven in a covered basin standing in a bowl of water. Serve with custard or ice cream or as it is very low in fat a little brandy butter

**NOTE:** The pudding will not keep for long so freeze it or cook a day or so before required.

## Variations

- You can use all wine, port or brandy to soak the fruit if you wish but this will boost the calories. If you do not want to use alcohol soak the fruit in apple juice

- Extra fruit can be added to the mixed dried fruit – dried cranberries are nice.
- If you want to have a cold pudding, the mixed dried fruit with added cranberries soaked in alcohol or fruit juice goes well with vanilla ice cream. You can even layer this up in a pudding basin and freeze it.
- If you want to use pureed apples instead of the prunes it will give a paler colour.

If you do not want to cook a pudding then many of the supermarkets economy puddings seem to be lower in calories than the luxury ones.

### Remember!

- Excitement tends to lower blood glucose levels, this especially applies to children with Type 1 diabetes.
- Stress tends to raise blood sugars.
- Eating more than usual can raise blood sugars.
- Exercise lowers blood sugars, so a walk after a big Christmas dinner will help to lower them.
- Try to keep meal times as near as possible to your usual times but if meals are later, then remember to have a snack.
- Avoid keeping extra food around as this will tempt you to eat what you want, when you want.
- Maintain your blood glucose testing routine as far as possible and test more often if you're eating frequently or at irregular times.
- Stay active - exercise reduces stress, burns excess calories and helps control blood sugars.
- Pamper yourself – whether this is taking a relaxing bath or curling up with a book, make time for yourself as this can help to prevent holiday stress from building up. Get plenty of rest to prevent holiday tiredness.
- Planning – make sure that you have enough insulin and other medications to cover the Christmas and New Year holidays.

## Food Tips

### How to decrease sugar in your favourite recipes

Use less sugar, use sugar-free gelatins for desserts, substitute sweeteners for sugar and/or substitute sugar-free drinks in punches or other drinks.

**Christmas Dinner** – in terms of carbohydrate content, it is similar to Sunday lunch with some extras, such as cranberry sauce and stuffing. You aren't obliged to eat everything, so choose what you like best and pass on the rest. If you want to eat everything, do so but just have smaller portions. Take a family walk after lunch to walk off the extras – it's good for everyone and a convenient way of lowering blood sugars without anyone else realising!

**Nibbles** – as well as the usual carbohydrate-containing nibbles, have plates of raw vegetables and low calorie dips around. Nuts and dried fruit are a good idea too – two tablespoons of nuts are only 10 grams of carbohydrate and half to one tablespoon of dried fruit is the same. Fruit is always good too – there are 10 grams of carbohydrate in a medium sized banana, apple, orange, two plums, two tangerines and a handful of grapes or cherries.

### A useful little book.....

'Carb Counter' is a very useful little book which gives the carbohydrate values of over 2000 foods – plus calories, protein, fat and fibre. It can be ordered from IDDT at the reduced price of £2.99, telephone 01604 622837.

### Treating a Christmas hypo

The standard treatment for a hypo [hypoglycaemia, low blood glucose] is a glass of orange juice but if it is a mild hypo and you are able to eat and drink, then have chocolate as a treat. Chocolate contains more fat which slows down the action of its sugar content, but it is Christmas after all! [See IDDT Leaflet 'Hypoglycaemia' for general advice on hypoglycaemia.]

## Then there's alcohol!

When you drink, your liver decreases its ability to release glucose so that it can clean the alcohol from your blood. Because glucose production is shut down, hypoglycaemia [low blood sugar] becomes a risk for people with diabetes, particularly if you drink on an empty stomach or shortly after taking insulin or glucose-lowering tablets. It takes two hours for just one ounce of alcohol to metabolise and leave your system so the risk continues long after your glass is empty.

### Facts about alcohol and diabetes:

- Alcohol lowers blood glucose levels so increasing the risk of hypoglycaemia [low blood sugars] not just while drinking but also over the next 24 hours or longer.
- Alcohol impairs judgement, so you may not realise that you are hypo and will not treat it with sugary food. You may also be mistaken for being drunk by others around you and so they will not offer help. Both of these situations could lead to severe hypoglycaemia.
- The carbohydrates that we drink may contain carbohydrates but these do not offset the blood sugar lowering effect of the alcohol, so they should not be counted as part of your overall carbohydrate consumption. [Remember that while Pils is a low sugar lager, it has a higher alcohol content, so it is not a good drink for people with diabetes.]

Having diabetes does not mean that you cannot drink but there are some golden rules that people with diabetes should follow:

- Only drink in moderation – sensible advice whether or not you have diabetes.
- Learn by experience how alcohol affects you – everyone is different.
- Take the appropriate steps to prevent a hypo and if necessary lower your insulin dose at the meal prior to going out for a drink.
- The best time to drink alcohol is with a meal. If you are not

having a meal with your alcohol then it is a good idea to nibble carbohydrate [eg crisps] throughout the evening.

- Never drink alcohol before a meal.
- Have an extra bedtime snack before going to bed. Remember that alcohol could lower your blood glucose during the night while you are asleep, resulting in a night hypo. The alcohol may also make you sleep more soundly so that the hypo warnings may not wake you.

### Don't let diabetes spoil your day!

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## Welfare Reform Bill (February 2011)

In February 2011 the Welfare Reform Bill was introduced by Parliament. IDDT has put together a summary of the Bill in relation to current income related benefits to help make the transition as easy as possible for you to understand.

### Universal Credit

Current income related benefits for people of working age such as Job Seekers Allowance, Employment and Support Allowance, Housing Benefit, Income Support, Working and Child Tax Credit will be replaced with one Universal Credit (UC). The UC is designed to be an easier system, with computers linked directly to the tax office so each month they will know if your income has changed and their payments will change accordingly. This means you will not be spending time making lots of phone calls reporting changes of circumstances.

At the moment people have to go to several different offices to claim benefits – Local Authorities for Housing and Council Tax Benefit, HMRC for Tax Credits, Jobcentre Plus for Job Seekers or Employment and Support Allowance. The new Universal Credit should be one application for all, making the benefit system simpler.

This claim will be made through the Department of Work and Pensions. The exception to this rule is the Council Tax Benefit which will not be included but will instead be handled in a separate claim through your Local Authority.

Pension Credit is not directly affected. However, at the moment it can be claimed as soon as one person in a couple reaches the qualifying age. Under the new rules, both members of the couple need to have reached the qualifying age to be able to claim. They will remain on the Universal Credit until this time.

The Universal Credit is due to start coming into force from October 2013 for new claims only. However, existing claims will take time to transfer across and it is planned that this should happen between April 2014 and October 2017.

## **Personal Independence Payment**

In addition to the major changes to the income related benefits, there will also be a huge upheaval in the benefit currently known as Disability Living Allowance (DLA). It will be replaced by the new Personal Independence Payment (PIP).

The PIP will have two components (similar to the DLA) - a Mobility Component and a Daily Living Component. Each component will have two ratings – a standard rate and an enhanced rate dependent on how severely the claimant's ability to carry out daily tasks is affected. Most claimants will be expected to attend a consultation (the medical that currently happens). This will give the claimant the opportunity to explain face to face how their impairment affects their daily life.

As of June 2013 all new claims made by adults aged 16 – 65 will be for the PIP and not DLA. Current DLA claims will be reassessed when they need renewing or have a change of circumstances reported. There may also be some people who are called for reassessment between autumn 2012 and 2016.

These changes are intended to make life easier. If you have any queries, you can obtain further details from the organisations listed below:

### **Universal Credit to replace current benefit structure**

[http://www.direct.gov.uk/en/NI1/Newsroom/DG\\_191344](http://www.direct.gov.uk/en/NI1/Newsroom/DG_191344)

### **Welfare Reform Bill unveiled**

[http://www.direct.gov.uk/en/NI1/Newsroom/DG\\_194774](http://www.direct.gov.uk/en/NI1/Newsroom/DG_194774)

### **Welfare and benefits - Spending Review**

[http://www.direct.gov.uk/en/NI1/Newsroom/SpendingReview/DG\\_191799](http://www.direct.gov.uk/en/NI1/Newsroom/SpendingReview/DG_191799)

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