

# DIABETES NEWS

WINTER 2025

Connor completes the Standard Chartered Marathon on 5th October and raises £1,600

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Bethany Smyth completes the Jersey Cannacord Half Marathon and raises over £600 for Diabetes Jersey

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Check out our website [diabetesjersey.com](https://diabetesjersey.com) for further information

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**THE BI-ANNUAL NEWSLETTER  
THAT INFORMS PEOPLE WITH  
DIABETES IN JERSEY**

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# COMMENT

## Winter Newsletter

Once again there is much to read in this issue, all items impacting in some way or another on those of us who live with diabetes.

Although Type 1 and Type 2 diabetes are very different conditions, the treatment of both types of diabetes has three factors in common – medication (insulin or tablets), diet and exercise. All three are important, they all affect blood sugar levels and they all affect each other. So both in Type 1 and Type 2 diabetes there is an important relationship between medication, diet and exercise and to achieve good diabetic control those with either condition have to try to balance all three. In this edition we’ll be looking at these factors in more detail.

There were two major events this month.

World Diabetes Day took place on Friday 14 November, commemorating the birth of Canadian Dr Frederick Banting who, with US scientist Charles Best, first obtained insulin from the pancreas, in his case, from his dog. In Jersey this day was marked by free testing for Type 2 at the major branches of the Channel Islands Coop amid significant publicity.

Dine4Diabetes at the Merton Hotel took place on Saturday 22 November. This event is Diabetes Jersey’s major fundraiser taking place every two years. Brilliantly organised by Collette Labey, over the years this event has raised many thousands of pounds for the benefit of the charity and those who the charity has set out to serve.

Towards the end of this year and into the next, Diabetes Jersey will be creating awareness of diabetes with posters at the bus station and the major public carparks and other untried media.

In the meantime keep well and keep safe.

Peter Tabb  
Editor  
peteretabb@gmail.com

# WHAT’S NEXT FOR THE DIABETES ANCILLARIES SERVICE

Changes planned for the service introduced from 1 September 2025

The Jersey Diabetes Ancillaries Service has been providing diabetic supplies to islanders through their pharmacy since the service started in November 2019. Around 1,400 people are registered to this service and use it to receive funded supplies to help manage their diabetes alongside their medicines and any information or advice they require from the pharmacy team.

The service contract with community pharmacies was renewed from 1 September 2025 with some changes. These changes follow feedback from service users, pharmacy staff and clinicians. The changes will see more people living with diabetes being eligible to monitor their glucose levels using the Continuous Glucose Monitoring sensor system, Freestyle Libre 2 PLUS and access to reusable insulin pen devices. The changes are summarised in Box 1 below.

**Box 1: Summary of recent changes to the Diabetes Ancillaries Service**

- More people living with diabetes will become eligible to receive Continuous Glucose Monitoring (CGM) using the Freestyle Libre 2 PLUS system through this service.  
Eligible people will include:
  - People with any type of diabetes who are required to administer 2 or more insulin injections per day OR are required to administer 1 or more insulin injections per year and have additional needs that affect the person’s ability to undertake self-monitor capillary blood glucose testing (e.g. disabled or frail) and CGM is a recommendation of the Diabetes Service multidisciplinary team.
  - People eligible for CGM through this service will require a referral form to be completed by the Diabetes Service staff who can also ensure that the appropriate training and support is provided to those newly starting CGM.
- People who are prescribed tirzepatide injections under the Health Insurance Fund (who are confirmed by their prescriber as fulfilling specific criteria) can register for this service and receive annually:
  - 1 box of 100 x 4mm needles and a sharps disposal bin.
- Specified reusable insulin cartridge pens devices will become available through this service for supply by your community pharmacy team. A maximum of 2 pens per person per insulin can be supplied, 1 for current use and 1 as a spare.



Clinical advisory group established

An advisory group made up of doctors, nurses, pharmacists, civil servants and the chair of Diabetes Jersey has been established to oversee the running of this service. As well as making recommendations to the Minister for any changes to the product catalogue of items and service provision, it helps to review the quality of and costs of the service. The group meet three times per year and conducts audits and satisfaction surveys to monitor this service.

Enhancing care and promoting sustainability

The clinical advisory group for the Diabetes Ancillaries service is pleased that initiatives are being introduced which will soon enable islanders to have easier access to reusable insulin cartridge pens. These smart pen devices are manufactured to high pharmaceutical standards and are specifically designed to be compatible with the pen manufacturer’s range of insulin 3ml cartridge. A smart pen has technological features which offer improvements over standard, 3ml disposable insulin pens. A comparison of the features of disposable and re-usable insulin pens is shown in Box 2 below.

Box 2: Comparison of disposable and reusable insulin pens			
Feature	Pre-filled, disposable 3ml insulin pen	Standard re-usable 3ml insulin pen	Smart re-usable 3ml insulin pen
Automatically records insulin dosing information (date, time and number of units insulin injected)	✗	✗	✓
Connects with connectable diabetes app on smart phone, tablet, personal computer or glucose monitor	✗	✗	✓
Ability to choose to share insulin dosing information with your healthcare provider	✗	✗	✓
Refills using a 3ml insulin cartridge	✗	✓	✓
What happens at the end of the product life?	Novo Nordisk brand pens can be recycled using the PenCycle service. Other brands are disposed of with household waste, when empty of insulin and needle free.	Battery life can last up to around 5 years. At the end of the battery life, a new pen is required.	Battery life can last up to around 5 years. At the end of the battery life, a new pen is required.

The smart pen devices which are available through this service from September are shown in Box 3 below.

Box 3: Reusable pen devices available through the Diabetes Ancillaries Service from 1 Sept 2025				
Re-usable pen device	Manufacturer	Standard or Smart reusable pen	Dial-up dosing (dosing range)	Compatible insulin in 3ml cartridge form
AllStar Pro	Sanofi	Standard	1 unit (1-80 units)	Lantus
JuniorSTAR	Sanofi	Standard	0.5 units (1-30 units)	Lantus
HumaPen Savvio	Eli Lilly	Standard	1 unit (1-60 units)	Humalog, Humulin S, Humalog Mix25, Humulin I, Humulin M3
NovoPen 6	Novo Nordisk	Smart	1 unit (1 – 60 units)	NovoMix, Fiasp, NovoRapid, Insulatard, Levemir, Tresiba
NovoPen Echo PLUS	Novo Nordisk	Smart	0.5 units (0.5 – 30 units)	

**Please note that:**

- A different colour pen is recommended to be used for each type of insulin that is required.
- A maximum of 2 pen devices per insulin used should be held per person. One to use and one to be kept as a spare.
- Pharmacies may need to place an order for the pen device and colour required.
- The pharmacy team will be able to provide advice and signposting for further information about using reusable pen devices. Speak to the healthcare professional who manages your diabetes if you would like to receive initial training.
- There is no requirement to change your insulin preparation because of the changes to this service. If you think you would benefit from using a reusable pen device, please talk to your healthcare professional who manages your diabetes at your next routine review.

Service support

People using this service are required to register with ONE chosen pharmacy branch to receive their diabetes ancillary supplies. This is to ensure that the pharmacy team can get to know you and the supplies and medicines that you need and be able to help offer advice and support when you require it. From time to time, they may ask you questions about the supplies that you use as part of the ongoing management of the service and to make sure that you have the support that you need to manage your diabetes. If you have any questions or comments about this service you can speak to your pharmacy team, or email Naomi Mews, Prescribing Support Pharmacist, email: naomi@inpax.co.uk.



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## CHAIRMAN'S REPORT

Support for the Diabetes Service



As most of you reading this article will be aware, the Charity has a long history of supporting patients and the Diabetes Service in a variety of ways. It undertakes all of its duties through the members of the governing committee, who also work tirelessly as volunteers in their own time, to bring about improvements for staff within the service and the patients supported by both. It is often forgotten that the Charity has no salaried positions and therefore in comparative terms to other organisations, the funds that it receives are largely used to provide improved services for patients or, for example, advertising to prevent or delay the onset of Type 2 diabetes.

In the last Newsletter, readers could be forgiven for viewing my report as quite a negative one in terms of the Charity's engagement with Health and Community Services. In the interim, the Charity has continued to engage with the Minister and his Assistant Ministers and executives working within the Health Service.

In fairness to all parties, it is within the public domain that the current Minister, Deputy Tom Binet, is of the belief that the Health Service itself is underfunded,

Cont. Page 6



which in part is due to the current and more recent governments not dealing with and planning for, an ever increasing ageing population. If my interpretation of the predicament is correct, now is the time to start openly supporting the Minister in his endeavours to bring about change.

In making the above comments, I am pleased to advise that much progress is now being made in respect of a number of long outstanding issues. Whilst I am not in a position at this time to be specific on the issues being discussed to bring about an improved service, I should be able to advise you all by year end of those outcomes. One matter on which I can provide a comment on is the confirmation that from the beginning of next year, the Health Service will provide genetic testing for those suspected of having Mature Onset Diabetes of the Young (MODY). During the past 18 months, the Charity has funded a number of these tests, some of which have confirmed individuals having this form of diabetes.

During the summer, the Charity hosted a seminar at which the Lead Consultant Dr David Hopkins presented to GPs and other health professionals. While not well attended, it is envisaged that moving forward, David will engage with GPs and Practice Nurses using an alternative means of communication.

Public Health's Prevention of Type 2 Diabetes initiative is now at the commissioning stage, with its rollout expected to commence early in the new year.





The Charity hopes to be in a position by the end of the year to make an important announcement regarding its involvement in the further development of the Diabetes Service.

In conclusion, the Committee and I would like to wish everyone a Merry Christmas and Happy & Healthy 2026.

*Bill O'Brien*

Bill O' Brien

Chairman

Diabetes Jersey



## CONNOR RUNS THE JERSEY MARATHON TO RAISE FUNDS FOR DIABETES JERSEY



Connor, who had not previously run a marathon, completed the Standard Chartered event held on Sunday 5 October in a time of four hours and 24 minutes. He raised more than £1,600 for the Charity with donations still being received. Here is what Connor said of his reasons to raise these funds.

“Since being diagnosed as a child with Type 1 diabetes, the Charity has been very supportive to both myself and family. Looking back over the years, Diabetes Jersey has helped me in so many ways to cope with accepting the condition and to deal with

it in a pragmatic way. Their determination in those early days in the funding of technological support, the provision of a peer support group and events for children has been of tremendous help to me. In particular, I would like to thank Liz Freeman who supports those with Type 1.

“If you look after your body and take heed of the advice offered by the paediatric nurses and specialist dietitians, the condition should not impede you in achieving the goals that you set for yourself.

“I would like to thank my parents and other members of my family, friends and the many others who have supported me by making donations to raise money for Diabetes Jersey.”

Diabetes Jersey chairman, Bill O'Brien, commented by saying, “Having known Connor since he received his diagnosis, it shows that it is possible to lead a relatively active life with Type 1 diabetes, while acknowledging the severe restrictions imposed which require strict management. He is a very good role model for young persons and has shown what can be achieved. As a Charity, we are extremely grateful for the moneys that he has raised.”

## BETHANY SMYTH COMPLETES THE JERSEY CANNACORD HALF MARATHON

Bethany who grew up in Jersey, returned to the Island in June to participate in the Jersey Cannacord Half Marathon and raised over £600 for the charity.

Diabetes has affected members of her close family. She said, ‘I chose to support Diabetes Jersey as the condition has always been part of my life and it is now some 5 years since the passing of my grandfather who had diabetes’

Beth has now registered for the 2026 ‘Chester Triple’ which is a series of 3 runs which are 10kms, a Half Marathon and a Marathon to raise more money for Diabetes Jersey.



## AN INTRODUCTION TO PADEL TENNIS

on Saturday 25th April 2026

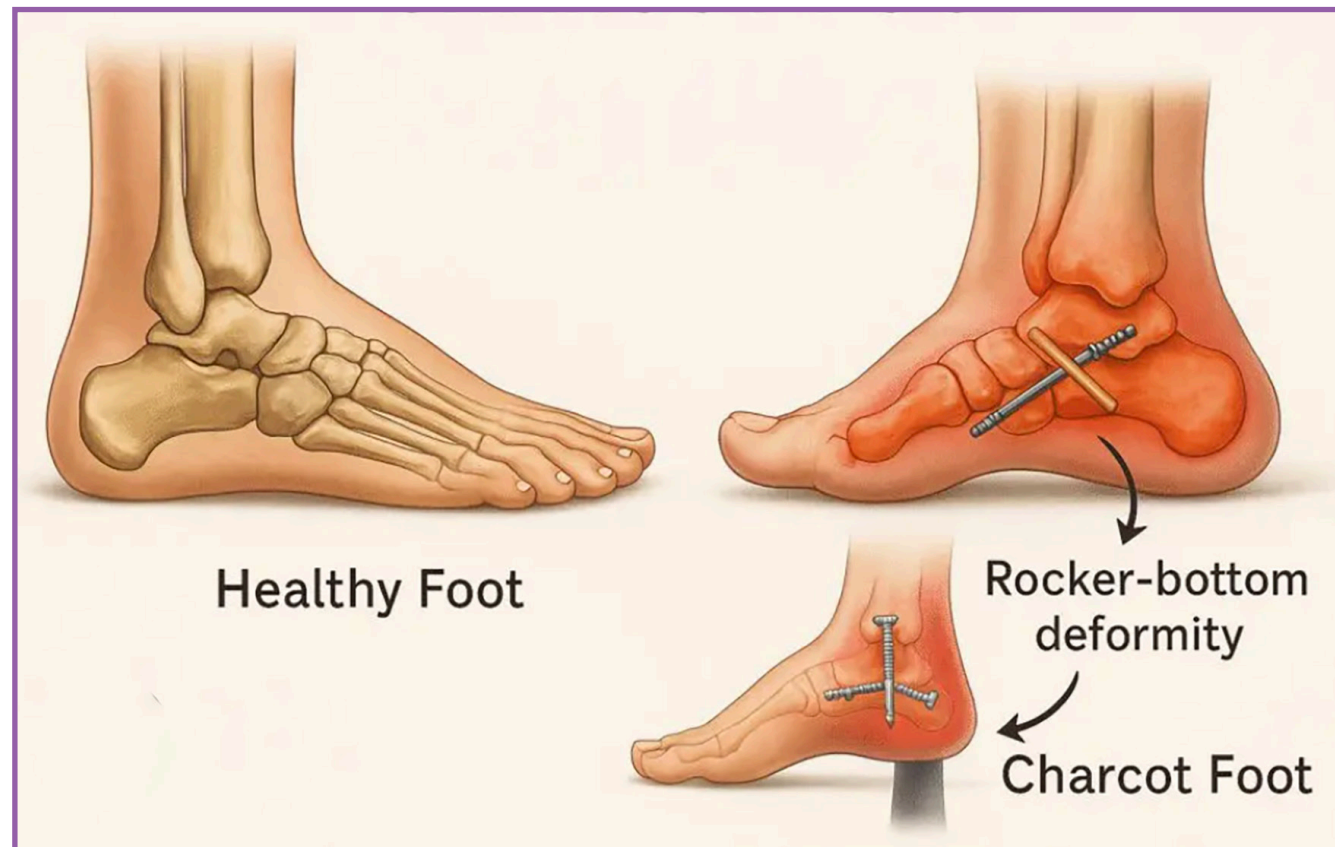


The charity is holding an ‘Introduction to Padel’ afternoon on Saturday 25th April 2026. The venue is at the home of Island Padel in St Clement with numbers limited to 60 people, who must be aged 16 or over. Food in the form of a selection of fresh Italian Sourdough Pizza Slices will be available.

Attendees will have exclusive use of the facility, with a full compliment of coaches and will also be provided with rackets.

Watch out for further announcements on the charity’s website and Social Media pages Diabetes Jersey.

# INFORMATION ABOUT CHARCOT FOOT NEUROARTHROPATHY



Charcot Foot is a sudden softening of the bones in the foot, that can occur in people with diabetes who have significant nerve damage (neuropathy). The bones can become weakened enough to fracture.

Continued walking on the softened bones can cause changes in shape and deformity of the foot. The arch of the foot can flatten and even fall. This can make it difficult to walk, increasing pressure to the bottom of the foot and the risk of ulcers developing.

This condition is very serious, can impact on quality of life, disability and even amputation.

Symptoms of the condition include:

- New heat/warmth of the foot;
- New redness in the foot or ankle;
- New swelling in the area; and
- Vague pain or soreness

Symptoms can appear after a sudden trauma or injury to the foot, e.g. after a long walk. Untreated, Charcot Foot can result in swelling and change in the shape of the foot, which does not return to normal even when the condition has settled.

The diagnosis can often be missed and the symptoms can be believed to be caused by something else; like foot infections, cellulitis, fracture, sprain or blood clot in the leg.

It is important that Charcot Foot is detected and treated at the earliest opportunity. The earlier it is treated, the less deformity and damage to the bones of the foot occurs. Should you have any concerns, you should discuss these with your GP and more generally, ensure that your feet are checked during your annual feet review.

(This article is derived from information from the NHS)

## A MESSAGE FROM THE DIABETES SERVICE FOR TYPE 2 PATIENTS WHO ARE ALREADY ON TWO TYPES OF INSULIN - The Victor Course

This course is a structured education course specifically designed for people with Type 2 diabetes, who are already on two types of insulin (background and mealtime insulin)

It is run over a period of five weeks, teaches self-management skills with a focus of carb counting and insulin dose adjustment.

Much of the content is online self-directed study, with a weekly group session held online, so course participants need to be able to access online learning and commit to at least four of the five sessions if possible.

It is hoped to start the next course in January and should there be more candidates, the intention is to run further courses during 2026.

Interested patients should contact Sally Hilton, Diabetes Specialist Nurse via email for more information or, referrals can be made by the patient's GP in the usual way.

Sally can be contacted at 's.hilton2@health.gov.je'



## **BARS 2025:** British Association of Retinal Screening

This September the Jersey Diabetic Retinal Screening Department, with some help from Diabetes Jersey, sent a team comprising of Consultant Anish Shah, Optometrist Sarah Lake and Screeners Roberto Romero and Milena Lalka-Tatarczak to the annual BARS (British Association of Retinal Screening) convention. Unlike the previous conferences attended in Bristol and Liverpool, which followed a two-day format, this conference held in Birmingham had switched to a one-day format. While this new format was designed to make things easier for attendees, it did prove to be more of a challenge for one of our members.

Milena Lalka-Tatarczak is a current BARS council member. As a second-year council member her individual responsibilities were increased. The committee also had to work out how to condense the schedule from the two-day format, whilst maintaining the same energy and enthusiasm. Milena was given the role of coordinating the conference venue, a challenge she rose to, learning a lot in the process. On the day she also had the tiring job of being available from 6am to welcome the trade sponsors and she was still on hand when they were leaving at 5pm. Despite this she still managed to enjoy some of the talks and presentations, as well as experiencing the joys of teamwork and gratification that come with a well organised event. Certainly, the rest of the team were very impressed with what she achieved and Charlotte Wallis who is BARS co-chair commented on the “huge asset” that Milena has been to the council.

For the rest of us BARS 2025 was a much less stressful affair. We are a small team and living on an island we have very little interaction with other screening programs. The interaction provided through BARS is invaluable, it not only gives us confidence in the running of the program, but it also inspires new ideas or thoughts on how we can improve the service. Anish Shah was particularly interested in the presentation made by Professor Peter Scanlon. Professor Scanlon has recently published the ‘Concordia’ study which looked at the use of widefield imaging in retinal screening. As mentioned after previous conferences, wide field cameras can allow image capture without the use of drops and often using a single image. Professor Scanlon’s study really highlighted the benefits of these cameras. Jersey is more autonomous, and we have the advantage that we might be able to implement such equipment in our program sooner than our counterparts in the UK.

For Roberto Romero the human side of BARS always proves a highlight. Each year the committee invites people living with diabetes to prepare a talk or presentation. Normally this is a local person from the area, this year we were delighted that they chose a panel of 4 young leaders from Together Type 1. These young people living with type 1 diabetes spoke openly about how being part of such a community helps them feel less alone. They shared their highs and lows and how they had found strength in talking about their condition without shame. We forget that Type 1 diabetes is a condition that you cannot switch off, one girl explained that there is no escapism from it, you don’t get a holiday from it, but you also must not let it consume you.

When attending hospital appointments, it is important to remember that they aren’t just patients, they are human and should be treated as such. Luckily, they had mostly had positive experiences from their local screening programmes. Their biggest compliment was our timekeeping, they all commented that their programmes hardly ever ran late, but if we could improve one thing it would be getting rid of the horrible drops. Living with 3 daughters, who are a similar age to some of the panel members when they were diagnosed, Roberto was especially touched. He felt ‘seeing young people say, “I’m not ashamed, I can share this” gives the urgency and heart behind why we push for better screening, better follow-up, and better access for all.’

For me, my role in our local screening programme has evolved over the years. Originally I was employed to help with the digital surveillance clinic (DS) and run the slit lamp biometry clinic (SLB), over the last few years I also started grading images. Now I outcome grade most images from the DS clinic. If you are referred into ophthalmology for possible treatment, it is probably me that initiated it. This year grading protocol has changed and we are still getting our heads around the new grading structure. Samantha Mann, Consultant Ophthalmologist at St Thomas’ Hospital London presented the new grading criteria. Sam talks with such authority and this presentation provided me with extra clarification, this will be invaluable going forwards.

As highlighted, attending BARS annually has many benefits, from the human impact to technological advances, whilst ensuring we are still providing a safe efficient programme. We are very grateful for the support from Diabetes Jersey in allowing the team members not on the committee to attend. We are already thinking about the next conference, this will be April next year and will be a collaboration with the Royal Society of Medicine for the National Diabetic Eye Screening Conference.





# AN EXERCISE IN EXERCISING!



Exercise or physical activity is an essential part of the treatment of diabetes. In addition it is good for your heart. This is not something new, we all at some time or other come across the need to exercise but is it a message that many of us choose to ignore? Perhaps for many of us with busy lives, just the thought of finding the time for exercise is itself exhausting! Perhaps pictures like the one above are also off-putting if none of us look like that.

Often the words 'exercise' and 'physical activity' put us off because they conjure up visions of fit, lithe people visiting a gym three times a week and sometimes boasting that they start their exercise at 6.00 am!

Perhaps the messages would be more effective if they didn't use words like 'physical activity' and 'exercise' and simply encouraged us to introduce more activity into our lives so that we can actually achieve greater activity and the benefits to our health without actually realising it.

Perhaps we should be wary of statistics since it seems that in a community like ours seven out of ten adults do not take enough regular exercise to achieve health benefits and to protect their heart, eight out of ten would reckon that they are physically fit.

Here are some facts:

- Physical activity reduces the risk of having a stroke and helps lower blood pressure;
- It reduces the risk of Type 2 diabetes and osteoporosis;
- It helps to reduce weight in people that are overweight or obese;
- It helps to improve cholesterol levels, decreases triglycerides and increases 'good' cholesterol (HDL);
- Exercise decreases insulin resistance and in people with diabetes this means less medication;
- It can help relieve stress, make you feel better and it can be enjoyable;
- There is no level of activity that has to be achieved to gain health benefits; and
- The largest gain in health benefits from increasing physical activity levels is in people who are inactive and who start to take regular exercise such as walking, cycling, dancing or swimming.

## Physical activity and diabetes.

Facts:

- Men with diabetes are two to three times more likely to develop coronary heart disease than men without diabetes;
- Women with diabetes are four to five times more likely to develop coronary heart disease than women without diabetes;
- In people who already have diabetes, physical activity can reduce the amount of medications needed or reduce the insulin doses; and
- Moderate, rhythmic exercise seems to reduce the risk of people developing Type 2 diabetes in middle age.

(Most of the content of the above article was drawn from a publication from the Independent Diabetes Trust)



# COPING WITH DIABETES

No one is happy to be diagnosed with diabetes

You may be relieved to know why you've been unwell; that it's treatable and that you can live a full life. But it's still a shock. And Type 1 diabetes is tough because you have it for the rest of your life and you never get a day off.

The reality of managing a lifelong condition hits everyone. There are so many extra decisions you need to make every day. That's exhausting – practically, physically and emotionally.

You may also be worrying about how it affects your future, from work and social life, to travel and relationships.

If your feelings ever stop you from properly managing diabetes and living a full life, then it's time to get extra support. There's lots of help out there. Getting emotional support if you need it is as important as any other part of your treatment.

## Diabetes burnout

Also known as diabetes distress, this is a rational response to a demanding, long-term condition. It's feeling frustrated, defeated or overwhelmed by diabetes.

It's most common in people who've managed diabetes for a long time. It can be provoked by different things – the non-stop nature of treatment, like events or if you develop complications.

As it's about the diabetes specifically, you may not otherwise be unhappy. It's not the same as depression – where people feel negative about themselves, others and the future. But it's important to recognise – and get help.

There's more information on burnout on this website: [diabetes.org.uk/t1-diabetes-burnout](https://diabetes.org.uk/t1-diabetes-burnout)

## Depression

People with diabetes are more likely to experience depression. It's a serious condition that shouldn't be ignored. It can be treated. It's different from diabetes burnout or feeling down and sad. You can't simply 'pull yourself together'. To talk to someone about how you're feeling, talk to your doctor and the healthcare team.

## Talking to family and friends

You may find it hard to open up to people about your diabetes. But sharing issues with family and friends will help them understand how to help you while you adjust to the way of life diabetes demands. They can give support and encouragement when you're first diagnosed, or at times when you are struggling.

It helps to join a Diabetes Jersey group – there's one for Type 1s and one for Type 2s. Find out more from our website: [diabetesjersey.com](https://diabetesjersey.com)

This article was first published by Diabetes UK

# EATING OUT

You don't need to stop eating out or enjoying a takeaway. Just make sure you have the know-how to make healthier choices.

## Lunch

With a meal deal, watch out for triple-decker sandwiches and creamy pastas. And, with the sides, choose healthier options like water and fruit, not sugary drinks and crisps.

Go for filling, healthy salads with lean protein and seeds. Or try wholegrain sandwiches or wraps with lean ham, chicken, turkey or fish. Look for low-fat mayo or yogurt dressing too.

## Healthy snacks and sneaky smoothies

Vegetable sticks and fruit help towards your five-a-day target. And a handful of unsalted nuts, raisins or other dried fruit is a great snack.

Go for oven-baked or lower fat crisps. Or air-popped sugar and salt-free popcorn.

Try to avoid fruit juices and smoothies. They contain free sugars and it's easy to consume a lot quite quickly, meaning you will get excess calories and carbs. Choosing the whole fruit is better for you. Aim to have no more than one small glass (150 ml) of fruit juice or smoothies a day.

Go for a small pot of low-fat yogurt, or add some mixed berries to a few tablespoons of plain low-fat Greek yogurt.

## Takeaways

**Fish and chips** have a smaller portion or remove the batter. Go for thick cut chips – thicker chips tend to have less fat.

**Burger and chips.** Try a lean or veggie option and skip the cheese and mayo. Go 'bun-less' to cut the calories and order more salad, but watch the dressing.

**Pizza.** Thin bases, sharing with a friend and filling up with salad can help you cut back on fat and calories.

**Indian.** Go for tandoori and tikka options as they're baked and lower in fat. Choose boiled or steamed rice rather than pilau or fried. Fill your plate with salad and yogurt, before adding the rice. Watch out for extras like poppadoms and naan breads. Choose chapatti rather than naan bread. If there's a choice of starter, think about what's best for you. Chicken or fish tikka is generally healthier than samosas and pakoras.

**Chinese, Thai and Malaysian.** Go for broth-based soups rather than spring rolls or satays. Choose steamed rice over fragrant rice or noodles. Stir-fried vegetables are a filling and healthy side.



# 600 CLUB RESULTS FOR 2025

Results for the Draws held between July and October.

DRAW	£150	£75	£30	£25
4th July	72	67	86, 153, 339	197, 289, 292, 526
18 July	363	65	72, 106, 457	8, 148, 220, 249
1st August	152	82	370, 564, 579	58, 101, 308, 326
15th August	545	568	81, 371, 542	44, 389, 533, 581
5th Sept	565	20	45, 519, 525	284, 314, 361, 554
19th Sept	548	14	183, 495, 571	263, 297, 519, 540
3rd October	273	565	239, 347, 351	244, 264, 337, 592



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ADDRESS .....

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

EMAIL ADDRESS .....

HOME TELEPHONE .....

MOBILE NUMBER .....

DO YOU HAVE DIABETES? YES NO

TYPE 1 ☐ Please tick appropriate box

TYPE 2 ☐

WOULD YOU LIKE US TO EMAIL YOU ABOUT UPCOMING EVENTS/MEETINGS ETC.? YES NO

SHOULD ANY OF THE INFORMATION PROVIDED ABOVE CHANGE, I SHOULD BE VERY GRATEFUL IF YOU WOULD ADVISE US BY EMAIL AT [carmeloc2201@gmail.com](mailto:carmeloc2201@gmail.com)

PLEASE HAND IN YOUR COMPLETED FORM TO A MEMBER OF THE DIABETES JERSEY COMMITTEE OTHERWISE PLEASE MAIL THE FORM TO:

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APARTMENT 16 THE CARLTON  
HAVRE DES PAS  
ST HELIER  
JE2 4HP

ONCE YOUR APPLICATION HAS BEEN ACCEPTED, WE WILL WRITE TO CONFIRM THIS.

I WOULD LIKE TO RECEIVE THE DIABETES JERSEY NEWSLETTER BY ONE OF THE FOLLOWING:

Please tick one of the boxes

Email ☐

Post ☐

SIGNED.....DATE.....



# FOOTNOTE

Looking after your feet

**These are the golden rules for looking after your feet:**

- Never go barefoot
- Wear good fitting shoes – not tight or worn
- Break in new shoes gradually and make sure they don't rub
- Keep your feet dry, especially between the toes
- If you need to use talc, use it sparingly
- Moisturise your skin so that your feet do not get dry or cracked
- Cut your toenails straight across, not deep into the corners
- Wash your feet daily using lukewarm water
- Do not use heating pads, hot water bottles, iodine, Epson salts or alcohol
- Check your feet every day and if there are any problems contact your doctor or podiatrist.

## HOW TO TERMINATE RECEIPT OF THE NEWSLETTER

Should you no longer wish to receive a copy of the Newsletter, please either send an email to 'carmeloc2201@gmail.com' or send a written request by post to  
Diabetes Jersey, Apartment 16 The Carlton, Havre des Pas, St Helier, JE2 4HP

<b>Chairman</b> <i>Bill O'Brien</i>	<b>Vice Chairman</b> <i>Tim Pedley</i>	<b>President</b> <i>Mike Norem</i>
<b>Public Relations</b> <i>Peter Tabb</i>	<b>Treasurer</b> <i>David Ferre</i>	<b>Donations</b> <i>Margaret Gicquel</i>
<b>Publications &amp; Social Media</b> <i>Ian Barnes</i>	<b>Secretary</b> <i>Madeleine Maddison</i>	<b>Type 1 Representative</b> <i>Liz Freeman</i>
<b>Membership &amp; Data</b> <i>Carmel O'Connor</i>	<b>Type 1 Support</b> <i>Hana Maddison</i>	<b>Type 2 Support</b> <i>Cass Channing</i>