Breaking down barriers – at home and abroad

Welcome to our new issue of the journal! As I write, we finally have some much-needed sunshine after a very slow start to summer this year! Whilst bemoaning our weather, I was reminded of the challenges faced by others around the world. News headlines today highlighted the harrowing death toll resulting from extreme temperatures during this year's Hajj pilgrimage; temperatures in Saudi Arabia exceeded 46°C. In southern Europe, an unusual June heatwave has also led to many deaths. According to meteorological experts, however, it is Africa that is suffering disproportionately from climate change.

This all made the reading of Amanda Epps' article about her recent trip to Sierra Leone with a team of healthcare professionals every bit more impactful – from the reality of life in a country with limited access to life-saving medications, to the provision of healthcare in sweltering conditions.

I absolutely commend the detailed work and enormous preparation that went in to such a worthy and humbling trip. I was transfixed whilst reading the article, and the short film linked to from the piece was a stark reminder of what we take for granted here in the UK. If you haven't already taken a look, then I really urge you too.

In other news, we have had a further slight delay in England and Wales to the final rolling out of the hybrid-closed loop guidance, whilst we are in pre-election purdah. However, I am aware that services up and down the country have plans well underway. Locally, we are awaiting acceptance of a business case to address the staffing needed to provide this service as, I am sure, many other areas are too. Consequently, I am expecting to see a rush of national job adverts for diabetes specialist nurses and technical assistants. Recruitment, as you know, is challenging at the best of times, so it will be interesting to watch the effect of such a nationwide mandated demand.

When considering our skills and roles, the article by Jo Reed on the development of a renal diabetes specialist post to meet the demands of the service in her area throws up a number of issues. It highlights superbly the silo effects of increasing specialism in healthcare. With overlapping healthcare needs, people can often experience very fragmented care, leading to multiple appointments with each speciality. This is never more obvious than in the renal and diabetes overlap.

Being able to provide expert advice and support to people for dual or multiple conditions must be the way forward. Even within the diabetes service, we have seen over the years sub-specialities emerge as services have evolved and demand grows – the inpatient DSN, community DSN, paediatric DSN and pump nurses, to name but a few. I am sure we will also see specialisms develop across other disciplines to best manage future service demands.

In the Journal Club, Vinod Patel highlights the issue of aiming for remission as a real target that we should be aiming for following a diagnosis of type 2 diabetes. The challenges – and the rewards – of achieving this with the "soups and shakes" offered by the NHS Type 2 Diabetes Path to Remission programme are immense. I am, however, also very conscious of the need for us to really focus our efforts on early tight glycaemic control in those for whom this remission is not achievable.

It is, therefore, vitally important in practice to be able to support people in whichever journey they choose to take, and to be able to provide the most up-to-date evidence to help inform their decision processes. This is not always easy, with all the competing demands in general practice, but this early management is vital if we are to reduce the burden of complications in the future.

I am always reminded of this whilst providing a virtual clinic service to our GP practices. The number of case reviews in people diagnosed in their 40s or 50s who are still within 10 years of that diagnosis yet having multiple diabetes

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complications is truly alarming. We do now have medication classes that offer cardiovascular benefit and protection, so I am hopeful that, with their early use, in years to come we will see a reduction in this startling trend. Additionally, with the rollout of the early onset type 2 diabetes T2Day programme, which acknowledges the aggressive cardiovascular nature of diabetes in adults diagnosed under the age of 40 years, we will see an increase in awareness and embrace the need to be uncompromising in our determination to manage targets from the outset.

I hope you too are all experiencing some much-needed good weather. Enjoy the journal! ■