Diabetes DIGEST
The easy way to stay up to date with developments in diabetes

Editorial

David Kerr
Editor

All change at the top

'If we don't change direction soon, we will end up where we're going' – Irwin Corey

A new National Clinical Director for Diabetes has finally been unveiled and we at *Diabetes Digest* welcome the new Tsarina. We look forward to working with the NDST to improve the care for people with diabetes and the job satisfaction for healthcare workers involved in delivering a premium service. There is certainly no shortage of pressing problems to deal with and to start to fill up her in-tray we would like to suggest a few.

- An ounce of prevention is worth a pound of cure. The evidence base for lifestyle interventions in people at risk of progressing from impaired glucose tolerance to frank diabetes is persuasive. Therefore it would make sense for primary care colleagues to implement lifestyle based programmes targeting at-risk individuals rather than reaching for the prescription pad. However, we need to see evidence that the schemes are effective.
- There is increasing evidence that much of what happens in later life is determined by our experiences in the womb and in early childhood. Therefore we would like to see more of a focus on research in these early years particularly in the area of public health. Post-natal classes, nutrition programmes for the under 5s and school based anti-obesity initiatives all make sense.
- Previously in *Diabetes Digest* we have suggested that the introduction of any novel therapy in diabetes care should be audited prospectively to make sure that the treatments are both cost effective and free from significant side effects. There is a plethora of new approaches to diabetes care on the horizon including once-daily and once-weekly incretin mimetics, extremely rapid acting insulins and glucagon antagonists. It would not be difficult to guess that these products are going to be expensive.
- It should come as no surprise that we, at *Diabetes Digest*, advocate increased use of technologies in diabetes care. However, increasing the availability of technologies must go hand-in-hand with increasing the opportunity for people with type 1 diabetes to access education programmes which are of proven benefit. One single national system of diabetes education is not attractive due to the influence of local needs. The important thing is that all programmes should put their outcome data into the public domain on a regular basis and that patients should have access to the technologies.

We are sure that our readers can think of other areas for the new Tsarina to put her mind to and we would be happy to publish them. Meanwhile, the initial signs are optimistic. At the same time that the new Clinical Director was being unveiled at the *Diabetes UK Annual Professional Conference*, there was an extraordinary gathering of many of the leading professional bodies involved in diabetes to discuss the topic of improving inpatient care. There was agreement that more evidence is required, that consensus guidelines in key areas should be written and that standards of care will be applied to all hospitals with a rating system to categorise Trusts. Things are moving fast as it is anticipated that the first bundle of guidelines will be up for discussion at the forthcoming Second Diabetes Inpatient National Network meeting later this year (15 December, Hotel Ibis, Earl's Court. See page 23 for the report from the First Diabetes Inpatient National Network meeting and page 26 for the insert, and alongside, for programme and booking details).

Given all of the above we hope that diabetes can once again be the top career choice for our trainees and worth getting up out of the bed in the mornings for.

2nd National Conference of The Diabetes Inpatient National Network (DINN), chaired by Drs David Kerr and Maggie Hammersley

'Taking inpatient care forward – consensus approach.'

London, 15 December 2008

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