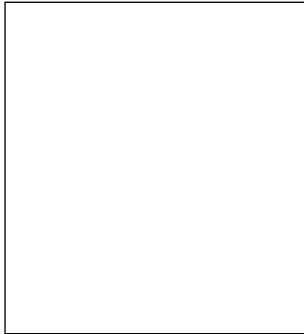


# Reasons to be optimistic about the new White Paper



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Editor

**T**he diabetic foot is a vitally important area of diabetes care. With the wide range of health care professionals who have an influence on the prevention and management of the diabetic foot, it is imperative that the specialty is viewed from a multidisciplinary perspective.

The aim of this new journal is therefore to provide a forum for debate that is accessible to all members of the care team, including those professionals for whom diabetes care forms only part of their role.

## Informed collaborative care

I believe that by examining all aspects of the diabetic foot, the journal will play a major role in bringing together the relevant sections of the health care population in an effort to promote informed collaborative care for those patients who are either experiencing or at risk of experiencing diabetic foot problems.

In view of the recent White Paper, *The New NHS: Modern, Dependable*, people with diabetes, their carers and those working with them can be cautiously optimistic about the future of the health and social services they receive and deliver.

The broad aims of the White Paper stress the vital need to form professional partnerships. The introduction and implementation of Health Improvement Programmes (HIPs) and the encouragement of interprofessional and interagency teams offer a framework for the further development of high quality diabetes services. Many of the ambitions held by people with diabetes should be achieved if the vision implicit in the White Paper bears fruit.

It is to be hoped that the favourable response which has greeted the White Paper can be maintained in the face of its implementation. Some commentators

are less than optimistic:

**'Experience suggests that inter-professionalism cannot easily be achieved and given the disappointing track record of both interorganisational and interprofessional collaboration, it seems reasonable to conclude that partnership has no qualities of spontaneous growth or self perpetuation' (Hudson, 1998).**

It is my hope that a culture of pessimism can and will be resisted by all concerned, that the opportunities offered by the reforms will be embraced, and that spontaneous growth and self-perpetuation of collaboration will be achieved.

The proposed HIPs will offer the chance to redress the vagaries of geographical inequalities in service provision. They should also provide the opportunity to deliver local solutions to local difficulties while working within the frameworks laid down by the Commission for Health Improvement.

## Optimum care of the diabetic foot

For some years, optimum care of the diabetic foot has been acknowledged as multiprofessional. Patients accessed care from a wide range of personnel and in a number of different settings. However, each had their own peculiar rules and rituals for referral, payment, communication and etiquette.

The complexity of these arrangements inevitably led to some failures and patients with significant foot disease were at risk of falling through the net and/or becoming victims of the 'revolving door' syndrome.

With the implementation of the reforms it should be possible for swifter, more efficient and effective packages of care to be available whenever and wherever they are required.

**'In the light of these positive circumstances it is now the duty of all interested parties to work together to achieve the goal of improved foot health for people with diabetes.'**

An enormous amount has already been achieved and the preliminary work completed places diabetes service provision in poll position to work with the reforms for rapid quality improvements.

Goals and targets have been set, guidelines for services have been compiled and circulated, and objective indicators for the measurement of health outcomes have been identified. It now remains for this groundwork to be knitted into the framework offered by the 'new NHS'.

In the light of these positive circumstances it is now the duty of all interested parties to work together to achieve the goal of improved foot health for people with diabetes. These duties include:

- Commitment to partnership and a real liaison between agencies
- Commitment to ethical research
- Commitment to professional development and education
- Commitment to critical appraisal

of current work practices

- Commitment to change in the light of evidence.

Inevitably there will be areas of disagreement and conflict; this is the case whenever groups of professionals come together. However, with goodwill, problems that have their roots in 'professionalism' and demarcation disputes should be overcome by negotiation, without dilution of quality.

### **St Vincent targets**

It is the primary duty of health care professionals to resolve conflict and keep in mind the mission to fulfil the St Vincent targets. Central to this duty is the need to keep the person with diabetes as the care referant. Efforts must be tailored to ensure that all our activities are moving in the direction of enhanced patient care to enable this population to enjoy the lives they desire for themselves. ■

Hudson B (1998) Take your partners. *Health Service Journal* 108: 30-31