

PCDS

Primary Care Diabetes Society

The latest news and views from the Primary Care Diabetes Society

The PCDS and its role in the Brave New World



David Millar-Jones is a GP in Cwmbran, Wales. He was appointed Chair of the PCDS in November 2012.

The PCDS has now been established for 7 years. Over this time, we have managed to achieve a significant increase in its representation and membership across primary care diabetes. To help keep healthcare professionals up-to-date with current knowledge and guidance, the PCDS has developed an education programme, both in its associated journal, *Diabetes & Primary Care*, and on the Internet (<http://www.pcdsociety.org/>). The society has also been involved with research, and has helped to make some significant changes in diabetes management such as the NICE guidelines. But what of the future in this cost-effective and politically driven “Brave New World”?

The future of the PCDS must be to have a voice that can be respected and heard. Diabetes is a condition that is mainly managed within the primary care sector of health. As a consequence, it is primary care that should have a significant say in its future direction.

To date, there is still a great deal of concern regarding the management of diabetes. Diabetes interventions can be costly, in terms of both time and money. The treatment of complications and hospitalisation carry a significant amount of this burden. Currently, despite the evidence for pro-active treatment, all targets have not been achieved. The Public Accounts Committee has recently criticised the NHS for failing to deliver the recommended standards of care for people with diabetes. This is complicated by both the expectations of ideal management and the increase in the prevalence of diabetes

becoming a strain on limited resources.

The PCDS should increase its political profile to ensure that primary care is adequately represented. Closer contacts with other organisations are being made; these include Diabetes UK, the Association of British Clinical Diabetologists, the Royal College of General Practitioners and NHS Diabetes. Active involvement needs to continue and expand to ensure primary care representation has a significant role with both clinical and political working groups.

The priorities for PCDS within this era of reform and accountability will naturally develop in line with changes placed on primary care but need to include:

- An increase in its membership to ensure true representation of primary care.
- Closer links with other diabetes organisations.
- The development of a political subcommittee.
 - Involvement with commissioning.
 - Liaising with political drivers (for example, Parliament, the Scottish and Welsh Assembly Governments).
 - Responding to and advising membership on changes.
- Up-to-date response for changes.
 - Quality and Outcomes Framework (QOF)/Quality, Innovation, Productivity and Prevention (QIPP).
 - New therapies.
 - Therapies for concern.
- Expansion of the PCDS website for ease of access.
 - Education.
 - Policies.
 - Newer treatment options and algorithms.

We can be proud of the society and what it has achieved to date. The future for the society lies with driving policy and being a true voice for those who are actively involved with diabetes within the community. ■