

PCDS

Primary Care Diabetes Society

The latest news and views from the Primary Care Diabetes Society

2012–13 Annual Report of the PCDS

“Proud to lead in the delivery of quality diabetes services in primary care”



Claire Holt

Practice Nurse, Coventry,
and Secretary of the PCDS
Committee

Since its inception in 2004 the PCDS has sought to improve the lives of those living with diabetes, by empowering healthcare professionals working in primary care through providing them with a range of educational opportunities.

The current Committee met recently for an externally facilitated workshop to plan enhancements to its work going forward. As part of the discussions it was decided to redevelop the Society's mission statement and overall purpose.

This new mission statement, which draws on the best aspects of the existing statement, is presented below, and the Society's current committee undertake to fulfil the statement at every opportunity.

Mission statement

The Society supports every primary care healthcare professional to deliver high-quality, clinically effective care, in order to improve the lives of people living with diabetes.

As a society member you will benefit from access to:

- High-quality education tailored to your individual needs.
- Up-to-date, evidence-based information to enhance your care delivery.
- Networking with other professionals at local, national and international events, as well as on the web.
- The *Diabetes & Primary Care* journal, as well as a variety of tailored online resources.
- Audit and research projects, designed to improve outcomes for people living with diabetes.

Together as a Society we will:

- Share best practice in delivering quality diabetes care.
- Be a unique voice for all professionals working in primary care intent on improving standards of diabetes care.
- Show leadership at a local, national and international level, collaborating with all organisations involved in promoting high-quality diabetes care across the UK and Ireland.
- Promote and participate in high quality research and audit.

How we work

The PCDS Committee members are the trustees of the charity. We meet formally throughout the year to discuss current issues affecting people living with diabetes and their families, and to support those delivering their care including carers and healthcare professionals. Our aim is to improve diabetes care and knowledge. Some of the activities we have been involved in over the last year are listed below. All trustees work full-time or part-time for the NHS and current roles within the Committee include: GPs, diabetes specialist nurses, practice nurses, GPs who work in hospital or community clinics, and a pharmacist.

We wish to thank Dr Martin Hadley-Brown for chairing the PCDS over the last 6 years and welcome Dr David Millar-Jones, who took over the role in November 2012.

We are delighted to announce that the PCDS has been awarded charity status in Scotland by the Office of the Scottish Charity Regulator. Our Committee represents what we call the five nations: England, Ireland, Northern Ireland, Scotland, and Wales. Although the health needs of people with diabetes from the five nations are essentially similar, we find that there are some differences, particularly around service design, which are addressed by our national subcommittees.

The *8th PCDS National Conference* (held in Birmingham), with approximately 600 delegates, covered topics including: the new changes by the Driver and Vehicle Licensing Agency; how to prevent and manage foot problems; sleep apnoea; and fasting in Ramadan. The poster presentations were of an exceptionally high standard, with healthcare professional sharing best practice and innovation. There were record entries at the event.

The *6th All-Ireland PCDS Conference* (Athlone) had an excellent attendance, with an update of the National Diabetes Programme presented by the National Clinical Lead Dr Diarmuid Smith and co-Lead Dr Velma Harkins. They reported substantial progress in the areas of retinopathy screening, the diabetic foot, revised national guidelines and pregnancies affected by diabetes. The integrated care pathway was described in detail, although exactly how and when this will be implemented remains dependent on state finances. Other topics covered included renal disease, weight management and its impact on glucose control, and an individual approach to prescribing for glucose control in type 2 diabetes. Dr Martin Hadley-Brown gave an interesting talk about the importance of hypoglycaemia and how we can use

modern glucose-lowering medications to tailor our treatment to the individual's needs to minimise this risk.

At the *5th Scottish PCDS Conference* (Glasgow), Professor David Haslam, Chair of the National Obesity Forum, presented the challenges of "diabesity" (tacking diabetes alongside obesity). He addressed the question of which individuals are right for bariatric surgery, and the pros and cons and psychological effects. The PCDS in Scotland ran SMART meetings in three cities. PCDS also has a representative within its Scottish subcommittee who sits on the Scottish Diabetes Group, where the issues that are important to the people of Scotland can be taken to Holyrood.

The *4th Welsh PCDS Conference* (Cardiff) covered hot topics such as the role of primary healthcare teams, pharmacists and public health in risk identification and prevention of type 2 diabetes. One of the masterclasses covered how to ask men with diabetes if they experience erectile dysfunction, and the causes and treatment options available. The PCDS also has representation from its Welsh subcommittee on the Welsh Endocrine and Diabetic Society (which is involved in the management of diabetes care and education), the All Wales Cross Party Diabetes Working Group and the Welsh Advisory Group for Diabetes Care in Wales to advise and liaise with ministers on the management of diabetes care and the needs of people with diabetes in Wales.

At the *2nd Northern Ireland Conference* (Templepatrick), Dr Nigel Campbell gave a summary of the key changes in diabetes in Northern Ireland during the past year. The event was well attended by enthusiastic delegates who enjoyed the mixture of plenary sessions and workshops covering topics including hard-to-reach groups, driving with diabetes,

and optimising treatment of chronic kidney disease in diabetes. The Northern Ireland subcommittee of the PCDS has met on two occasions this year to discuss local diabetes initiatives.

Activities

Advancement of health and saving lives

The Committee believes that working in collaboration with other organisations, charities and academic and government bodies is an effective way to draw together knowledge and expertise that benefits people with diabetes and makes a positive impact in the delivery of diabetes care. This year the Committee has worked with the Association of British Clinical Diabetologists (ABCD), Diabetes UK, NICE, the Royal College of General Practitioners, the Royal College of Physicians, the Royal Pharmaceutical Society and the Institute for Diabetes in Older People. Examples of our work in this area during the year are presented in the box below.

Advancement in education

The PCDS Committee believes that one of the ways to make a real difference to the health and well-being of people with diabetes, their families and their carers is by advancing the knowledge of the healthcare professionals delivering diabetes care. Over the last year the PCDS has:

- Further developed the PCDS website www.pcdsociety.org with links to the continuing professional development (CPD) modules, conference information, journals, news and events.
- Expanded its membership to 7800 healthcare professionals.

PCDS activities: Advancement of health and saving lives

- The Keeping People with Diabetes Out of Hospital Working Group, with support from the PCDS, produced a toolkit to help the diabetes clinical community design, develop and deliver high-quality diabetes care pathways and ultimately keep people with diabetes in control of their condition, and out of hospital. We know that people with diabetes are admitted to hospital twice as often and remain in hospital twice as long as people without diabetes. These unnecessary hospital admissions place not only a significant financial burden on NHS resources, but also, more importantly, cause unnecessary worry and anxiety for the people with the condition and their families. The cost of administrative support of this project was provided by Sanofi. It is anticipated that the examples of care demonstrated on the website (<http://www.diabetestoolkit.co.uk/>) will be considered by clinical commissioning groups in order to redesign and improve local diabetes services and provision where necessary. In addition, the site provides an enormous wealth of resource material for practitioners in both primary and secondary care.
- We supported the continued work of the Parliamentary and Stakeholders Diabetes Think Tank, which is a collaboration between healthcare professions, Parliament and industry.
- The Forum for Injection Technique, with support from the PCDS, has published its 2nd edition of *Diabetes Care in the UK: The First Injection Technique Recommendation*. This easy-to-read guide covers everything the healthcare professional needs to know from injection sites and how to inject to absorption rates and insulin storage. There

is advice and pictures, which can be used as an educational tool for healthcare professionals and people with diabetes requiring injectable therapies and their family or carers.

- Work has continued on the safety issues surrounding the safe prescribing, dispensing and administering of insulin. An area for concern has been problems encountered by people who use insulin including people with impaired vision, those who rely on others to administer their insulin (e.g. family members or community nurses) and those who have healthcare professionals managing their insulin when in hospital.
- The All Party Parliamentary Group for diabetes, with representation from the Department of Health, House of Lords, healthcare professionals, academic institutes, the PCDS, diabetes charities and patient user groups, continues to meet to discuss ways to improve diabetes care and the lives of people living with diabetes.
- The National Diabetes Audit (Adults) Partnership Board has launched the next phase of the audit. The consortium of Diabetes UK, the NHS Information Centre, Diabetes Health Intelligence and the PCDS is committed to ensuring that the next phase of the audit will continue to progress as it engages with clinicians and people with diabetes to work towards meeting the needs of the diabetes community.
- The Year of Care programme continues to look at redesigning and commissioning routine care for people with long-term conditions to provide a personal approach. Representatives from the PCDS and Diabetes UK are working on Care Planning, looking at a patient-centred approach, with the person with diabetes actively involved in planning, deciding, agreeing and owning how their condition is managed.

- Continued to provide up-to-date, evidence-based diabetes education through its journal *Diabetes & Primary Care*, which is free and circulated to 16 000 people.
- Embarked on another 3-year programme of CPD modules on key topics, which have been written and updated by experts. Each CPD module has questions at the end to test readers' knowledge and upon completion a certificate can be downloaded or printed to use as evidence of ongoing learning. The modules are used as teaching aids for groups of healthcare professionals and have been published in *Diabetes & Primary Care* and online.
- Worked with other journals, including *Practice Nurse*, the *Journal of Diabetes Nursing*, *The Diabetic Foot Journal*, *Diabetes Digest*, the *Pharmaceutical Journal*, *Pulse* and *GP*.
- Participated in updates and webcasts to reach a wider audience.
- Provided diabetes education to over 1000 delegates attending one of the PCDS conferences.

Community development

The work of the PCDS also realises the importance of developing diabetes care in ethnic minority and hard-to-reach groups and draws from the experience of one of our Committee members who runs a minority ethnic long-term medicines service in Glasgow. Clinics are held in elderly care centres, shops, homes and GP practices, and a Ramadan study day and resource pack has proved very useful. A simple yet effective project engaging with South Asian smokers in Glasgow and linking them into pharmacy "smokefree" services has had a good response. Independent prescribing diabetes clinics for South Asians have been set up in a couple of general practices.

Advancement of science

The PCDS Committee believes that quality research is vital in providing evidence-based quality diabetes care. The PCDS research subcommittee meets throughout the year to look at ways of supporting or taking part in research. Current research activities include:

- **Hypoglycaemia Study:** This programme of work consists of a prospective study where participants are followed up for 12 months. The aim of the prospective study is to provide robust data on the self-reported frequency and severity of hypoglycaemia in a national population with type 2 diabetes managed in primary care. Predictors of hypoglycaemic episodes will be explored and the frequency of hypoglycaemia will be compared across participant treatment regimens. Eligible participants for the prospective study are being recruited via 18 general practices, located throughout the UK. Initially, 20 practices were recruited and trained; however, two subsequently withdrew from the study. The total recruitment target for this study is 422 participants. To date, 134 eligible participants have been recruited and are recording their blood glucose readings and hypoglycaemic episodes on a regular basis. The study has been

awarded funding of £220 000 from Boehringer Ingelheim, Bristol-Myers Squibb, MSD, Novartis Pharmaceuticals UK, Novo Nordisk and Sanofi. In addition, Roche Diagnostics is providing blood glucose meters and strips.

- **PCDS-ABCD Dapagliflozin Audit:** Currently discussions are taking place for a potential dapagliflozin audit to be conducted in collaboration with the ABCD. The practical details for conducting a retrospective audit are being discussed and will be announced to our members once the audit has been finalised.

The Department of Health asked NICE to produce guidance on preventing type 2 diabetes in high-risks groups. PCDS Committee member Professor Kamlesh Khunti was a member of the Public Health Guidance Programme Development Group and a summary of their recommendations was published on the *BMJ* website (<http://www.bmj.com/content/345/bmj.e4624>).

PCDS offers support to healthcare professionals undertaking educational activities and research by providing guidance and bursary awards up to £1000. Application details can be requested from SB Communications Group.

Advancement of those in need

NICE has set up a working group to address the safety issues of managing medicines in care homes. The PCDS supports this important initiative and will contribute as stakeholders when the draft guidance is open for consultation later this year

The Northern Ireland conference addressed the needs of hard-to-reach groups and end-of-life care in diabetes. The All-Ireland conference ran a workshop to discuss access to care for vulnerable groups such as the travelling community.

One PCDS Committee member continues her work as a Health Inequalities Pharmacist and teaches healthcare professionals on the current issues they may face in this area.

Plans for the future

Over the next year PCDS will continue to:

- Fulfil the PCDS mission statement.
- Provide up-to-date, evidence-based education for healthcare professionals through our journals, conferences, CPD modules and website.
- Meet the needs of the "five nations" through the subcommittees.
- Support research in the ongoing Hypoglycaemia Study.
- Look at ways to further support healthcare professionals working in care homes.
- Collaborate with other professional organisations, charities, governmental bodies and pharmaceutical companies to support healthcare professionals working in the field of diabetes and improve diabetes care for people with diabetes and their families and carers.