

# 21<sup>st</sup> century challenges for 21<sup>st</sup> century teams



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It is with excitement that I take up the reins of editorship of *Diabetes & Primary Care*. This journal, and its loyal readership of primary care health professionals will face considerable challenges in the years ahead. Both have demonstrated themselves to be responsive to change and this will hopefully stand us in good stead as we journey forward together, striving to document and improve the already high quality care that is primary care diabetes management in the UK.

Delivering high quality diabetes care will continue to present considerable challenges such as coping with the increasing burdens of diabetes and obesity, maintaining motivation despite Government influence, delivering patient-centred care, implementing practice-based commissioning, and ensuring cost-effective use of emerging pharmacological therapies.

No healthcare professional will be able to ignore the diabetes epidemic sweeping through this and other developed countries. Diabetes is estimated to be consuming around 10% of the healthcare budget, and there are now approximately 2.3 million people with diabetes in the UK (Diabetes UK, 2006). The data provided by the new General Medical Services (GMS) contract not only documents the extent of this epidemic but also provides accurate epidemiological information on the diabetes map of the UK (The Information Centre, 2006). Primary care diabetes teams will need to confront the fact that often the areas with the highest incidence of diabetes are found in areas of high social deprivation.

The obesity epidemic, which is highlighted almost daily by the non-medical press, continues unabated and transcends all age groups (NHS Health and Social Care Information Centre 2004). The diet and physical activity programmes to tackle obesity are increasingly coming under the remit of primary care practitioners and the care teams involved must ensure that the considerable resources needed to implement such programmes follow these patients into the community.

Most primary care practitioners currently feel beleaguered by unremitting patient demands, while simultaneously being undervalued by the

Government. The challenge will not only be to empower ourselves, and allow that of our patients, but also to resist the Government's agenda for privatisation of healthcare through various subterfuges. Even though there is no planned revision of the new GMS contract in this calendar year, the Quality and Outcomes Framework will remain the way that quality care standards are set.

We have seen the progression of diabetes care move out of secondary and into primary care, alongside the management of many other chronic conditions. This movement has been encouraged by government initiatives because it is expedient and cost effective, and ultimately empowering for patients to have their care delivered in a community setting close to home. Here the challenge will be to avoid fragmentation of care and maintain standards. Our relationship with secondary care providers continues to be of paramount importance. A strong secondary care sector will remain important to lead research, provide a focus for teaching, sustain the professional status of diabetes care, and, perhaps more importantly, continue to provide expert and focused care of diabetes' secondary complications such as retinopathy.

Primary care teams need no reminders that people with diabetes run considerable cardiovascular risk and inevitably more stringent targets for cardiovascular risk management will be set as this decade progresses. While this may be based on strong scientific evidence, the subtle gains made by polypharmacy will need to be offset by the recognition that we are imposing a considerable pill burden upon our patients.

Clinical and educational governance means that those working with people with diabetes need to nurture their educational development if they are to continue to deliver high quality care. Despite paper media such as this journal remaining popular and familiar, digital media threatens to change the way that people obtain information, and the challenge for this journal will be to remain responsive to this, and to offer readers a credible information source, which is appropriate to their needs, and meets the demands for accessibility and up to date information. ■

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NHS Health and Social Care Information Centre (2004) *Health Survey for England. NHS Health and Social Care*. Information Centre, London

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