Worse to come after a terrible year for NHS

Debbie Hicks

I think the last 12 months have been a challenge for everyone working in diabetes care. It has sometimes been exciting, but has often been frustrating.

Working in the NHS has never been so exasperating and for so many reasons, including the potential fragmentation of the health service planned by the implementation of the Health and Social Care Bill (Department of Health, 2011).

It is puzzling to me that this Bill is seen by most healthcare workers to be detrimental to patient care in the UK, yet it is being steamrollered through parliament.

This Bill directly affects patient care, while using the slogan "No decision about me, without me". Yet are we actually giving our patients a chance to discuss clinical decisions?

In diabetes care we are being asked to reduce costs by using cheaper drugs, such as sulphonylureas instead of the newer therapies. But do we take note of the Bill's slogan when applying these cost-cutting measures and ask people with diabetes if they wish to take a drug which potentially causes hypoglycaemia and means they need to check their blood glucose levels before they drive? Perhaps not!

We need to speak up and tell those managers who are running the NHS that if we use these cheaper drugs then we potentially risk increasing admissions to hospital due to hypoglycaemia – which is very expensive.

And what about blood glucose monitoring? This is not a cheap exercise and certainly not easily accessible to those who may need it. However, following the change in the driving regulations, anyone who is at risk from hypoglycaemia should monitor their blood glucose level prior to driving. This includes those people taking sulphonylureas, glinides and insulin.

It seems there is a mad rush to save money with little thought to the impact of these cost savings. These decisions are being made more and more without the insight from a clinician. I wholly support being cost-effective and evidence-based, but we are supposed to be holistic when treating patients too. Just because funding is shared between different budgets does not mean we disregard the impact of a decision made by medicines management on the increased rate of admissions through the A&E department. After all, it's all NHS money isn't it?

The whole reorganisation within the NHS appears to be wasting, not saving, taxpayers' money. Who among us is not furious when we see people who have recently been made redundant with good financial packages walking back into NHS jobs elsewhere – this money could, and should, have been spent on patient care. For those who stay within the NHS, there may be more strife ahead with pension cuts, pay freezes and job cuts all continuing to hit hard in the next year.

Despite all of this, we will continue to maintain the high standard of patient care – especially within diabetes management – to ensure our patients are supported to achieve the best possible health outcomes, because this can improve costs for the NHS. For example, we know that the cost of drug treatment for diabetes is far outweighed by the expense of treating long-term complications such as renal failure, blindness and amputation. We now have NICE's quality standards for diabetes care (NICE, 2011), but how can we put these into place in this turbulent NHS?

From my perspective, it seems like the past year has been the annus horribilis for the NHS, but all is not lost! There have been some positive outcomes in 2011, including the document *Prevention, recognition and treatment of hypoglycaemia in the community*, which is accompanying this edition and can also be accessed at www.trend-uk.org.

Who knows what 2012 will bring? I wish you all a very Merry Christmas. ■

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Department of Health (2011) *Health and Social Care Bill*. DH, London. Available at: http://bit.ly/i6YACA (accessed 15.11.11)

NICE (2011) *Quality Standards for Diabetes in Adults*. NICE, London. Available at: http://bit.ly/hdxGeG (accessed 15.11.11)