# Seamless care in diabetes: whose role is it?

*Vivien Aldridge*
*Supplement Editor*

Standard 3 of the NSF for Diabetes recognises the need to empower people with diabetes to ensure that they become true partners in the management of their condition (DoH, 2001). Recently, I have been asking people with diabetes what, if anything, they would like to change about the care they receive from healthcare professionals in the diabetes clinic. Some receive care in a primary care setting, and others from a diabetes clinic within secondary care. It was interesting to note that few people who attend clinics in a secondary care setting think that the primary care team are part of their healthcare team, even though they attend an annual medication review.

## Taking a personal view

One man was really pleased to be asked and actually countered with a question: 'what do you see when I walk through the door – a patient with diabetes or a person?' I replied: 'a person, why do you ask?' He had observed that the diabetes clinic had become more and more busy over time, and he wanted reassurance that staff would not become too busy to see the patients as individuals. We talked about this for a short while; he was happy thus far but concerned for the future.

With slight trepidation I asked another man – he just wanted some positive messages to take home. He said he was aware of targets and realised the impact of poor control, but he did not want all of the possible complications so graphically displayed on the walls in the clinic waiting area. Why could there not be information about ongoing research, or anything that was being tried locally? He had used the internet to visit sites such as Diabetes UK and the Joslin clinic in Boston and felt that more positive messages should be shown. An easy one to please – a word with the centre manager and a new wall display was produced!

A young woman explained that as a busy self-employed professional it can be difficult to access services without taking too much time away from work. She felt that it should be easier to access information without the need for an appointment, and wondered if community pharmacists could be more involved. If you regularly go to the pharmacy to collect a prescription the pharmacist could perform an $HbA_{1c}$ test or offer advice if a copy of the results were sent there as well as the GP surgery.

## Pharmacy contract

The new pharmacy contract will be detailed at the end of April and will reshape the way that community pharmacists work. Pharmacists, alongside nurses, are training as supplementary and independent prescribers in many areas. This should be seen as an opportunity to encourage pharmacists to think about how they could have the opportunity to work more closely with people with diabetes.

At a recent educational meeting with community pharmacists some of the discussion addressed the needs of patients, and there appeared to be an interest in offering and providing education and/or support to people with chronic diseases. Fear of rebuttal from extremely knowledgeable patients causes anxiety, so support needs to be offered to pharmacists who decide to embark on this route. I think that the new pharmacy contract represents an opportunity for those of us working in the sphere of diabetes to welcome some more professionals to work with us and provide seamless care.

The two articles in this supplement indicate the powerful tool that seamless working in healthcare can provide. ■

Vivien Aldridge is a Diabetes Nurse and Project Facilitator, Broadland PCT.

DoH (2001) *NSF for Diabetes: Standards*. Department of Health, London

DoH (2003) *Framework for new community pharmacy contract*. Department of Health, London