

## Exciting times

For those of you who did not see my previous email, after 19 successful years as a print-based journal, *Diabetes & Primary Care* will transform into a digital format from our next issue.

Although we are all sad to see this happen, as many of us still enjoy reading print-based journals, this is the direction of travel in medical publishing, and we need to embrace it and the changing needs of our readers. Many of you will already be using DiabetesOnTheNet.com to access individual articles and to view back issues. Extensive updating of the content and functionality of this website is underway, with the new format being launched in time for our next issue, and ready to host the journals and associated resources in their digital format.

As we discussed at the Journal's Editorial Board meeting, a purely digital format will allow us to expand our circulation, incorporate more interaction with our readers, and deliver our educational content in new and innovative ways. We already use social media channels successfully to publicise our conferences and guidance statements, so we are excited about using these channels to keep everyone informed about the content of future issues.

### 13<sup>th</sup> PCDS National Conference

In November, we hosted more than 700 delegates in Birmingham at the largest ever Primary Care Diabetes Society National Conference. As with all of the PCDS's national and regional conferences, all of our speakers were perfectly "on-topic", enthusiastic about primary care management of diabetes, and shared their considerable knowledge and skills. It always seems a shame that so many of our members are unable to attend owing to practice commitments, so this year we have prepared a summary of the key messages from each speaker and formulated these into a two-part conference report. Nine sessions are covered in the report in this issue, whilst the remainder will be covered in the next issue. As with attendance at any conference, the networking and learning results in reflection on

how we could or should do things differently, and I share within the report some of my ideas on areas we might want to review, as well as links to further reading and resources. The report is written in a bullet-pointed format for ease of reading – do let us know whether this is useful or whether a more discursive written report, such as the format used for our successful American Diabetes Association conference report earlier in 2017 (<https://is.gd/ADA17>), suits better.

Congratulations to Hanadi Ghannam Alkhder and colleagues who won the poster prize at the conference for their work on strategies to reduce insulin prescribing errors at Solihull CCG, and to Rezaul Mirza and colleagues who were the runners-up. We will share the content of their posters in the digital journal. We also offer you the opportunity to submit posters for our regional conferences, so, if you have undertaken work that you would like to share, please get in touch with our in-house editorial team at [dpc@omniamed.com](mailto:dpc@omniamed.com).

### In this issue

Recently, SIGN published their much-awaited updated guidelines on the management of diabetes. SIGN guideline 116, *Management of Diabetes*, makes recommendations for lifestyle interventions and how to manage the complications of diabetes. SIGN guideline 154, *Pharmacological Management of Glycaemic Control in People with Type 2 Diabetes*, provides a useful glycaemia management algorithm and comprehensive summary of the key clinical studies for each class of glucose-lowering drug. On page 17, Kevin Fernando highlights key changes and, in our next issue, provides a more in depth summary.

Turn to page 15 to read Su Down's contribution to our "How to" series, which provides practical guidance on sick-day rules. Our recent review of digital access to the journal during 2017 demonstrates that page hits continue to rise month on month and that the articles in this series lead the way with most frequent downloads. Therefore, in discussion with our Editorial Board,



**Pam Brown**  
GP in Swansea

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we have decided to continue this series throughout 2018. Our digital format may allow more frequent publication of new articles in this series, so if you would like us to include a particular practical topic, let us know at [dpc@omniamed.com](mailto:dpc@omniamed.com).

This issue also contains Colin Kenny's comment on HOPE and MICRO-HOPE (page 9), the final in our current format of the “Studies that changed clinical practice” series. In the digital journal, this series will look at individual aspects of diabetes care, such as blood pressure and lipids, reviewing the significant papers that have influenced our management. I am looking forward to reading these reviews of the key literature and hope that the slightly different slant will again prove useful and informative to readers, including those of us who have followed the evolving literature over the years, finally to arrive at our current management.

We first described the Super Six model in the Journal in 2012. In this issue, Iain Cranston and colleagues share their LEGACY (Local Enhanced Glycaemic Action in Critical Years) approach, which proposes “hub care” for people diagnosed with type 2 diabetes in the last 5–7 years who have an HbA<sub>1c</sub> >58 mmol/mol (7.5%) and people aged >70 years with an HbA<sub>1c</sub> <42 mmol/mol (6.0%), reflecting the increased care needs for both groups. Read more on page 19.

In this issue, we begin a series that will help us to understand the roles and responsibilities of colleagues in our extended multidisciplinary diabetes teams. Dina Kapoor and Anne Goodchild share how they integrated the clinical pharmacist role into their team (page 23).

Roger Gadsby has updated our older people module in this issue (page 27), concluding another complete curriculum of 18 modules, all of which are available at [www.cpd.diabetesonthenet.com](http://www.cpd.diabetesonthenet.com). The move to digital publication will allow a complete re-evaluation of how we deliver core education modules, allowing us to make them more interactive and intuitive.

Many of us will have diagnosed type 2 diabetes in people we recognise as atypical – those who are thin or have recently lost significant amounts of weight. Paul Bennett's call for action on page 38, encouraging us to consider and exclude pancreatic

cancer in such people, is a timely message.

The Mediterranean diet has many formats and much evidence supporting its use in preventing and managing type 2 diabetes, in the primary and secondary prevention of cardiovascular disease, and in weight reduction. Mike Kirby's book review of the Mediterranean-style *The Pioppi Diet*, by Malhotra and O'Neill, on page 42 is the first in our series of reviews of books that people with diabetes may be reading to help them self-manage their condition. These reviews are not designed to encourage clinicians to recommend any of these programmes; rather, they share what is being recommended in the books so that we can better understand what we may do to support people if they choose to follow the diets or programmes. As with all self-management or education programmes for diabetes, there is likely to be a spread of opinion about the appropriateness of the recommendations. Understanding what is being recommended lets us discuss and formulate our own opinions.

As I end my third year as Editor-in-Chief, my grateful thanks again go to Jane Diggle for her ongoing ideas, enthusiasm and support as Associate Editor-in-Chief, and to our in-house team for helping develop our ideas, commissioning the copy and ensuring we meet our deadlines. I would also like to recognise the role of Eugene Hughes who founded *Diabetes & Primary Care* 19 years ago, was Editor-in-Chief during its formative years and continues to support our learning, sharing his wisdom and wit at our annual conferences. A very big thank you also to the members of our Editorial Board and to contributors for their valuable input in 2017.

This is an exciting time. We hope that the interactive format and more frequent access to new resources from *Diabetes & Primary Care* will help you to care for people with diabetes in your practice. Many of you have been learning and working digitally for years – we greatly value your input to help us shape the new format at this critical time in the Journal's history. Tell us what works and share your ideas for content by emailing [dpc@omniamed.com](mailto:dpc@omniamed.com). Have a great Easter, and I look forward to your feedback on our first digital issue! ■