DiabetesDIGEST
The easy way to stay up to date with developments in diabetes

Editorial

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Editor

Shifting care to the community: The political punch of Richard & Judy

'What we call progress is the exchange of one nuisance for another nuisance' – Havelock Ellis

It is impossible to survive without politics. The most important thing is to keep up to date with the tortuous thinking of politicians on health, although there is often difficulty in trying to source accurate information. I would recommend the occasional dip into daytime television. A few years ago your Editor did appear on the *Richard & Judy* programme to inform the great British public (that is those that watch daytime television) of the potential benefits of continuous glucose monitoring for people with diabetes. Unfortunately my attempt at raising the tone did not last long as I was immediately followed by an animal psychologist claiming to have the ability to read the mind of domestic pets to determine if they were depressed! Nevertheless, this particular programme remains the choice of those of a political persuasion. Recently, on the day of publication of the eagerly anticipated White Paper on health, our dear leader's first interview on the subject took place on the R&J sofa. I must admit to watching the episode and, yes, he did specifically mention diabetes.

So what are the implications of the latest version of Government thinking for the diabetes healthcare industry? It has been suggested that this could mean consultants running outpatient clinics in GP surgeries. In the past my own experience of this was not especially positive as the lack of a full multidisciplinary team meant that patients ended up with more frequent visits. It does seem strange that the Government wishes to encourage more patients to be seen by a specialist in primary care yet over recent years more and more of diabetes care has been provided by non-doctors. The White Paper has also been interpreted to suggest running clinics in supermarkets, although whether one would like to be situated next to the cooked chicken or the wine should remain a personal choice. It is also difficult to see how these proposals would work given staff shortages in certain areas. As mentioned in *Diabetes Digest* before, we would encourage the use of pilot projects with defined timescales and end points before embarking on yet another round of change.

The more aged among us will remember that this latest vision for reducing hospital activity by improving access to community services has, in fact, been repeated by ministers for the last three decades (Triggle, 2006). In 1976, Barbara Castle, the Health Secretary, said:

'There needs to be a shift away from hospital treatment towards more community-based services.'

So where does this leave specialist diabetes services? There are areas which surely should remain within the remit of hospital-based specialists, such as pregnancy, children and young adults, type 1 diabetes, diabetic foot problems, severe diabetes complications and secondary diabetes. The great unknown is the role of the private sector and industry. I have been told that at least one insulin pump company has been approached by a primary care trust to examine whether it would be possible to set up a continuous subcutaneous insulin infusion service in primary care (personal communication, a little bird). Your Editor's response to that idea, to paraphrase the *News of the World*, is not suitable for publication in a family journal such as *Diabetes Digest*!

'The latest vision for reducing hospital activity by improving access to community services has been repeated by ministers for the last three decades.'

Triggle N (2006) NHS reforms – a case of deja-vu? *BBC News*. Available at http://news.bbc.co.uk/1/hi/health/4603740.stm (accessed 09.02.2006)