## A new era of diabetes care in Scotland



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Donald Pearson is Consultant Diabetologist, NHS Grampian, and Honorary Professor, University of Aberdeen, and Lead Clinician for Diabetes in Scotland. fter a clinic, a GP colleague and I occasionally have a few minutes of discussion and "mutual support". National policies were the topic of our recent post-clinic chat. We agreed on the overall benefits of guidance from the Scottish Intercollegiate Guidelines Network (SIGN) for our everyday clinic work, and recognised the role of QOF in pushing up standards. The annual Scottish Diabetes Surveys (Available at: http://diabetesinscotland.org.uk/Publications) have shown a progressive improvement in the management of risk factors for cardiovascular disease and the implementation of screening programmes.

But we also agreed on the need to apply common sense to guidance, targets, frameworks and action plans when discussing the risks and benefits of a particular approach with an individual. Diabetes care should always be led by, and centred on, the needs of the person beside you and not on targets determined elsewhere.

Several documents, which should improve person-centred clinical care in Scotland and could help Scotland move towards a worldclass diabetes service, have recently been published, or will be soon. The Scottish Diabetes Survey 2009 will report on regional and national figures for important clinical outcomes. Because of the SCI-DC (Scottish Care Information – Diabetes Collaboration) programme, Scotland is one of the few countries that is able to share such data for both local and national service planning, high-quality, provide anonymised epidemiological research.

The recently updated SIGN (2010) diabetes guideline, 116: Management of Diabetes. A National Clinical Guideline, summarises the international research evidence base for diabetes and provides national guidance (for further comment see page 79). The Diabetes Action Plan 2010 (due to be published later this year) will set out the strategy for diabetes care in Scotland from 2010 to 2013.

Such attention to diabetes is justified. Over 228 000 people or 1 in 25 of the Scottish

population have an established diagnosis, and an estimated 20 000 remain undiagnosed (Scottish Public Health Observatory, 2010).

How do policy-makers ensure that documents such as the Diabetes Action Plan 2010 are relevant to people with diabetes and front-line healthcare professionals? National policy development needs to reflect the aspirations of the whole "diabetes community", and between June and August 2009 the Scottish government promoted a consultation led by the Scottish Diabetes Group (SDG), with people affected by diabetes, voluntary sector organisations and healthcare professionals from across Scotland. The *Better Diabetes Care* consultation document (NHS Scotland, 2009) was widely distributed and made available online.

Many individuals and over 85 organisations responded to the consultation with a range of thoughtful and valuable views. The responses were analysed and collated by the most appropriate Scottish diabetes subgroup. In addition, the SDG had access to detailed reports produced by the Scottish Public Health Network on screening and prevention, the draft of SIGN 116 and feedback from the Diabetes Managed Clinical Networks (MCNs).

The Diabetes MCNs - many of which are led by GPs - will be the main vehicles for health board planning and developing integrated local implementation strategy based on the Action Plan and the recommendations in the new SIGN (2010) 116 document. Primary care teams will be central to the delivery of quality healthcare for all people with diabetes in Scotland. We want to ensure that delivery of personcentred care is underpinned by high quality and appropriate professional education. A world-class diabetes service requires highly motivated, experienced teams of professionals communicating effectively, sharing experience and developing other members of the team to the highest standard of clinical practice.

Our clinic and post-clinic discussions will be even more interesting in future.