



Eugene Hughes

Introducing the new BGSM consensus statement

Ever since blood glucose testing strips were invented, debate has raged. To test or not to test? How often? Blood or urine? The debate has been intensified recently, first of all by the publication of the NSF for Diabetes (2003) which put patient empowerment high on the agenda, and secondly by the new General Medical Services contract. This latter document, in its Quality and Outcomes Framework, awards a considerable number of points for good glycaemic control. The points translate into pounds, raising fears in some quarters of a massive increase in prescribing costs, including the use of home blood glucose monitoring strips. This is countered by patient groups lobbying for the rights of the individual.

Consensus statement

How timely, then, for a consensus document to be published on blood

glucose self-monitoring in type 1 and type 2 diabetes. *Blood glucose self-monitoring in type 1 and type 2 diabetes: reaching a multidisciplinary consensus* has been put together by a multidisciplinary group of healthcare professionals from both primary and secondary care. The pedigree and credibility of the group members is impeccable, and they have reviewed all published evidence before producing a consensus statement which is logical, balanced, and evidence-based.

This document should form the basis for the production of the relevant sections of local, and indeed national guidelines. It can inform individuals, practices and primary care trusts, and is a valuable reference point in the inevitable arguments about cost and benefit.

We are pleased to publish such an important document in this issue of *Diabetes and Primary Care*. ■

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Gwen Hall

One of the saddest statements to come out of *Testing Times*, the Audit Commission's review of diabetes services in England and Wales (2000) was:

'I have no idea whatsoever why I do daily blood-checks... I have not the remotest idea what I am keeping the record for.'

It is this testing by rote that has allowed blood glucose monitoring to be seen as a wasteful procedure. What was needed was a guide to monitoring that would inform the patient and the healthcare professional. And here it is.

The authors have trawled through the published guidance and produced a practical document. Good glucose control is not about counting points – it is about agreeing goals with patients, involving them in their own care and sharing information on why it is important, what action to take if

things are not as they should be and who to contact. Nor should we use it just to guide us when discussing regimens with individual patients, but increasingly in the argument with those who hold the funding strings and need the evidence of the efficacy of this form of monitoring.

The NSF for Diabetes (2003) placed great emphasis on patient held records – with this excellent document we have the basis for rational levels of monitoring. Build it into your care plans, protocols and pathways, but most of all use it to guide your practice. ■

Audit Commission (2000) *Testing times: a review of diabetes services in England and Wales*. Audit Commission, London

DoH (2003) *The NSF for Diabetes: Delivery Strategy*. Department of Health, London

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