



Rudy W Bilous is a Professor of Clinical Medicine at the James Cook University Hospital, Middlesbrough.

Defending the role of primary care professionals in Diabetes UK

Professor Rudy Bilous responds to the editorial in the last issue of *Diabetes and Primary Care* written by Eugene Hughes and Colin Kenny.

Dear Editor,

I read your editorial in the last issue ('A ship without a rudder', *Diabetes and Primary Care* 6(1), page 4) with some interest.

I have been closely involved in the changes in Diabetes UK, both at the governance level and latterly as the elected Chairman of the Professional Advisory Council Executive. This group is made up of 11 healthcare professionals, at least three of whom come from primary care. Moreover, of the 40 healthcare professionals in the Advisory Council of Diabetes UK, there are protected places for healthcare professionals in primary care across the spectrum of expertise.

Our Professional Advisory Council has been functioning for just over a year now, and I think it is starting to get to grips with many of the important issues that confront the delivery of diabetes care and the realisation of the National Service Framework standards.

Consequently, I was very saddened when

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colleagues in primary care felt that they had lost their voice in Diabetes UK. To pursue the metaphor in the editorial, I wonder whether you have jumped ship before we have had a chance to demonstrate the effectiveness of the new structure.

Diabetes is a unique medical condition in that it demands high quality care from an army of different healthcare professionals spanning the spectrum from the community to tertiary care centres. As such, we benefit from a professional organisation (Diabetes UK) which is unique in its representation of both patients and healthcare professionals. As such, I think it is in a very powerful position and certainly has the ear of government. Because of this, I think it is incumbent upon all healthcare professionals to work within the organisation for the benefit of patients.

I do hope that the formation of your new Primary Care Group will not lead to a decrease in your important role within Diabetes UK. Certainly I think it would be a great shame if primary care colleagues felt they could no longer commit to the Professional Advisory Council and to the goals of Diabetes UK. ■



Eugene Hughes is editor of *Diabetes and Primary Care* and is a member of the steering group, Primary Care Diabetes Society.

Dear Rudy,

Thank you for your interest in our editorial, and your helpful comments. This is a time of great change for all healthcare professionals, and all organisations involved in the care of people with diabetes – ultimately it will change the lives of many individuals with the condition, hopefully for the better.

With the advent of the long-awaited NSF for diabetes, and the new GMS contract with its quality and outcomes framework, a new agenda has been set for those working in both primary and secondary care. Not all of the changes are universally welcomed – some have led to confusion and dismay.

There are still some aspects of the new GMS contract which lack clarity.

Against this new background, there have been important new research findings, and a host of new guidelines and recommendations for evidence-based care. There is some concern that NICE guidelines often appear to be at odds with recommendations from other bodies.

Whilst, in a sense, this can be overwhelming, it also represents the best opportunity for all those involved in diabetes care to secure improvements in the style and quality of service delivery.

Some of my colleagues, many established figures in the diabetes world, decided that

the time was right to set up a group which would act as a focal point for discussion and debate about the new structure we find ourselves thrust into. Such a group would act as a resource for colleagues struggling with the new environment of care. It would also embrace the lost tribes of GPs, clinical assistants and hospital practitioners, whose evolving roles need to be clarified and defined.

This new Primary Care Diabetes Society, which will be launched this year, is just that – a society of like-minded individuals with common aims. There are successful precedents in the specialist areas of rheumatology and dermatology, among others.

From the very first meeting of the steering group, we have had a close liaison with Diabetes UK. Three members of the group sit on the Professional Advisory Committee, and remain committed to the goals of DUK; they will provide a valuable line of communication between the two organisations. We see ourselves as a complementary group, which would seek to work in collaboration with Diabetes UK to ensure a patient focus in all diabetes services within primary care.

It is our fervent hope that the activities of our new group, rather than seeking to fragment or dilute, will enhance and promote the excellent work that your organisation undertakes. ■

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