

# PCDS: 2006 and beyond!

Following his recent election as Chairman of the Primary Care Diabetes Society, Martin Hadley-Brown explained in an interview how he sees the Society moving forward.



Martin Hadley-Brown

## What roles do you think PCDS can fulfil?

Our central role, as summarised in our mission statement on our website ([www.pcdsociety.org](http://www.pcdsociety.org) [accessed 09.12.05]) is 'to support primary care professionals to deliver high quality clinically effective care, in order to improve the lives of people living with diabetes'.

That involves the promotion and provision of appropriate professional education and support, for which we have our contributions to *Diabetes & Primary Care*, the website, our annual conference and hopefully the potential for involvement in other meetings and conferences.

PCDS can also be a forum to debate, collate and disseminate high-quality theory and practice and thus take an opinion-leading role. At a time when there is so much uncertainty around the future commissioning and provision of diabetes care, PCDS should be constructive and intelligent champions of the roles of the primary care team, and at the forefront of further improvements in our services.

## How are you going to carry forward that agenda?

At our recent conference (see pages 185–192), the attendees elected a strong committee to carry forward that work for the next 3 years. Members of the initial Steering Group, which achieved the setting up of the Society as a registered charity and led us to our first conference, have been joined by other energetic colleagues including GPs with a Special Interest (GPwSIs) in diabetes and nurses. We have a Committee 'away day' in January at which we will plan and prioritise activities for the coming year. I'd like to pay particular tribute to that initial Steering Group, inspired and led by Colin Kenny, for their achievements so far. I'm hugely excited at the prospect of our work together and am confident that we'll be able to transform our collective energy and enthusiasm into results.

## How do you see the provision of diabetes care developing over the next few years?

Already we have seen the profile of primary care diabetes rise and we know that some planners see the possibilities of cheaper and more accessible services being provided at local level rather than in specialist centres. We have to watch very carefully the motivation behind impending developments.

Quantitatively, the bulk of diabetes care,

particularly for type 2 diabetes, is provided by general practice. Increasing numbers of practices are developing insulin management skills, previously seen as a hospital-based service. Irrespective of its flaws, the recent Quality and Outcomes Framework has drawn far greater attention to this historically unfunded area of general practice and linked the work to new resources.

However, there are also growing numbers of patients with problems which benefit from the attentions of a full-time specialist. It is crucial for people with diabetes that a vibrant and confident specialist service is available for them at these times. In some areas, an intermediate-level service, provided by GPwSIs in diabetes, will be part of the overall solution. Perhaps more worrying is the prospect of overall patient care being fragmented by the appearance of new providers 'cherry picking' areas of care to provide separately. Many people with diabetes endure multiple and complex health problems which require an integrated rather than piecemeal approach.

It is not only desirable but imperative that we work constructively with specialist colleagues and with patient groups to try to optimise the design of services as 'practice-based commissioning' becomes a reality. We will bring our own perspective to that work, but anticipate building and maintaining close contacts with groups such as Diabetes UK and the Association of British Clinical Diabetologists (ABCD).

## Finally, how can organisations such as PCDS gain sufficient funding and from where?

PCDS arose out of the efforts and aspirations of its Steering Group, not as the initiative of any outside agency. However, it is impossible to run an organisation such as PCDS without significant external financial support. We did the arithmetic, and an organisation wholly reliant on membership subscription would not be able to achieve our goals in terms of either membership or activity.

We are fully aware of the need to be, and be seen to be, an independent organisation. To this effect, we have deliberately sought support from multiple sources to avoid being too reliant on any one single source. We have our own secretariat, through SB Communications Group, who are publishers of *Diabetes & Primary Care* and organisers of our annual conference. I believe our sponsors are most comfortable with that approach too, knowing that our opinions will always be honest ones. ■

Dr Martin Hadley-Brown is a GP in Thetford, Norfolk, and newly elected Chairman of the Primary Care Diabetes Society.