Highlights of the ABCD Spring 2002 Meeting *continued from page 4*

General comments and conclusions: If the recommendations in the NSF Standards paper were fully funded, it would be difficult to fault them but ABCD should be represented on the NSF Implementation Group. Could lessons be learnt from the CHD and other NSFs? There would be no benefit if there were no more resources. There was a need for local prioritisation. All areas of diabetes care needed more resources - both PC and secondary care.

Debate: "Evidence-based targets for control of diabetes are unrealistic in clinical practice"

Proposing the Motion
Melanie Davies *(Leicester)* said the barriers to achieving reductions in HbA_{1c} - proved to reduce risk - were severe hypos and weight-gain. The reality of glycaemic control was nowhere near the target HbA_{1c}s of 7.0% (ADA) or 6.5% (IDF). These had not been achieved even in a clinical trial environment and using various new pharmaceutical agents. There was no shortage of evidence of the benefits of antihypertensive treatment in diabetes but it was likely that only 1 in 8 patients was being treated adequately. Likewise lipids, smoking and weight. To sum up, Dr Davies said there was a wealth of evidence-based data to show how improvements could be made but huge interventions would be required to achieve these in practice.

Opposing the Motion
Bob Young *(Salford)* maintained that the reason we did not deliver evidence-based diabetes targets was because we did not organise to deliver them. The key was to change the way we did things. He presented data to show improvements achieved in Salford in the period 1993-2001 by using a stepped care approach and a system of small call centres checking up and prompting people. In summary, Dr Young said that real improvements could be achieved by embracing "system change".

Discussion

It was suggested that DoH targets could be used as a stick to beat health professionals (Dr Young pointed out that the targets had been set by peers). Nurses who were moving to call centre systems found the telephone contacts very stressful. The NSF Standards document did not mention Diabetic Registers. Dr Young said the new idea was to have a population-based data repository.

HbA_{1c} and weight targets had proved much more difficult than BP and lipids. The patient's agenda should not be ignored; present technology did not permit glycaemic targets to be achieved without other unacceptable results, ie hypos, weight-gain. Perhaps there should be targets for informed decisions. There was a danger that HCPs could allow themselves to be judged by targets which were at the discretion of patients. How did one impart patient knowledge and understanding?

One member felt that part of the problem was the inclusion in the overall figures of very difficult patients, which skewed the data. Another delegate said the Salford results were impressive but what about the costs? (Bob Young replied that he would not have set up the study if he thought it would be unaffordable). It was claimed that patients did not like the major changes of therapy required to significantly reduce HbA_{1c}.

On a show of hands, the Chairman declared that the Motion had been carried, but by a reduced majority from the show of hands before the debate.

Other state-of-the-art lectures at the Meeting

Diabetes and renal disease – *Jitan Vora* (Royal Liverpool University Hospitals); **UKPDS - five years on** – *Rury Holman* (Radcliffe Infirmary); **Diabetes in the elderly** – *Alan Sinclair* (Walsgrave Hospital); **Management of hypopituitarism** – *Steve Shalet* (Christie Hospital); **Diabetic ketoacidosis** – *Sally Marshall* (Newcastle General Hospital)

Conference report by James Wroe

New Chairman's Message

Having been involved with ABCD since its inception and having been Honorary Secretary for the first five years of its existence it is a great privilege and honour to become the new Chairman.

I should like to pay a warm tribute to our retiring founding Chairman, John Wales. It is largely due to his vision and determination that ABCD was established in the face of considerable resistance at the time. Since then with John's guidance ABCD has grown into a healthy and effective professional organisation. Happily the opposition has largely subsided and ABCD is now well established. We have achieved formal representation on the RCP Endo/DM Speciality Committee and we have been asked to submit evidence to the Diabetes NSF Expert Reference Group and several diabetes related NICE appraisals and guidelines.

Other recent ABCD contributions include the Survey of Secondary Care Facilities coordinated by Peter Winocour and support for diabetologists seeking higher merit awards. All of these initiatives were initiated and promoted by John Wales. Thus it is with great trepidation that I will attempt to follow him and strive to maintain our momentum.

I have enjoyed my time as Honorary Secretary and am grateful to colleagues for their help and support – especially Ken Shaw, the other member of the 'gang of three' – who has selflessly undertaken the demanding role of Honorary Treasurer. Largely due to his efforts ABCD is now in a healthy financial state and we have been able to underwrite and subsidise ten successful clinical meetings thus far.

I should also like to acknowledge the support of the pharmaceutical industry which has allowed us to alleviate costs for members and appropriately reward invited speakers who have been of a uniformly high standard.

I have now handed on the burden/reward of Honorary Secretary to Peter Winocour and would wish him well. In my view he hasn't got quite such a hard act to follow.

ABCD is now at a watershed. We are now well established and successful. However, we are in danger of becoming 'victims' of this success. Thus far, the three officers have in effect run ABCD in their 'spare time' with the help of our long suffering secretaries. There is now too much work for this 'ad hoc' arrangement to continue and we intend to establish a permanent secretariat in London within the next few months. This will make it much easier for us to administer the organisation and pursue ABCD's strategic objectives of supporting secondary care diabetes services and improving the management of all patients with diabetes.

The establishment of a proper infrastructure will be a leap forward for ABCD but it does mean that we will need an even more substantial financial base for the organisation. The officers and committee will be holding a planning meeting in the early Autumn to consider ABCD's future strategic development.

In the meantime the strength of ABCD depends entirely on its membership. At present about 40% of UK Consultants and a few final year SpR's belong. Please encourage your colleagues and SpR's to join. At £25.00 the annual subscription represents excellent value for money.

Richard Greenwood
Chairman