



complications. If the system of integrated care facilitates case finding and supportive specialist input we have best hope of avoiding tragic outcomes. The challenges are that we have many balls to juggle in developing the integrated whole systems care services for DM. Many centres of excellence will major in one area at expense of another.

There has been an excellent opportunity to help find the Lost Tribe in our campaign – those with type 1 diabetes who have become disillusioned or displaced from specialist access. Traditional clinic models may not best meet their needs and new technology and models of support may deliver better outcomes. The increased DKA admission rates from NDA tell us we need to work differently here. The Best Practice Tariff for DKA admissions being introduced in April is designed to reduce readmissions.

In the midst of the potential chaos in the 'new NHS' we should look for opportunities. One such issue is the national

clamour for seven day working in hospitals by senior medical staff. I worry a little when the NHS head honcho suggests that working more like Tesco is the key to salvation of the NHS. However, given virtually all consultants and trainees are still employed by acute NHS trusts it would be foolish not to determine what employers will be pushing for. The RCPL Future Hospital Commission has been addressing this and promoting the cause of generalism.

This is undoubtedly a big issue for ABCD and for consultants and trainees in diabetes. In trying to agree a consensus on this issue it is clear that it will be unhelpful to embrace one polarised perspective. An expanded service that enables integrated DM care across the primary and secondary care interface, supporting in patient diabetes and subspecialist services, while still contributing to acute-GIM might be a win-win situation we could live with. Belated happy new year!



Chairman's report Changing times

By the time you read this the NHS Commissioning Board will officially be in place and the old order will have been swept away. At the moment it feels a bit like living in a house from which the floorboards have been removed before replacements have arrived and a degree of uncertainty that they will. ABCD has continued to express its concerns regarding the importance of preserving NHS Diabetes workstreams and more than 200 senior professionals signed a joint letter with Diabetes UK to the national commissioning board leads to express these concerns. Many thanks are due to Rowan Hillson the outgoing National Clinical Director for Diabetes and to Anna Morton Lead for NHS diabetes for their huge contributions towards building a clinical diabetes community which addresses and supports the needs of professionals in providing care for the ever growing numbers of people with diabetes.

The new 'czar' (whose name will shortly be announced) will have fewer sessions to deal with an expanded brief which now covers obesity as well as diabetes. If the new national clinical director is to achieve any success it will be essential that he/she is supported by a cohesive clinical community pulling together and ABCD is and will be working closely with Diabetes UK and other organisations to ensure that this happens.

As Peter Winocour points out in his editorial the National Commissioning Board will be focusing very heavily on those patients with multiple morbidities who consume so much of the NHS budget. We will have to fight to ensure that people with type 1 diabetes are not overlooked so the launch of the ABCD Lost Tribe campaign in November at the Royal College of Physicians was particularly timely. The message of integration of care for people with diabetes together with a call to recognise the vulnerability of those with type 1 diabetes within the current system has particular resonance at the present time and was well received. We will be looking for

further opportunities to push the message of the campaign.

Championing integrated care has been a preoccupation of mine for some time and one recent pleasure was seeing younger diabetologists Hermione Price and Rustam Rea (both ABCD committee members) and Garry Tan picking up the ball and running with it while working with primary care colleagues in shaping NHS Diabetes' last major output. The feedback from CCGs is that this document (entitled 'Best practice for commissioning diabetes - An integrated care framework') is eagerly awaited and ABCD will be facilitating 10 meetings around England to ensure that the messages in the document spark the local conversations and action needed. The document will be available on both the ABCD and NHS Diabetes websites.

The Joint British Diabetes Societies (JBDS) in patient Group which will continue to be funded jointly by ABCD and Diabetes UK has fresh outputs to be released in spring on admissions avoidance and a revision of the diabetes ketoacidosis (DKA) guidance. All existing JBDS documents are downloadable from the website. Mark Savage has taken a lead role with the DKA work as well as being our newsletter editor. Mark is about to relocate 'down under' so I would like to express my thanks on behalf of the committee for all the work he has undertaken. His not always politically correct comments will be much missed!

I would also like to thank others whose term on the committee is complete including Ian Scobie who has chaired the ABCD education and training subcommittee and Susannah Rowles. Susannah has kindly agreed to continue her work in the area of transitional care for ABCD.

Last but not least one of the 'elephants in the room' for diabetologists is the relationship of the speciality to general and acute medicine. Following discussions at the Coalition of Medical Specialities about the RCP 'future hospital commission' the ABCD committee has had a vigorous virtual debate; a position statement developed from this is set out below. At the Spring meeting in Solihull the ABCD debate will be devoted to the issue of the interface with general medicine.

Chris Walton, Hull, February 2013

