

## Chairman's Report

# The glass half-full

Diabetologists should be looking forward to better times, but in my first report as Chairman, I wanted to first indulge myself in a bit of nostalgia. Twelve years ago I was encouraged by Brian Frier to attend a meeting of consultant diabetologists at the Royal College of Physicians in London, in order to discuss the establishment of an independent professional organisation of diabetes specialists. I went full of scepticism, but was persuaded of the need. I am glad I went! I have remained involved with ABCD since its inception, initially as a committee member, as secretary for 6 years, and now elected as Honorary Chairman. I have not taken this role on lightly, and preparing this editorial has helped me put our challenges in perspective. ABCD is a mere stripling in comparison to the other professional organisations of medical specialties in the UK. Prior to our formation, consultant diabetologists and trainees operated within the Medical and Scientific section of the British Diabetic Association. This structure was unique to our specialty, which also supports the dual discipline with endocrinology, which has had separate representation for over 50 years.

In this context we must look at our achievements over the last 12 years with considerable pride. Currently over 2 out of 3 consultants and 1 in 4 specialist registrars are members of ABCD. We have key roles alongside other specialist organisations in the RCPL Council and Joint Specialty Committee, and will be leading the Knowledge Based Assessment to enable MRCP in Diabetes and Endocrinology attainment for trainees alongside the Society for Endocrinology and Diabetes UK. We advise NICE on new technology and clinical guidelines and nominate individuals for these activities. Most recently ABCD have offered input to insulin pump and Rimonabant appraisals, with I feel a successful outcome. I have been much less happy with our inability to persuade NICE to produce guidelines for type 2 diabetes that were fit for purpose. We originally had concerns with the original inherited guidelines in 2002, which as an organisation we had no input to. On this most recent occasion we had stalwart colleagues pushing for a document that covered gliptin therapy and the other 'novel therapy' detemir insulin (!), but to no avail.

We have had real engagement with the work of the 1<sup>st</sup> National Clinical Director for Diabetes, as part of the Strategic Services Liaison group, chaired by Jiten Vora. This led to the Kings Fund Leadership Courses for Consultant Diabetologists and Specialist Registrars, and the production of the booklet on commissioning and providing specialist services. I am personally delighted that Rowan Hillson is the successor to Sue Roberts as our new Diabetes Czar in England. Rowan had been an active committee member of ABCD and inevitably has had to stand down during her tenure of the national post. It is however a tremendous opportunity for a continued close collaborative working relationship. On behalf of ABCD I wish Rowan every success in her role.

Our 2<sup>nd</sup> joint survey of specialist services alongside Diabetes UK is a reflection of our close collaborative working. The results from the consultant survey have been published in Diabetic Medicine and Clinical Medicine and were the proverbial curate's egg. In comparison to 2000 there were more consultants and some improvements in sub-specialist services, but 1 in 10 services operate single-handedly, there is important continued regional disparity in service provision, psychology support is dismal, and 'community diabetes' consultant services were the exception. Frustration in being disengaged from service development and commissioning was almost palpable. Reports have gone to all who supported the survey. I would encourage all members to use this information locally and push to get involved in service reconfiguration and enhancement. You may want to remind your local commissioners that when Alan Milburn put his name to the NSF delivery strategy in 2002, he anticipated a rise in the number of consultants in diabetes and endocrinology of 'well over 50%' by 2010. We are at least 300 short of that number, which makes no concession for the increased number of part time consultants in our speciality (13% overall), and our increasing commitment in job plans to acute-GIM at the expense of specialist

service provision. I am very grateful to everyone involved in this project, particularly Charlotte Gosden from Diabetes UK who has worked tirelessly on the project. I recognise the risk of 'questionnaire fatigue' but I was advised on the Kings Fund course that information is power – assuming we deploy it strategically! There is plenty more to follow – including surveys of retinal screening (which Dinesh Nagi has led on), paediatric-adolescent services and diabetes specialist nurses.

I am conscious as an expat that the challenges we face in England are somewhat parochial in that the great leap into community diabetes has been an experiment so far limited to south of Hadrian's Wall (Tyneside excluded!). Colleagues in Scotland may see shades of the Poll Tax in reverse and be infected with a little Schadenfreude – but please do not become too complacent. There is no doubt that seismic political changes aside there is a clear move towards integrated diabetes care which I think will be coming soon to Gretna and beyond! This is an issue which I feel we must embrace, whilst not throwing the baby out with the bathwater. If we had fully established operational hospital based specialist services with a correct complement of specialist teams and adequate resources, then I am sure we could spend more time supporting community nurse specialists and primary care based teams. We have very clear evidence from our specialist survey that this is not the case. Our MDT teams were reduced at time of acute trust financial shortfalls. In addition there has been a quite correct emphasis on a core area for us – namely enhanced in patient diabetes care. Clearly we have lots more to do. ABCD have helped establish the Joint British Societies In-patient care work programme, led by Maggie Hammersley, an evangelist for the very best standards in diabetes in-patient care.

I feel we will drive service redesign and ensure adequate core specialist support if we make it our job to be indispensable to local service planning – we need to be at the centre of commissioning services. In this regard ABCD have already taken this challenge on with a very progressive document produced by our erstwhile chairman Ken Shaw. This followed discussions held with the NHS Alliance and apparently deposited on Lord Darzi's desk. Lets hope he reads it and gets back to us!

At this point I need to put in writing my gratitude to Ken Shaw who remains on our committee in his ex-officio capacity. Clearly you can't keep a good man down, and I know that Ken plans to be very active in this year on the committee with us.

I believe (and in many ways hope) that Ken has steered ABCD through the most difficult phase of diabetes practice with the financial and structural turmoil in the NHS. I hope because I really don't know if I would be as effective as him in dealing with what has hopefully been termed 'creative destruction' – having said that the changes just seem to keep coming.

I am looking forward to the next 3 years as a period of great opportunity – we need to be 'in it to win it' for the benefits of our services and all living with diabetes. I am heartened that my job will be made easier by the 'A team' elected to the executive alongside me – Ian Gallen, Dinesh Nagi, and the continued safe pair of hands (hopefully!) of our treasurer Chris Walton.

One key change in our committee structure has been to formalise a young consultant position (Niru Goenka) and establish a new senior academic representative post, which we are fortunate to have filled by Professor Stephanie Amiel. As we are called on to take more and more national training and service responsibilities we will need each member of committee to take a strong and active role. I also want to welcome Rob Gregory and Alan Sinclair onto the committee, and the re-election of Anne Kilvert and Jiten Vora to keep me on my toes. I am pleased that Mark Savage has taken on the role of Newsletter editor with great enthusiasm and you should see his mission is designed to both entertain and educate you. This committee of 'all the talents' will hopefully fare a good deal better than Mr Brown's cabinet.

So back to the future – I think we must be optimistic (my old boss George Alberti will think this impossible for me) and seize the opportunities ahead for us. Next time the glass may even be full to bursting!

*Peter Winocour*