

LETTERS

THE CRISIS IN DIABETES CARE

Current diabetes services in England need to be reorganised

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Rayman and Kilvert make some important points about diabetes care in England.¹ The NHS “reforms” will probably exaggerate the divide between hospital and primary care services unless commissioners and specialists work collaboratively. NHS Sheffield ring fenced money spent on diabetes outpatient services. By working with commissioners and primary care, the hospital diabetes team has discharged nearly 3000 people with type 2 diabetes and invested the money saved in a multidisciplinary specialist diabetes team (MDST). Consultants provide clinical supervision to the team and primary care, and the number of face to face contacts is kept to the minimum.

In the service specification, most patients taking oral agents or injectables are managed in primary care with support from the MDST and through mentorship, joint consulting, educational events, and case note discussions. Patient education is key and referral to structured courses such as DESMOND encouraged. Specialist nurses deliver short term interventions, such as insulin initiation, and refer patients back after three or four contacts, with a management plan agreed with the patient. In the 12

months this has been in place glycated haemoglobin has improved, and feedback from patients and clinicians is positive.

We believe that tariff based services (especially when hospital and community tariffs differ) are unhelpful when delivering care across boundaries and urge commissioning groups to explore our model. The dire economic situation means that resources for diabetes care will not increase for years to come, so resources need to be generated by reorganising current services, delivering high quality patient education, and training practice nurses and GPs to manage patients they have traditionally avoided. This will allow hospital based MDSTs to provide highly specialised services and improve the management of the 16% of inpatients with diabetes.

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1 Rayman G, Kilvert A. The crisis in diabetes care in England. *BMJ* 2012;345:e5446. (15 August.)

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