



## Joint Position Statement

## Ensuring access to high quality care for people with diabetes

## October 2005

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Diabetes UK and the Association of British Clinical Diabetologists (ABCD) believe that all people with diabetes should have equal access to the best possible diabetes care and health outcomes provided on the basis of clinical need.

We have been made aware that, in some areas in England, Primary Care Trusts (PCTs) are planning to reorganise the delivery of diabetes care services in their localities. In some instances this includes the block transfer of care of people with diabetes, previously supported by specialist diabetes teams, from secondary to primary care facilities. There appears to have been little or no consultation with specialist services, primary care, people with diabetes themselves or their carers. This lack of involvement is not consistent with our views on integrated care and with what diabetes care people should expect.<sup>1</sup> It also contradicts current Government policy which recommends involvement of all members of the diabetes community in any service redesign and discussion of proposed changes with people with diabetes themselves.<sup>2, 3</sup>

The unstructured transfer of people with diabetes from secondary to primary care is not good practice. Many people with diabetes have complex care needs which must not be jeopardised. The provision of integrated care relies on the co-ordination of services and deployment of the skills of both primary and specialist care – together with the person with diabetes - to achieve Diabetes National Service Framework standards. If changes are planned, the following issues should be addressed to ensure consistency of approach and to reassure people with diabetes that their standard of care will not be compromised:

- Local agreement of any proposed models of care must be achieved within the managed diabetes network, in particular people with diabetes and their carers should be involved.
- Assurance must be made that people with diabetes continue to have access to high quality service and specialist expertise determined by need.

## The charity for people with diabetes

- It is essential that people with diabetes are fully informed about the implications and that patient choice is respected.
- Discussion with those people with diabetes and their carers who would be directly affected by such a transfer must be undertaken in a sensitive and timely manner, with particular consideration of the importance that people with diabetes attach to continuity of care.
- Following this discussion, a written plan detailing the agreement, should be made available for all members of the diabetes care team in both primary and secondary care facilities, and the person with diabetes as part of their care plan, taking into account individual needs and circumstances.
- Any service re-configuration must be closely monitored.

It is absolutely essential that all people with diabetes, no matter where they live, have access to the standards of care dictated by the Diabetes National Service Framework<sup>2</sup>. Diabetes UK and ABCD urge local managed diabetes networks and commissioners to work together to ensure that people with diabetes are not disadvantaged by any diabetes service re-organisation.

- <sup>2</sup> Supporting people with long term conditions. An NHS and Social Care Model to support local innovation and integration. Department of Health. January 2005.
- <sup>3</sup> Diabetes National Service Framework Standards and Delivery Strategy. 2001 and 2003. Department of Health

<sup>&</sup>lt;sup>1</sup> What Diabetes Care to Expect. Diabetes UK 2003