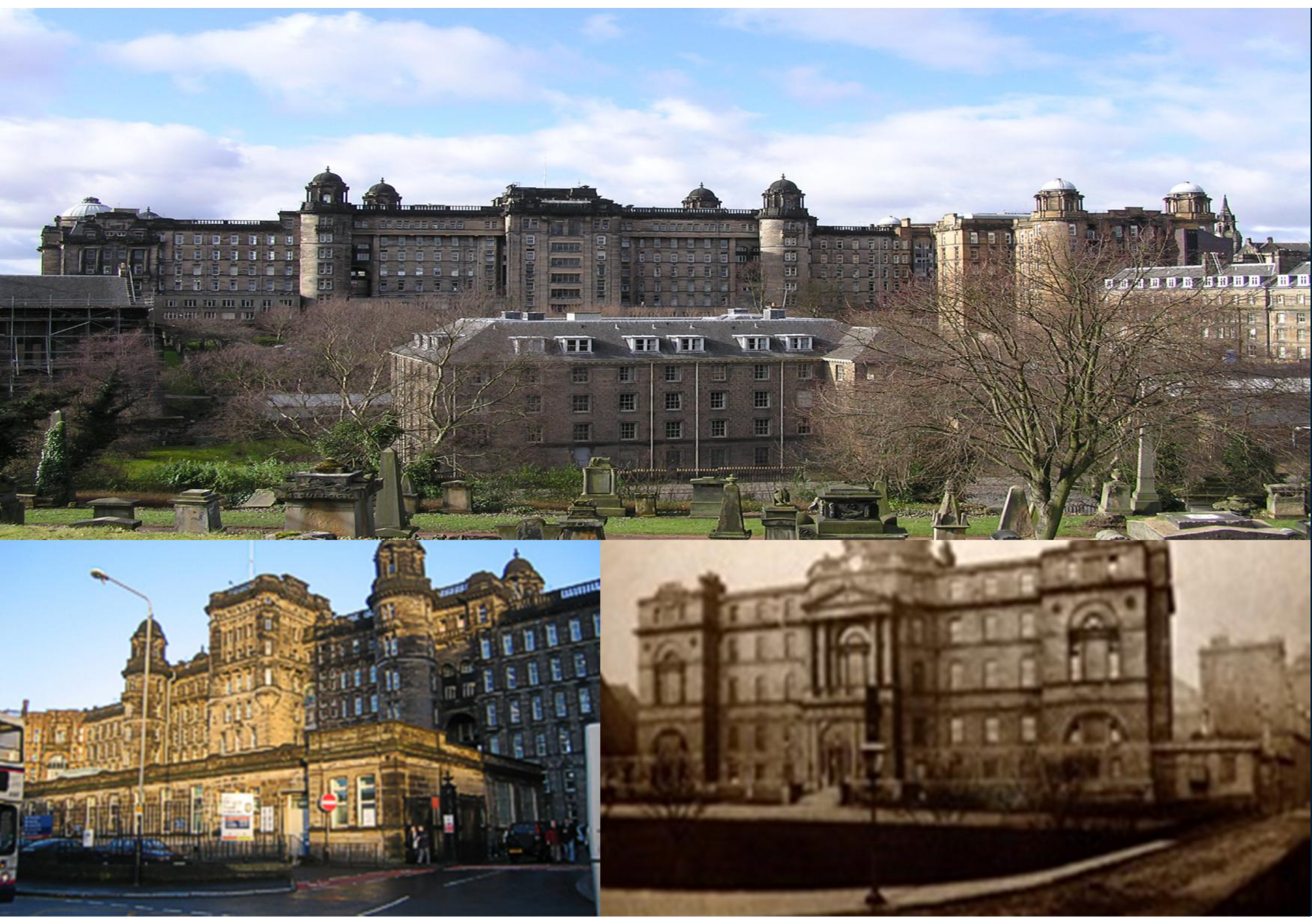
This house believes that GP's manage diabetes more cost effectively than Consultant Diabetologists.

AGAINST THE MOTION

Russell Drummond

Glasgow Royal Infirmary



I have received speaker fees, support for educational meetings, attendance at International meetings and clinical support from:-

Lilly
MSD
Novo Nordisk
BMS
BI
Takeda
Pfizer
Astra Zeneca

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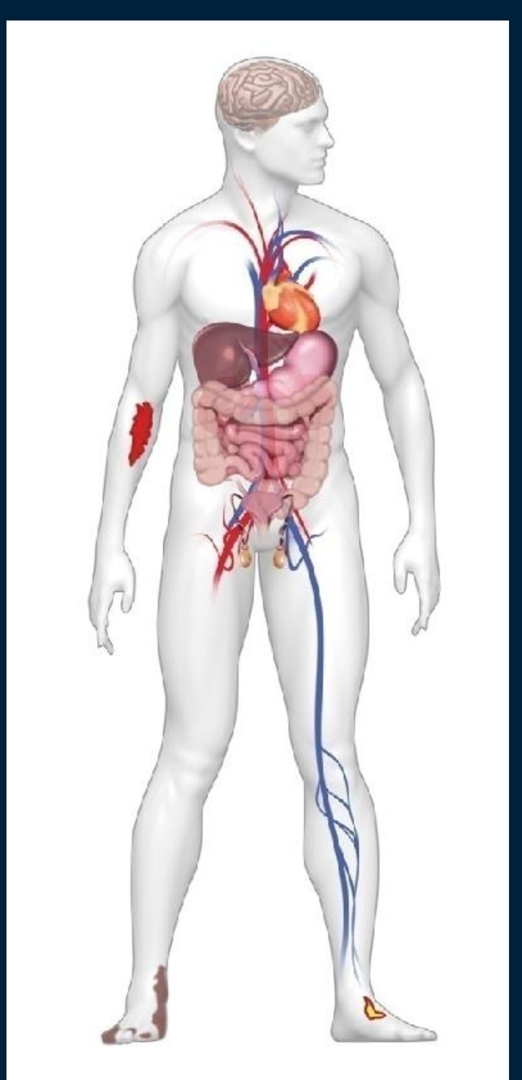

Usual terms and conditions apply:-

Title decided in advance

Participation invited

Views expressed may not be those of the ABCD committee

Nor even my own

Debate and stimulation intended!

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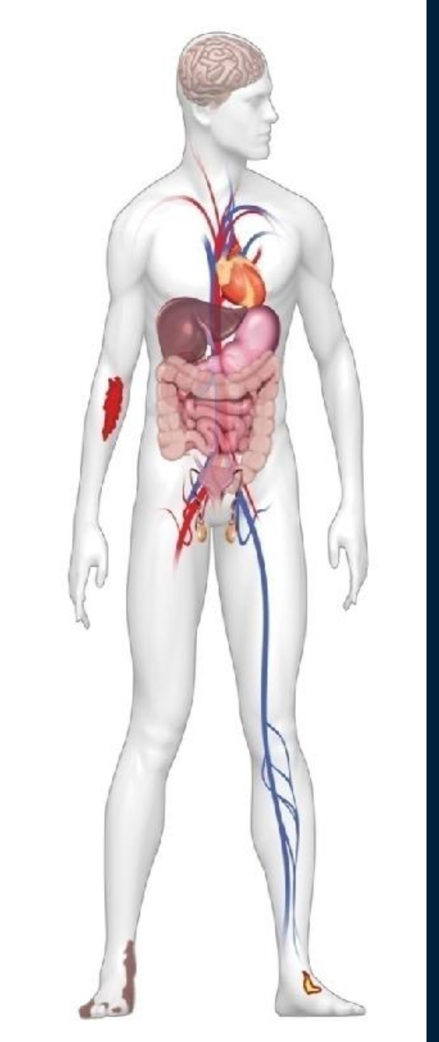

As an opposition there are three ways to win a debate:

1. Prove that the problem solved by the motion does not exist.
2. Prove that the motion proposed does not solve the problem.
3. Prove that the motion is not the appropriate way to solve the problem and/or that the plan proposed brings more negative consequences than benefits.

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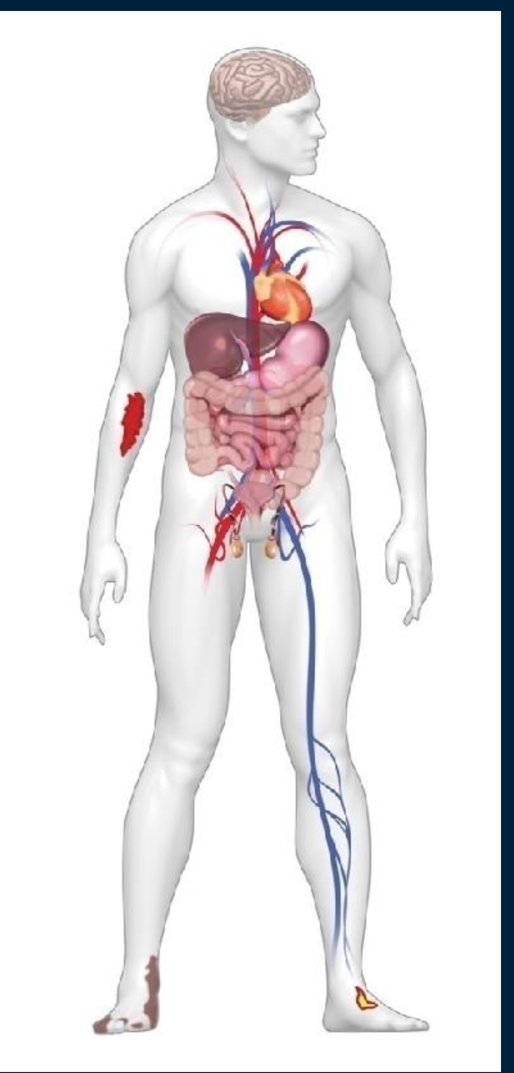

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Failing that there is always slander, humour and unfounded allegation

PCDS
Primary Care Diabetes Society

Tel: +44 (0)20 7627 1510
Fax: +44 (0)20 7627 1570
pcds@sbcommunicationsgroup.com

Stephen Lawrence

GPwSI in diabetes

Stephen Lawrence graduated from Leeds School of Medicine in 1987. His interest in metabolic medicine was awakened after he completed a BSc Honours degree in chemical pathology during his intercalated year. He worked as a Medical Advisor for Prisons at the Department of Health (2003–2004), where he participated in an award-winning prison diabetes study.

Dr Lawrence has a passion for critical appraisal of evidence-based medicine and has presented on many occasions to audiences in the UK and beyond. He was previously Co-Editor of *Pathways*, a nationwide publication exploring current issues in the treatment of type 2 diabetes. He has written a number of articles on the evolving role of community-based diabetes care for journals including *Practical Diabetes International.* Dr Lawrence was instrumental in establishing an intermediate-care GPwSI diabetes clinic in Medway in 2003 in response to the burgeoning burden of diabetes referrals from Medway Maritime Hospital.

Join PCDS for free!

The benefits of joining the PCDS include:

- **Free membership**
- **Receive copies of *Diabetes & Primary Care***
- **Discounted conference rates**

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Why Join?

Help get the change people really want by becoming a Member of the Conservative party. As well as helping us get rid of this incompetent Labour Government at the next election, you can help make change happen in your local community now - for example, by joining one of our Social Action projects. As a Member you'll receive a weekly e-newsletter and access to our new affinity programme.

For just £25 a year (or £5 a year if you are 22 or under), you get to vote for the Party Leader and help choose our candidates for Parliamentary, local government and European elections. You'll also be invited to attend our party conferences. Becoming a Member is a great way to have your say and help make change happen.

Join Locally

You can join the Conservative party via the Rochester & Strood Conservatives by downloading and completing our application form and returning it to the address on the form with a cheque made payable to 'R and S CCA'. In return you will receive full party membership, plus you will receive regular updates on exclusive local events which are a great opportunity for making new friends

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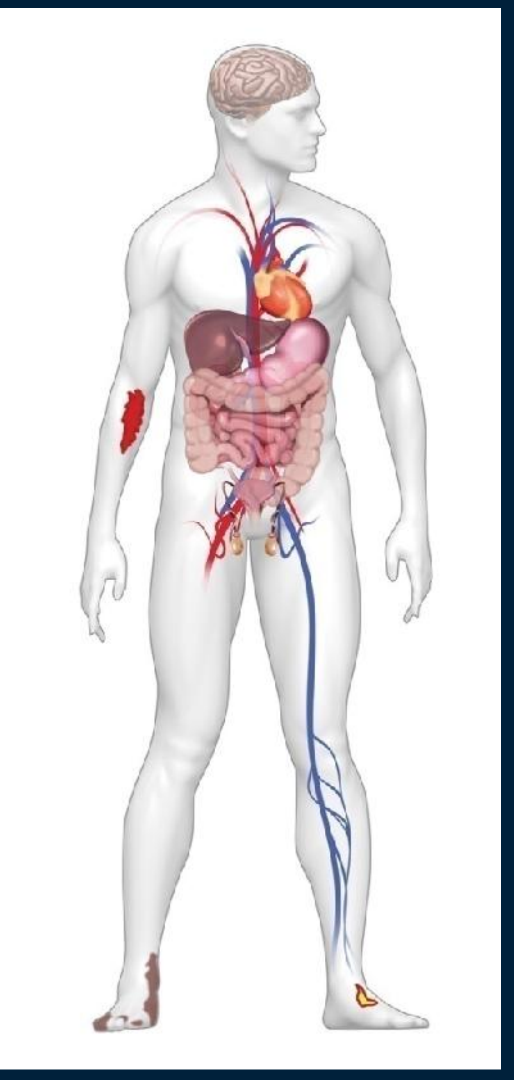

1. Prove that the problem solved by the motion does not exist.
This division is hierarchical, outdated and unhelpful

2.Prove that the motion proposed does not solve the problem.
Self management, seamless and collaborative working is far more logical

3. Prove that the motion is not the appropriate way to solve the problem and/or that the plan proposed brings more negative consequences than benefits.
Comparing the cost effectiveness of antenatal care, inpatient DKA management or even Gerry's foot clinic is not comparable to a 5 minute nurse led Metformin 1g bd sojourn.

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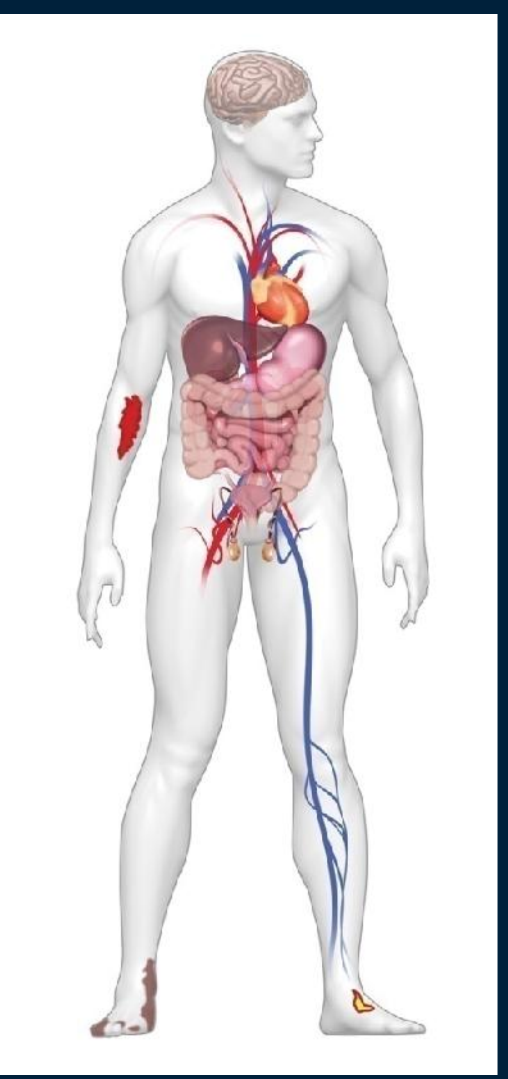

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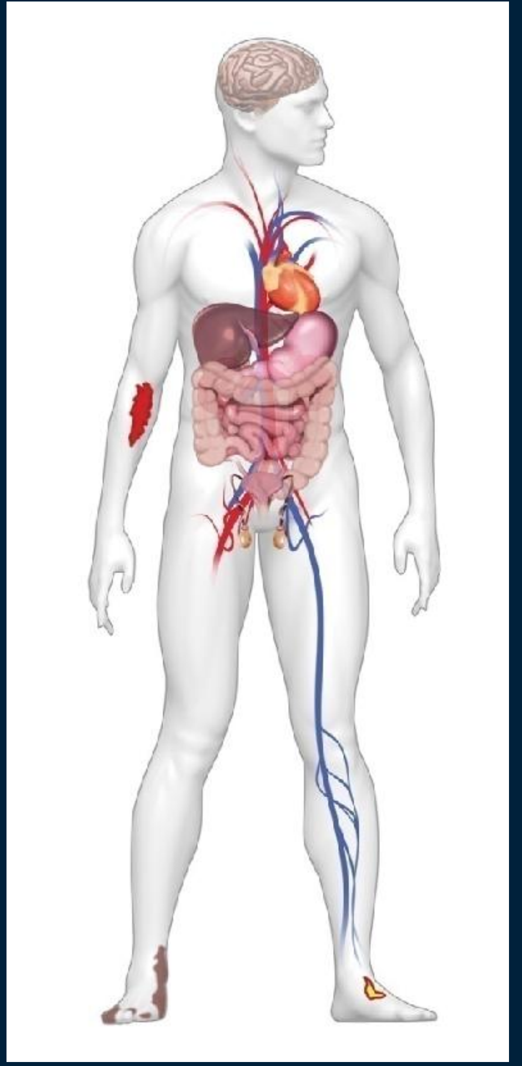


Cost Effective:- Economical in terms of the goods or services received for the money spent.

Who makes the most cost effective decisions?
Different types of care demand different types of expense

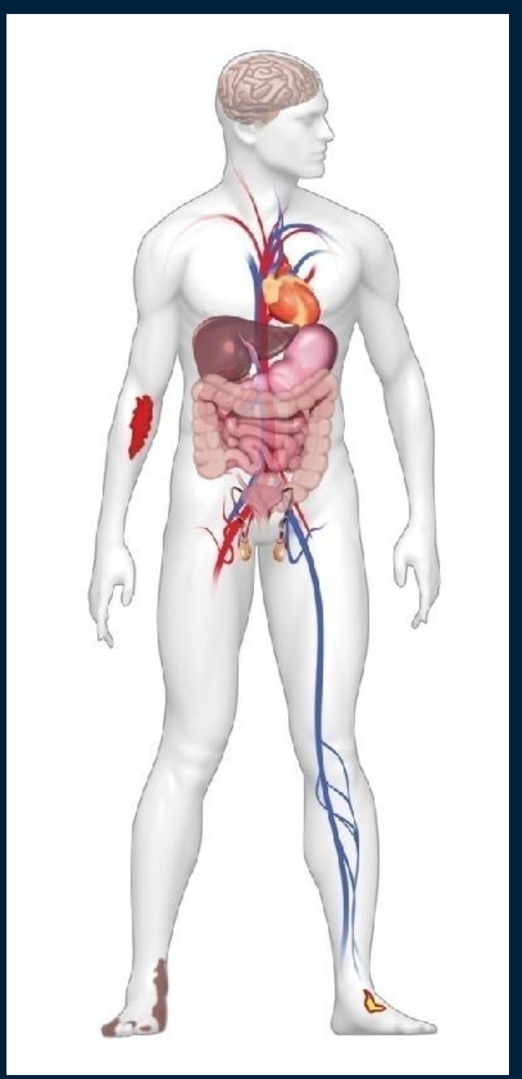
Average Salary

GP Partners:- £103,000

Endocrinologist :- £74,500 to 100,440

Daily Telegraph 30/5/12 Christopher Hope.

This house believes that GP's manage diabetes more cost effectively than Consultant Diabetologists.

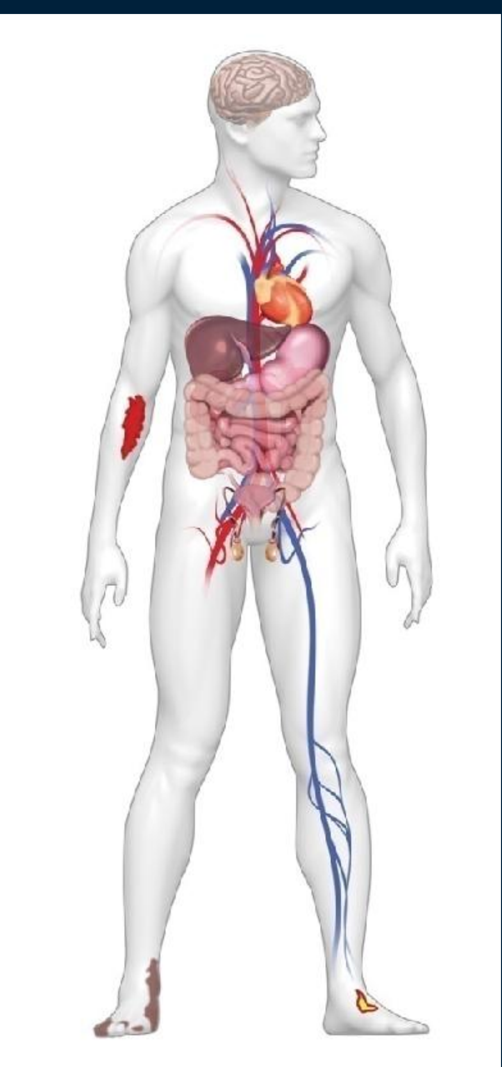


Cost Effective:- Economical in terms of the goods or services received for the money spent.

Hence the debate motion must simply be dismissed!

Far better to examine the challenges of working together, appreciating both the growing problem and the where the costs emanate from.

Debate Contents



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2. A brief look at epidemiology
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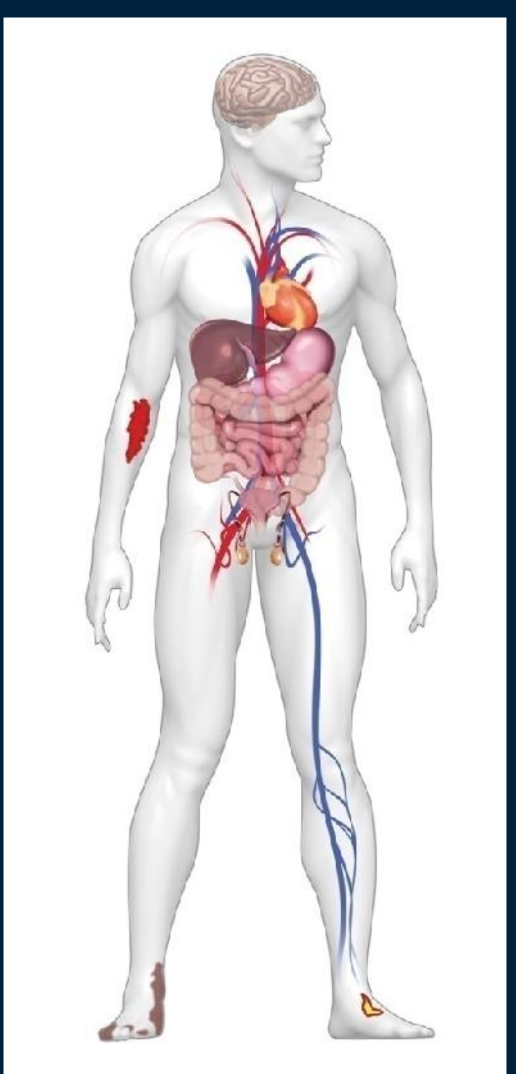
5. Some suggestions of best practice
    1. Scotland's IT
    2. Portsmouth

Improving Diabetes Care: The Model For Health Care Reform.



1. There is no real evidence that changes in the way that money moves within health care services will *de facto* result in either better health outcomes or produce greater value.

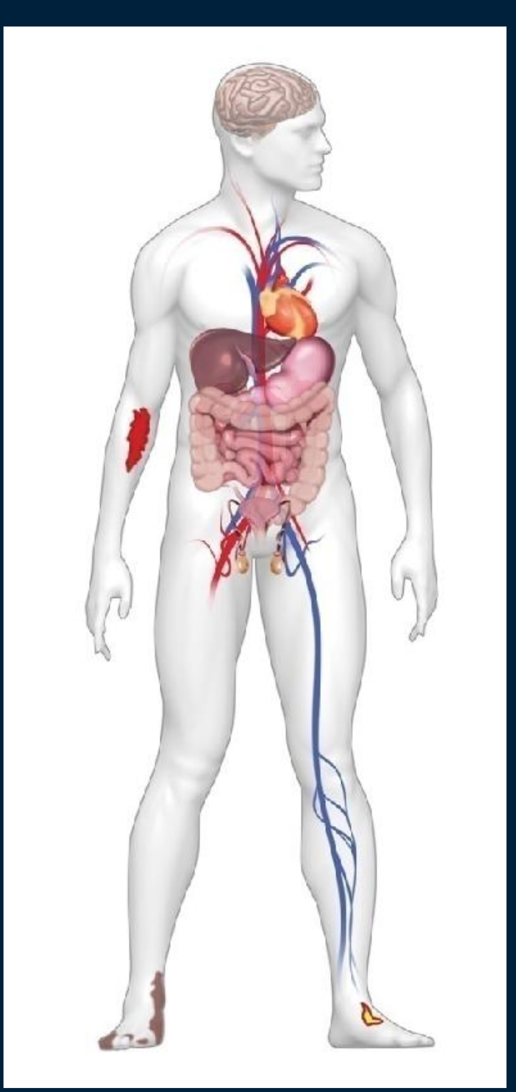
2.Subsequently the medical (albeit not consistently the political) imperative should be to approach system improvement or reform by addressing how care may be better organized and delivered.

3.Another fictional concept is that there is scope for "cost savings"

Increasing numbers of patients, disproportionally older
Increasing drug costs
Increasing technology costs
Increasing disease burden.

Kahn and Anderson Diabetes Care vol 32 June 2009 1115-8

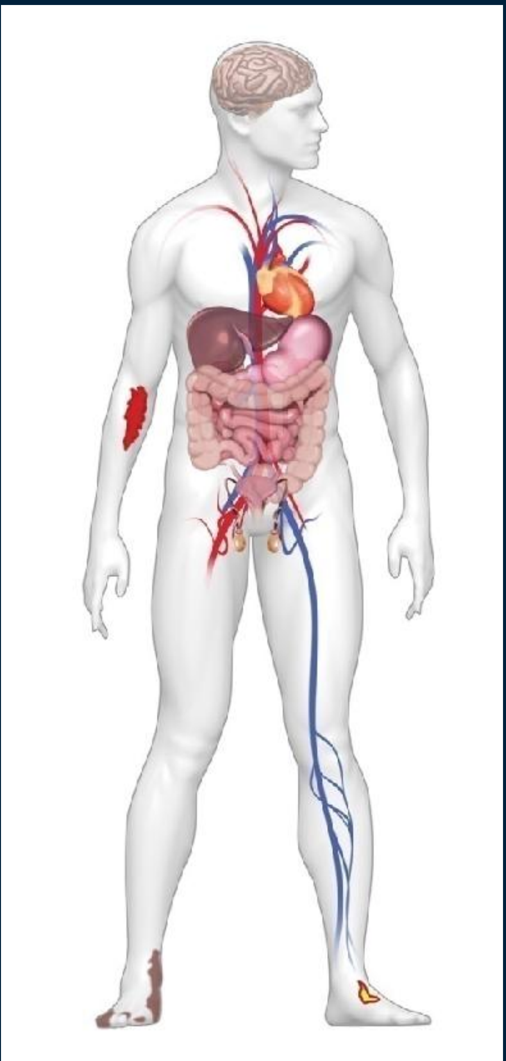
Improving Diabetes Care: The Model For Health Care Reform: Proposed Key Components.



1. **A critical look at technology**
    1. **Increasingly costly and complex therapeutic regimens are used with little knowledge of comparative effectiveness (Nathan 2007, Alexander 2008)**
    2. **Widespread technology increase adopted without evidence of cost effectiveness (Simon 2008)**
2. **The importance of Information technology**
    1. **Assists co ordination between multiple care providers, maximizing communication and minimizing errors**
3. **Co-ordinated care and care management**
    1. **People with DM have on average 5 different medical problems (Beasley 2004)**
    2. **Physicians and increasingly GP's numbers are not growing as fast as the patient population**

Kahn and Anderson Diabetes Care vol 32 June 2009 1115-8

Debate Contents



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Type 2 diabetes is a serious global epidemic

Estimated proportion of population with diabetes in **2030** (20-79 years)

<4% | 4-5% | 5-7% | 7-9% | 9-12% | >12%

Each year another 7 million people develop diabetes[2]; the disease is expected to affect nearly 438 million people by 2030[3]

All references accessed in May 2012

1. **International Diabetes Federation. *IDF Diabetes Atlas, 4th edn.*(2009) Brussels, Belgium.** http://www.idf.org/atlasmap/atlasmap
2. **International Diabetes Federation. *IDF Diabetes Atlas, 3rd edn.*(2006) Brussels, Belgium.** http://www.idf.org/sites/default/files/Diabetes%20Atlas%203rd%20edition.pdf
3. **International Diabetes Federation. *IDF Diabetes Atlas, 5th edn.*(2011) Brussels, Belgium.** http://www.idf.org/print/diabetesatlas/5e/the-global-burden

Diabetes in the UK is increasing[1,2]

prevalence of diabetes is estimated to rise to 4 million by 2025.

Millions of people with diabetes

3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0

1940 1960 1980 1996 2004 2005 2010

2006 estimate: 19% undiagnosed[3]

1. Diabetes UK (2004). *Diabetes in the UK 2004*. Diabetes UK, London
2. Diabetes UK (2005). *State of the Nation 2005.* Diabetes UK, London
3. The Information Centre (2006). *National Diabetes Audit, Abridged report for the audit period 2004/2005.* London: The Information Centre

Increasing prevalence in England

Prevalence of diabetes expected to increase significantly

2010	8 Years	18 Years
Map 1: Diabetes Prevalence by PCT, 2010	Map 2: Diabetes Prevalence by PCT, 2020	Map 1: Diabetes Prevalence by PCT, 2030

- 10% and over
- 9% to 10%
- 8% to 9%
- 7% to 8%
- Under 7%

Produced by YHPHO June 2010

Source: Office of National Statistics

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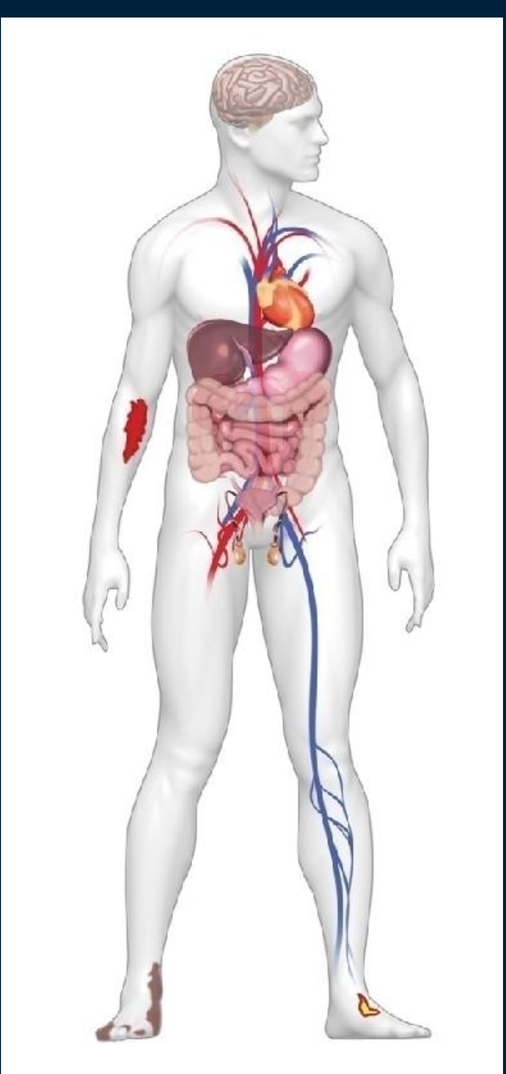

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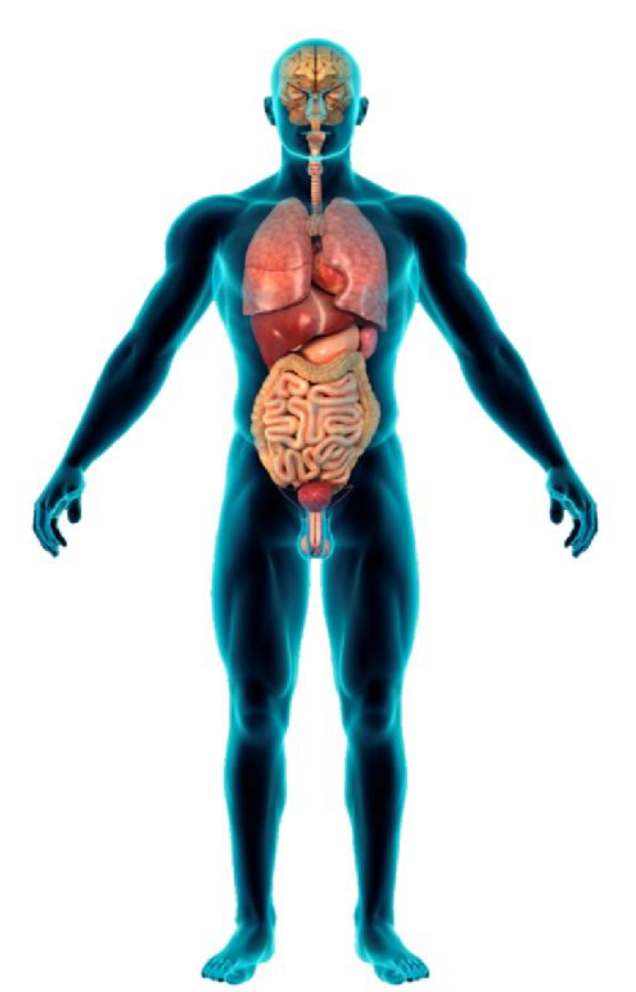
Where does the money go?

Drug	Name	Strength	Quantity	Cost
Acarbose	Glucobay	50mg	90	£6.15
Metformin	GlucophageSR	500mg	28	£3.07
Metformin	Metformin	500mg	84	£1.57
Saxagliptin	Onglyza	5mg	28	£31.60
Sitagliptin	Januvia	100mg	28	£33.26
Pioglitazone	Actos	15mg	28	£25.83
Exenatide	Byetta	5 microgram, 60-dose pre-filled pen	1	£68.24
Liraglutide	Victoza	6mg/ml solution for injection	2x3ml pre-filled pens	£78.48
Gliclazide	Gliclazide	80mg	28	£1.10

Where does the money go?



The cost of diabetes to the NHS is over £1.5m an hour or 10% of the NHS budget for England and Wales.

>£25,000 being spent on diabetes every minute.

In total, an estimated £14 billion pounds is spent a year on treating diabetes and its complications, with the cost of treating complications representing the much higher cost.

Kanavus Jan 2010

Where does the money go?

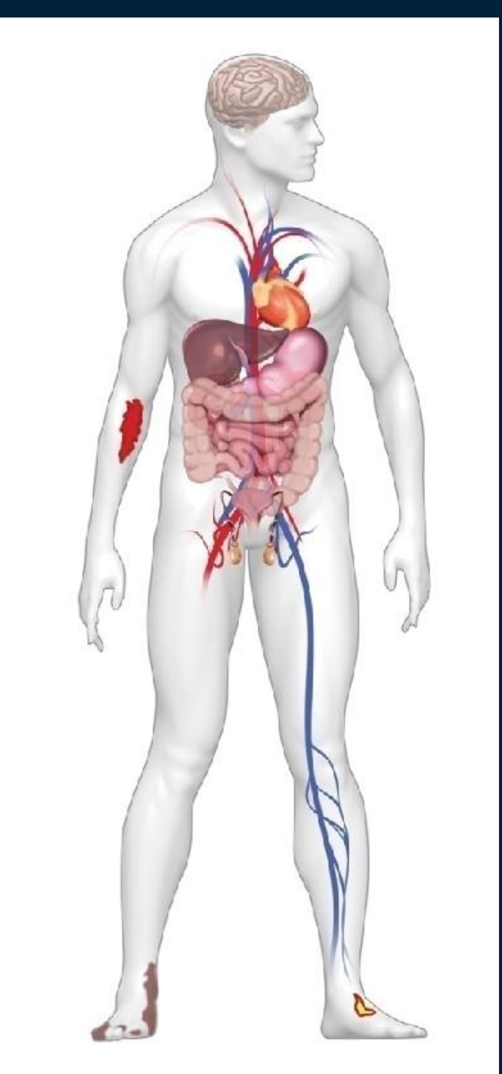
Area	T1DM (billion£)	T2DM (billion£)	Total Cost (billion£)	% Total Budget
Diabetes Drugs	0.344	0.712	1.056	7.8
Non DM Drugs	0.281	1.810	2.091	15.2
In Patients	1.007	8.038	9.045	65.8
OP Excluding Drugs	0.170	1.158	1.328	9.7
Other (Social Service)			0.230	1.7
Total	1.802	11.718	13.75	100

Cost of Absenteeism £8.4 million, early retirement £6.9 million,

Treatment costs have risen by 40%, 458.6 million 2005 to 649.2 million 2010.

Kanavus Jan 2010

Debate Contents



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Epidemiology of type 2 diabetes: Scotland

- **Prevalence of diabetes(2012): 4.9% (258,570)**
- **Prevalence of diabetes (2002): 2.0% (103,835)**
- **88.8% of cases – 227,967 type 2 diabetes**

Characteristic	Number	% of type 2 diabetes patients
Age >65 years	132,870	51.6
Age 30–34 years	1558	0.7
BMI >30 kg/m^2	125,382	55.5
HbA_{1c} <7.5% (58 mmol/mol)	126,141	59.7
HbA_{1c} >9% (75 mmol/mol)	32,775	15.5
SBP <140 mmHg (94.1% recorded)	176,674	77.5
BP <130/80	74,317	32.6
Cholesterol <5 mmol/L	183,513	80.5
Smokers	42857	18.8*

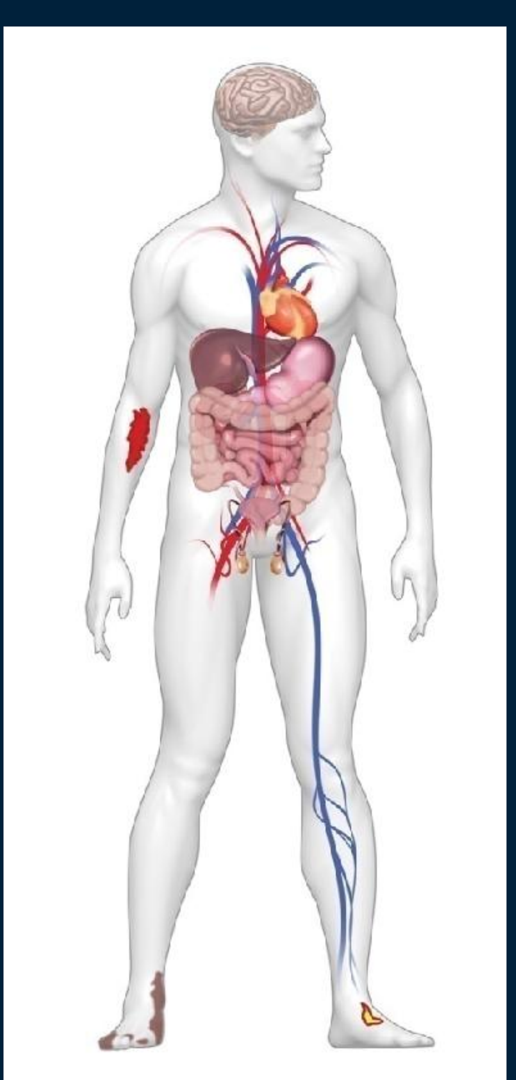
http://diabetesinscotland.org.uk/Publications/SDS%202012.pdf

Epidemiology of type 2 diabetes: Scotland

Characteristic	Number	% of type 2 diabetes patients
Mortality	9565	3.6
MI –T2DM	23,024	10.1
ESFR	1167	0.5
Amputation	1541	0.7

http://diabetesinscotland.org.uk/Publications/SDS%202012.pdf

Health and Social Care Information Centre (HSCIC) publish National Diabetes Audit for 2011/12



Annual audit: 88% GP practices in England & Wales.
56.8% Type 1 diabetes did not receive all 9 NICE recommended diabetes checks
37.4% Type 2 diabetes failed to receive all 9 checks
(Weight & BMI, BP, Smoking, HbA1c, Cholesterol, Renal Function, ACR, Retinal and Foot Screening)

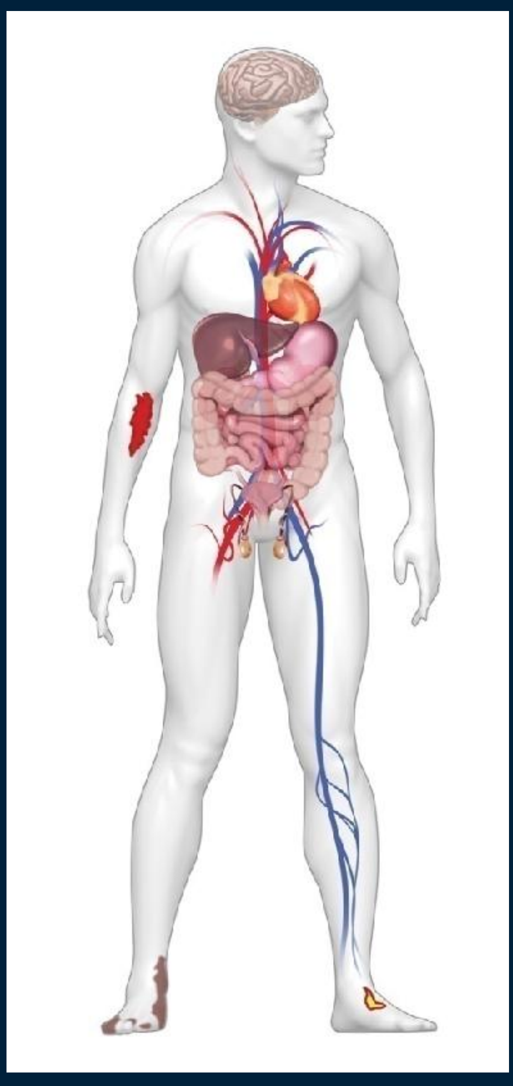
27% T1DM target HbA1c   58mmol/mol.

65.8% T2DM target HbA1c   58mmol/mol

1.2/2.3 million BP140/80, <50%

Younger patients were less likely than older patients to receive all of the annual checks. Just over one third (34.0 per cent) of patients aged 20 to 29 years received all checks.

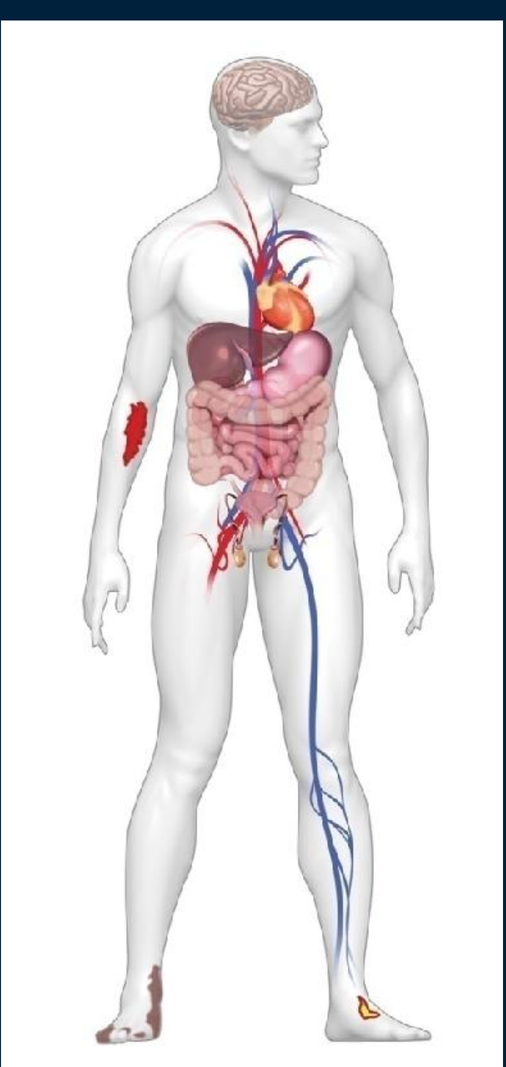
Are we really doing so badly?



•Over the decade 2000 -2009 the incidence of blindness attributable to Diabetes fell by a mean of 10.6% per year in the population with diabetes. (Hall *et al* Diabetic Medicine 2013). Fife, Scotland.

The incidence of any lower extremity amputations among persons with diabetes fell by 29.8% in the period 2004 – 2008 (Kennon *et al* Diabetes Care 2012).

Debate Contents



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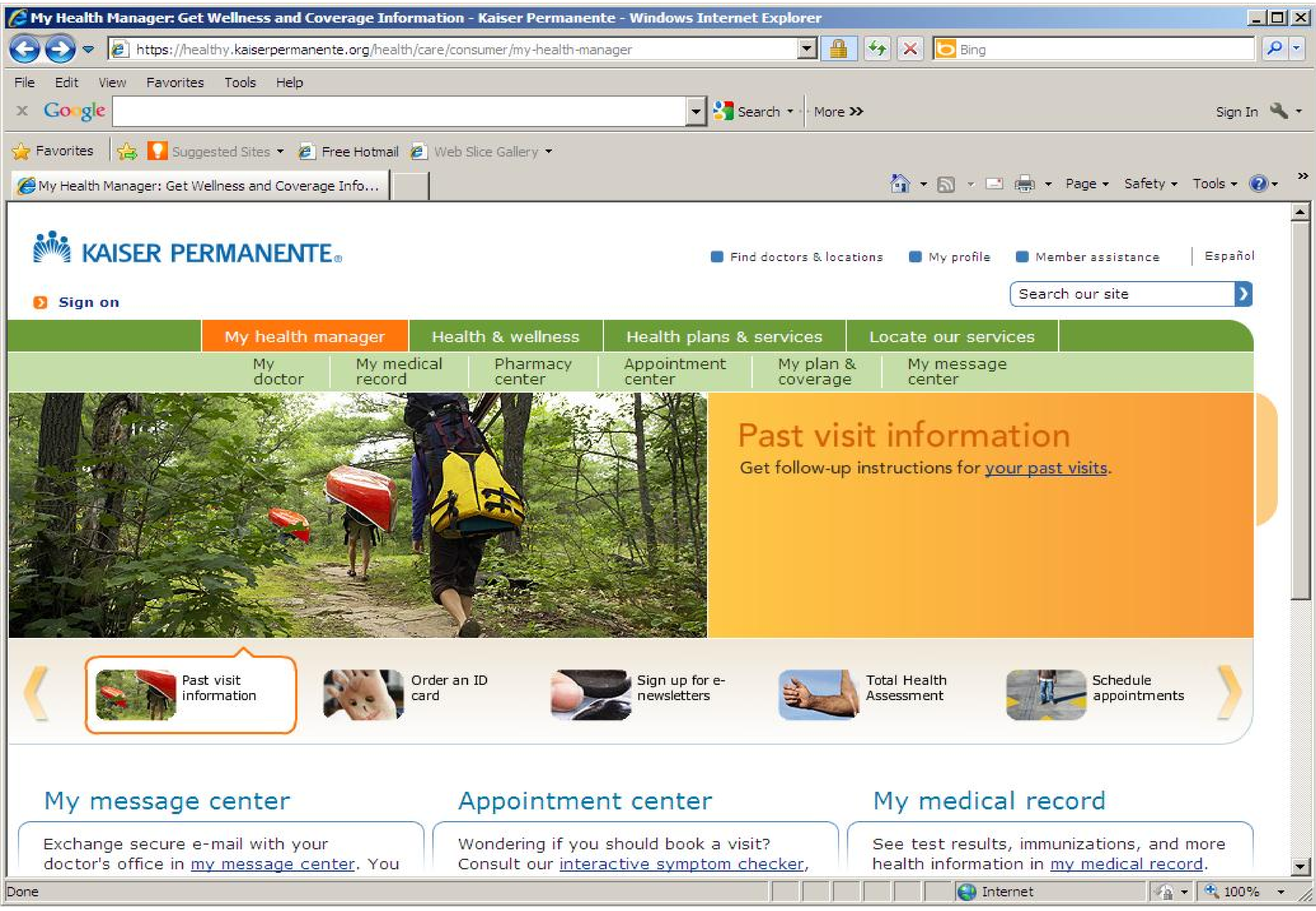
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Favorites
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Free Hotmail
Web Slice Gallery
My Health Manager: Get Wellness and Coverage Info...
Page Safety Tools
KAISER PERMANENTE
Find doctors & locations
My profile
Member assistance
Español
Sign on
Search our site
My health manager
Health & wellness
Health plans & services
Locate our services
My doctor
My medical record
Pharmacy center
Appointment center
My plan & coverage
My message center
Past visit information
Get follow-up instructions for your past visits.
Past visit information
Order an ID card
Sign up for e-newsletters
Total Health Assessment
Schedule appointments
My message center
Exchange secure e-mail with your doctor's office in my message center. You
Appointment center
Wondering if you should book a visit? Consult our interactive symptom checker,
My medical record
See test results, immunizations, and more health information in my medical record.
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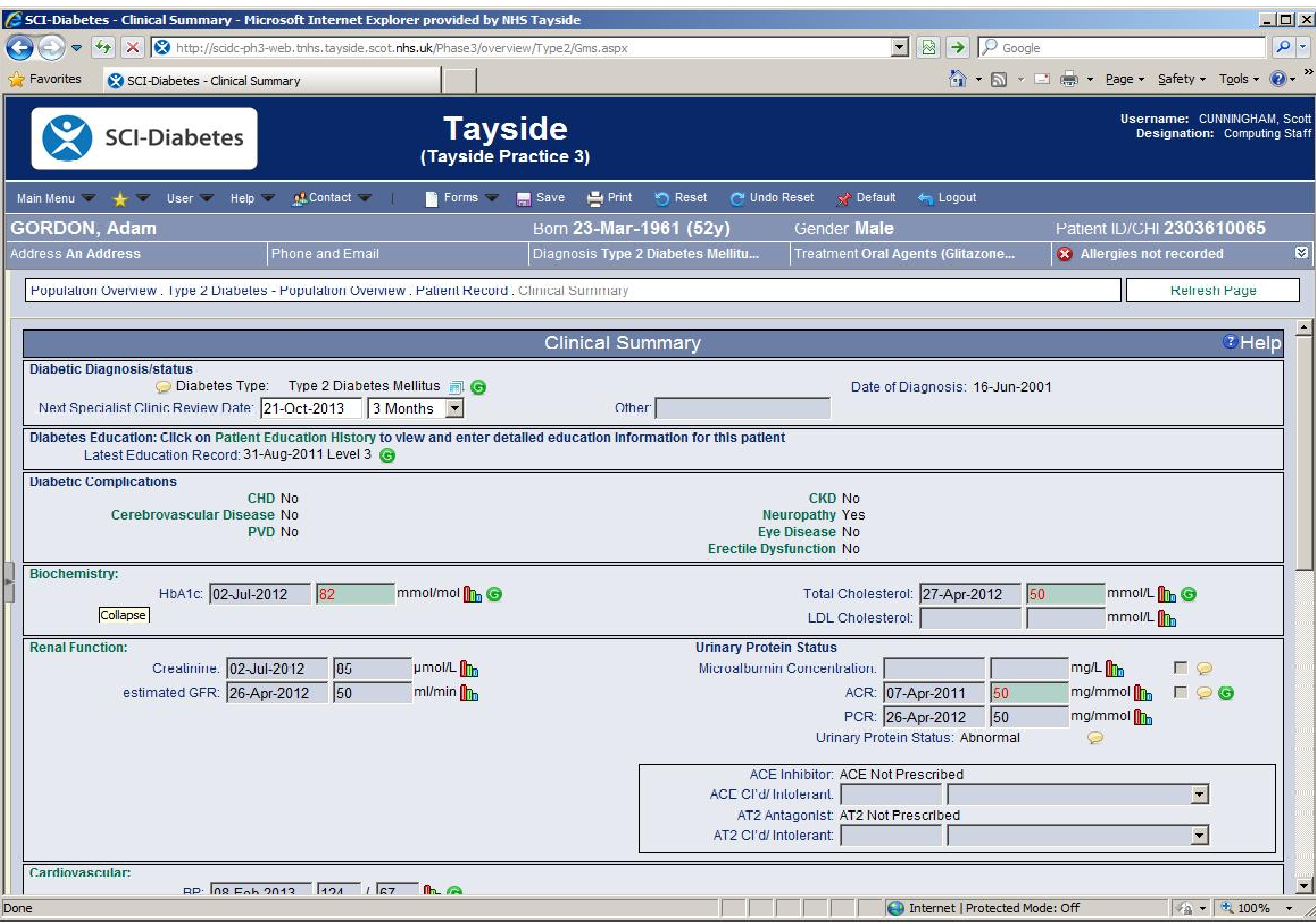
SCI-Diabetes - Clinical Summary - Microsoft Internet Explorer provided by NHS Tayside
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SCI-Diabetes
Tayside
(Tayside Practice 3)
Username: CUNNINGHAM, Scott
Designation: Computing Staff
Main Menu User Help Contact Forms Save Print Reset Undo Reset Default Logout
GORDON, Adam
Born 23-Mar-1961 (52y)
Gender Male
Patient ID/CHI 2303610065
Address An Address
Phone and Email
Diagnosis Type 2 Diabetes Mellitu...
Treatment Oral Agents (Glitazone...
Allergies not recorded
Population Overview : Type 2 Diabetes - Population Overview : Patient Record : Clinical Summary
Refresh Page
Clinical Summary
Help
Diabetic Diagnosis/status
Diabetes Type: Type 2 Diabetes Mellitus
Date of Diagnosis: 16-Jun-2001
Next Specialist Clinic Review Date: 21-Oct-2013 3 Months
Other:
Diabetes Education: Click on Patient Education History to view and enter detailed education information for this patient
Latest Education Record: 31-Aug-2011 Level 3
Diabetic Complications
CHD No
Cerebrovascular Disease No
PVD No
CKD No
Neuropathy Yes
Eye Disease No
Erectile Dysfunction No
Biochemistry:
HbA1c: 02-Jul-2012 82 mmol/mol
Collapse
Total Cholesterol: 27-Apr-2012 50 mmol/L
LDL Cholesterol: mmol/L
Renal Function:
Creatinine: 02-Jul-2012 85 µmol/L
estimated GFR: 26-Apr-2012 50 ml/min
Urinary Protein Status
Microalbumin Concentration: mg/L
ACR: 07-Apr-2011 50 mg/mmol
PCR: 26-Apr-2012 50 mg/mmol
Urinary Protein Status: Abnormal
ACE Inhibitor: ACE Not Prescribed
ACE CI'd/ Intolerant:
AT2 Antagonist: AT2 Not Prescribed
AT2 CI'd/ Intolerant:
Cardiovascular:
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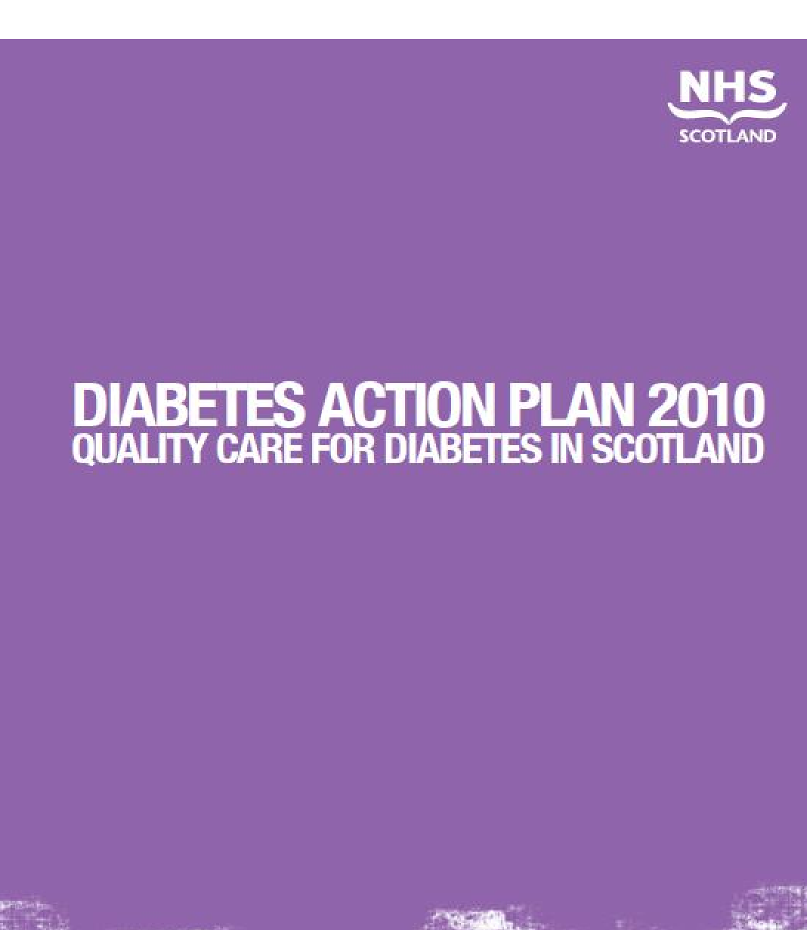
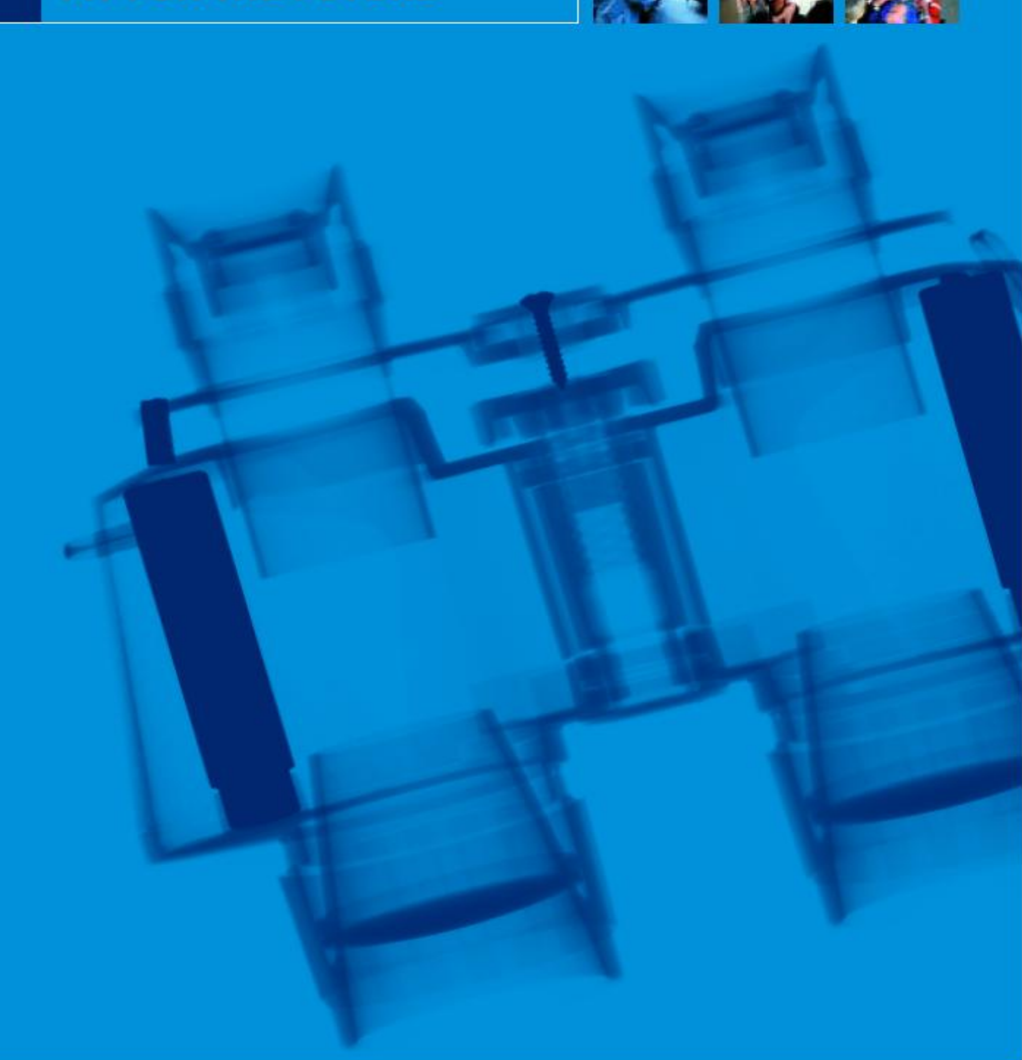
- **Scottish Diabetes Action Plan (2010)**
  - Prioritise self management
  - Improve communication

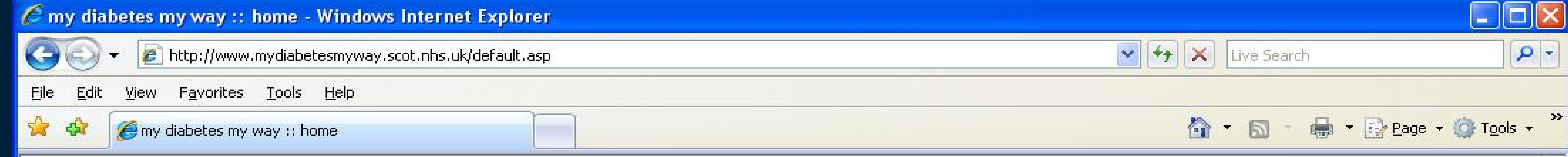


www.mydiabetesmyway.scot.nhs.uk



"The average person with diabetes will spend 3 hours with a Healthcare Professional and will take care of themselves for the remaining 8757 hours in a year"

y.scot.nhs.uk



home | my mind | my body | my lifestyle | my diabetes | my local services | my involvement

my diabetes my way is the NHS Scotland interactive diabetes website to help support people who have diabetes and their family and friends. You'll find leaflets, videos, educational tools and games containing information about diabetes.

We work with Diabetes Information Plus, an NHS Scotland elibrary of quality assured information for people with diabetes, you will find links to this throughout the site.

My Mind

Understand and take control of your diabetes.

My Body

How diabetes affects your body.

My Lifestyle

How diabetes affects your lifestyle.

My Diabetes

Access to your individual information and goals.

Diabetes Search Engine

Search this site and other good sites to find answers to your diabetes questions.

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Hot Topics

No Breaking news at present

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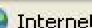
top of page



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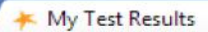


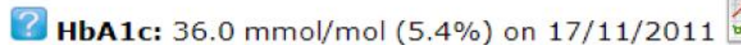
dev3.hictest.dundee.ac.uk/patientaccess/testresults.aspx

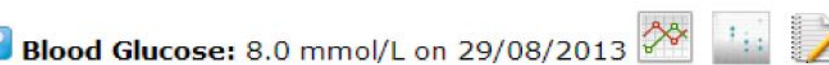
logout

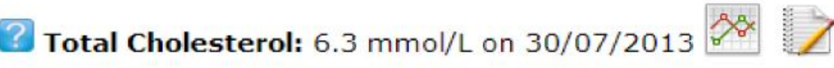
my details | my lifestyle | my results | my eyes | my feet | my medication | my diary | my correspondence | my recordings | my summaries

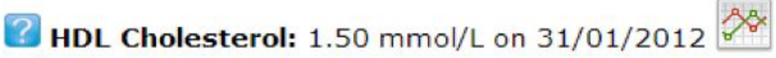
ARCHIBALD MACKIE

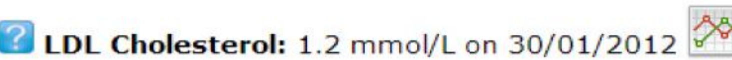
My Test Results

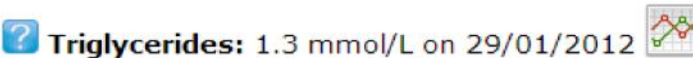


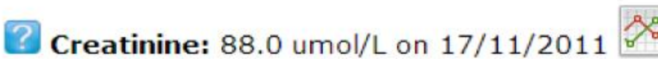










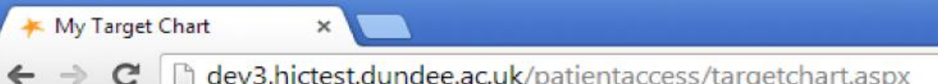


eGFR: [no result]

My Links

Print Options

Print this page

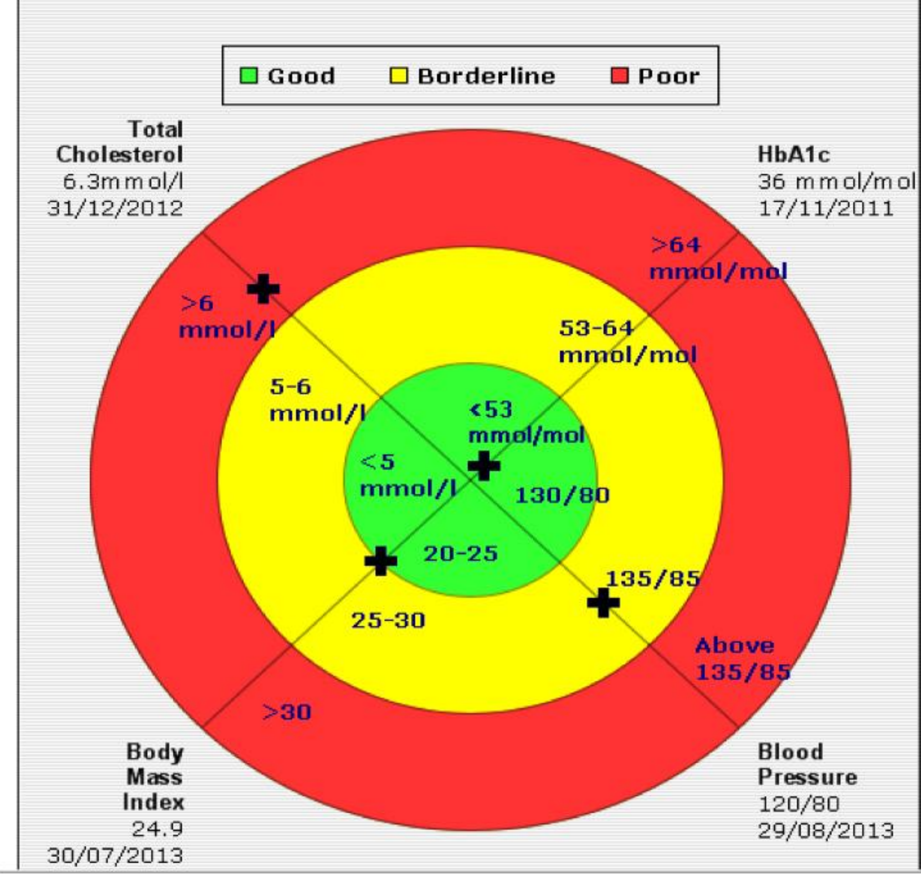


logout

my details | my lifestyle | my results | my eyes | my feet | my medication | my diary | my correspondence | my recordings | my summaries

ARCHIBALD MACKIE

My Target Chart

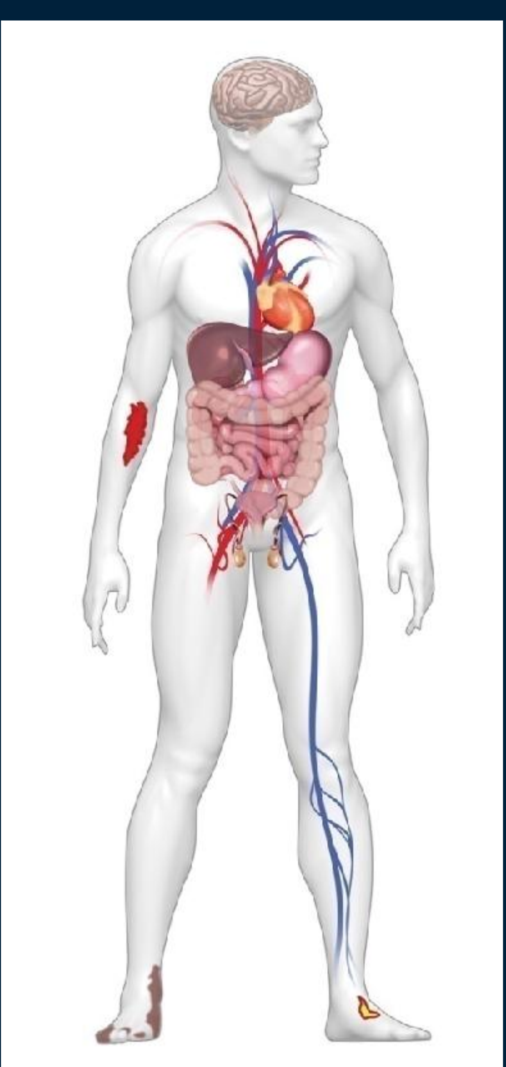


2nd Year Analysis

- **625 patients accessed records in first 2 yrs**
- **5158 logins**
  - 8.3 / patient (most 346 : median 3)
- **59599 page views (95 / patient)**
- **Test results most popular**
  - 11818 accesses (19 / patient)
- **Most utilised history: HbA1c**
  - 2866 accesses (4.6 / patient)

- 55.3% of users had logged in within the previous 3 months (May 2013)
- 78.9% within the previous 6 months
- 91.4% within the previous year.

Debate Contents



1. Improving Diabetes Care: The Model for Health Care Reform
2. A brief look at epidemiology
3. An examination of the costs
4. An examination of the current position
5. Some suggestions of best practice
    1. Scotland's IT
    2. Portsmouth

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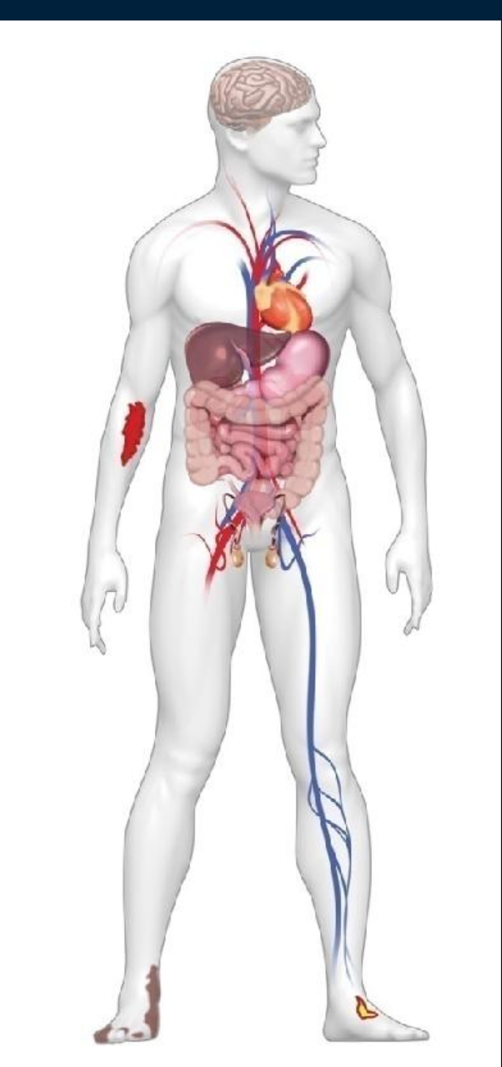

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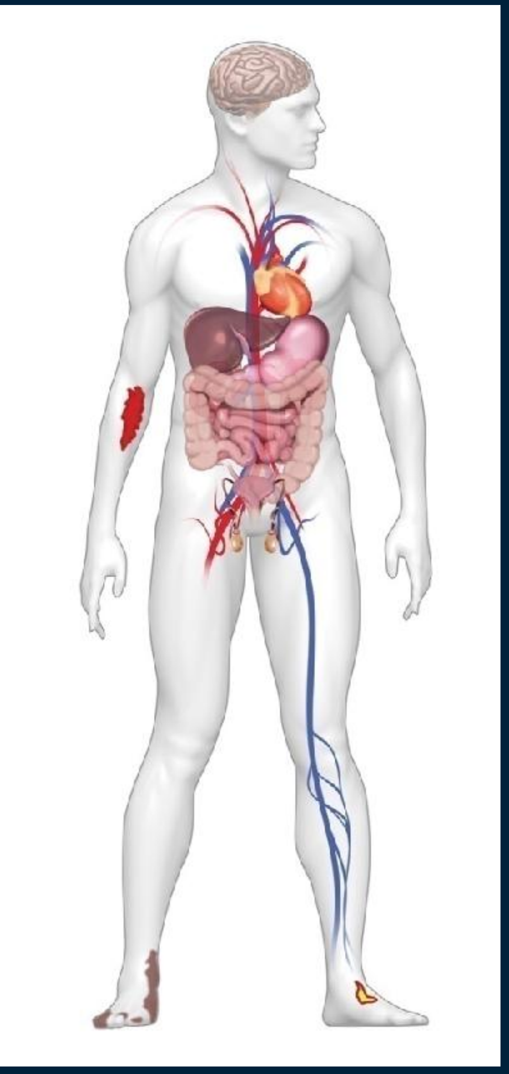
Portsmouth Super Six Model

General medicine/acute medicine
Endocrinology
Super Six

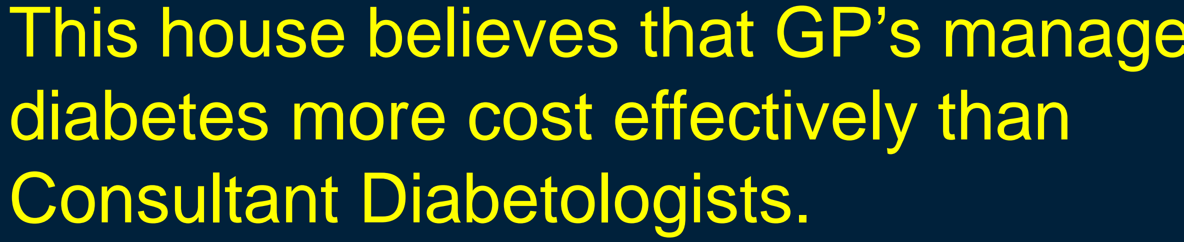
1. Insulin Pumps
2. Antenatal DM
3. Diabetic Foot Care
4. Low eGFR, dialysis patients
5. Uncontrolled T1DM, adolescent diabetes
6. IP Diabetes.

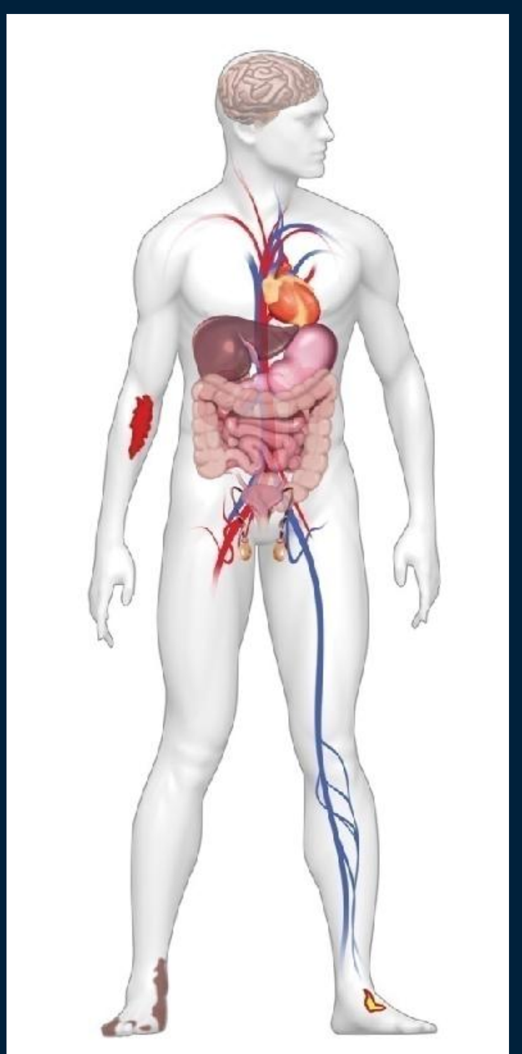


Primary Care Responsibilities

1. Daily designated telephone contact for GP colleagues
2. Daily email access for GP colleagues
3. Annual/biannual visits to GP surgeries
    1. Discuss patients
    2. Provide education
    3. Review patients if required together

http://www.practicaldiabetes.com/SpringboardWebApp/userfiles/espdi/file/September%202011/MoC%20Kar2.pdf



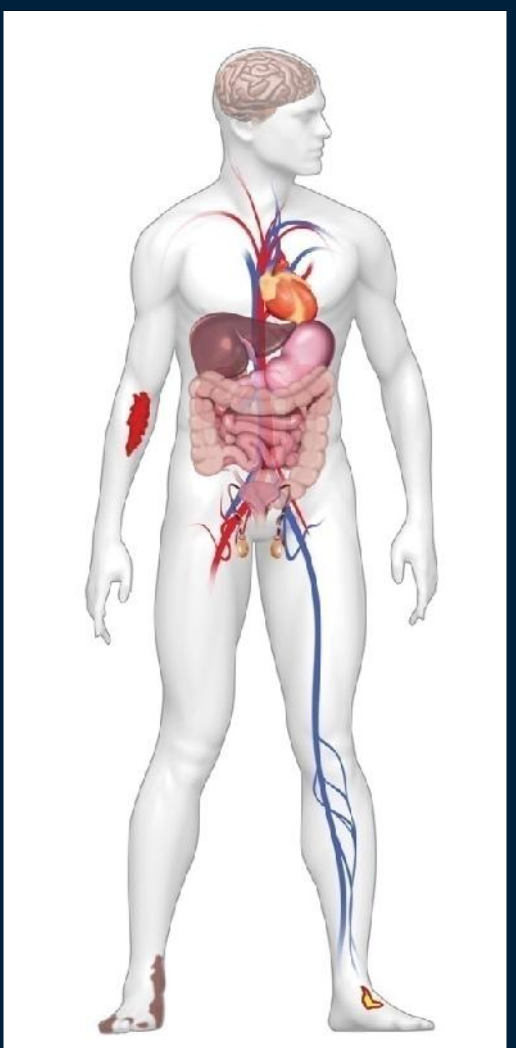


1. Prove that the problem solved by the motion does not exist.
We need to explore working together that meets the needs of a growing patient number

2.Prove that the motion proposed does not solve the problem.
Comparison of cost effectiveness ignores differing patient populations and expertise

3. Prove that the motion is not the appropriate way to solve the problem and/or that the plan proposed brings more negative consequences than benefits.
Complementary skill sets are essential for moving forward.

This house believes that GP's manage diabetes more cost effectively than Consultant Diabetologists.



Hence the obvious result is to

Once more vote against the motion

Appreciate it is a motion that is adversarial, historical and unhelpful!