

Ingredients for a poorly resourced and less effective integrated diabetes service

- Merged trust on 2 acute sites
- Historically poorly resourced service
- Single-handed senior consultant in post
- Several commissioning PCTs with ill defined catchment areas
- Primitive IT in acute trust
- A SHA (any will do !)

Ingredients for a poorly resourced and less effective integrated diabetes service

- Profusion of PCT-SHA middle management – ‘Project Managers’ learning on the job
- No ‘partner for peace’ – Public health doctors – ‘What are they good for....?’
- Archaic OPD infrastructure – lack of dedicated diabetes resource
- Diabetes Implementation Group ‘without teeth’ – Talking shop
- The GMS contract
- An influential but unrepresentative GP who (thinks he/she) knows all diabetes