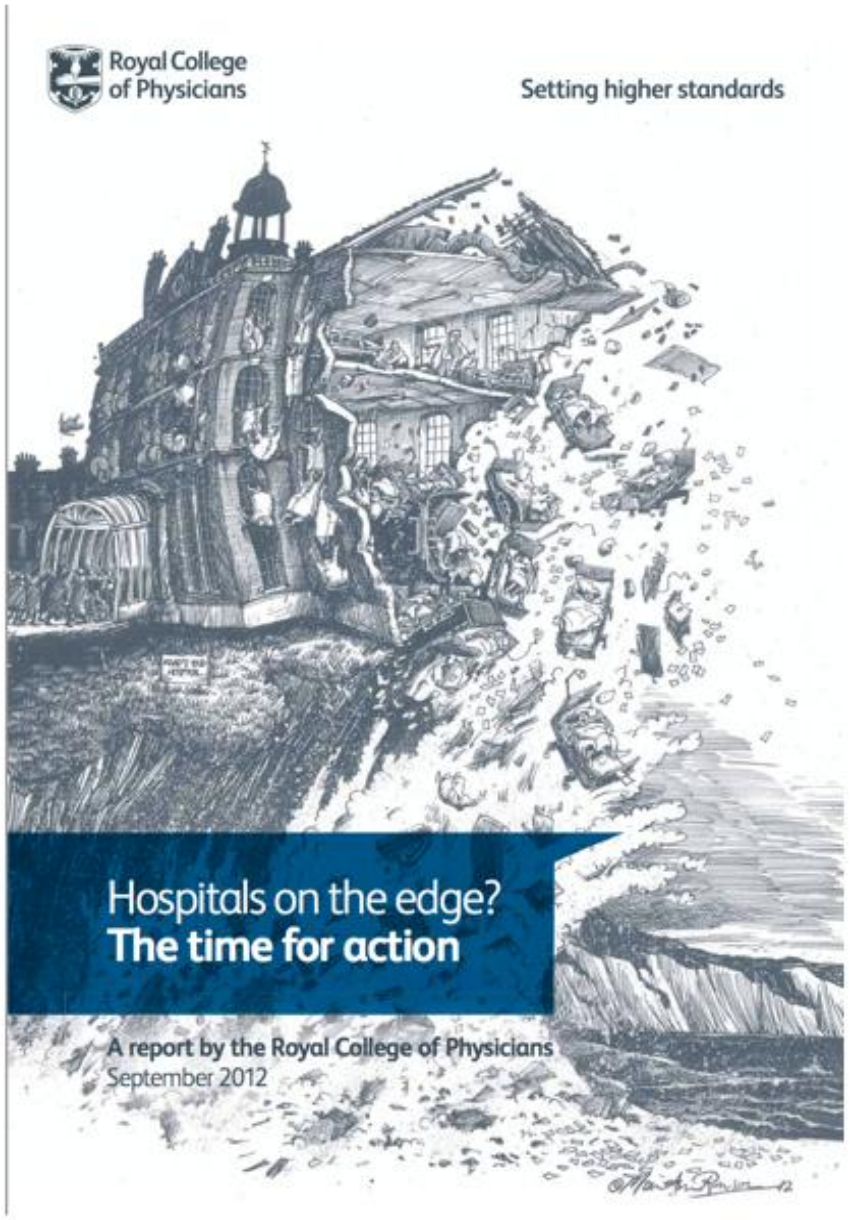
Consultant diabetologist expansion is best served through strengthened links with general medicine

Dr Peter Winocour



The Crisis in UK Hospitals

- care of frail elderly
- mortality rates / 7 day hospitals
- sub-specialisation of doctors
- huge rise in chronic illness
- frequent multiple pathology
- clinical advance - 'more is possible'
- consumer expectation

Diabetologists to the rescue !

We both want the same thing !

- Fully resourced diabetes services in all sectors
- Effective endocrine services
- Different ways to ..

The conflict between specialist diabetes services and acute-general internal medicine for consultant diabetologists in the UK

- Peter Winocour, Charlotte Gosden, Chris Walton, Bridget Turner, Dinesh Nagi
- Clin Med 2008;8:377–80

- ‘When considering future development in acute-GIM, diabetes and endocrinology, …need to recognise the contribution that consultant diabetologists make to these three areas of medicine.’

- ‘Adequate levels of specialist staff.. needed to support.. complex needs of people with diabetes, including .. inpatients. ‘

- ‘Flexibility is needed to allow consultants to ensure balance achieved between time dedicated to GIM and time needed to develop specialist diabetes and endocrine services…’

Dr Dinesh Nagi - Our man at RCP. Manpower Co-ordinator and Council Speciality Representative

Dinesh's Manpower Survey

- Rate of new posts progressively falling
- Only 17 in 2011-12.
- The 'escape route' of acute medicine is drying up. Only 5 such posts in 2011-12
- 1.1 WTE per 100K population in England
- Currently 739 WTE in UK .
- Centre for Workforce Intelligence state 1200 WTE required

RCP ‘Working with Patients’ .

- **Population of 250 K requires at least 4 WTE consultants on 10 PA job plan supporting diabetes , endocrinology , acute and general medicine**

ABCD Survey

- Over 85% of Endocrinology in UK undertaken by diabetologists-endocrinologists in secondary care settings

What are Diabetologists for ?

- Diabetes – a multisystem disorder
- Diabetologist skills – diverse, well suited to general medicine – opthalmological, CVD, renal, neurological, dermatological, endocrinological – both acute and long term management
- We make diagnoses !

Doing what diabetologists are good at – Quality Diagnosticians

What does an acute trust need ?

- 1. Serving the needs of acute and general medicine IP beds
- 2. Reducing length of stay
- 3. Reducing (re) admissions
- 4. IP DM
- 5. Specialist OP diabetes – e.g. ANC
- 6. Endocrinology – ‘whatever that is ‘

At the same time pressure to…

- ‘Shift the balance of care’
- Reduce hospital OPD DM activity
- Community DM

- ? Shift the diabetologist as well

The bigger picture

2015 Election

The bigger picture(s)

- NHS Commissioning Board.
- Cross cutting domains

- 1. Reducing mortality
- 2.LTC
- 3. Acute care
- **4. Patient experience**
- **5. Patient safety**

- New NCD




And moneys too tight to mention...

- £20 billion savings in NHS by 2015
- QIP agenda

Scaremongering – Pushed in all directions

- Focus on Generalism

at expense of Specialism

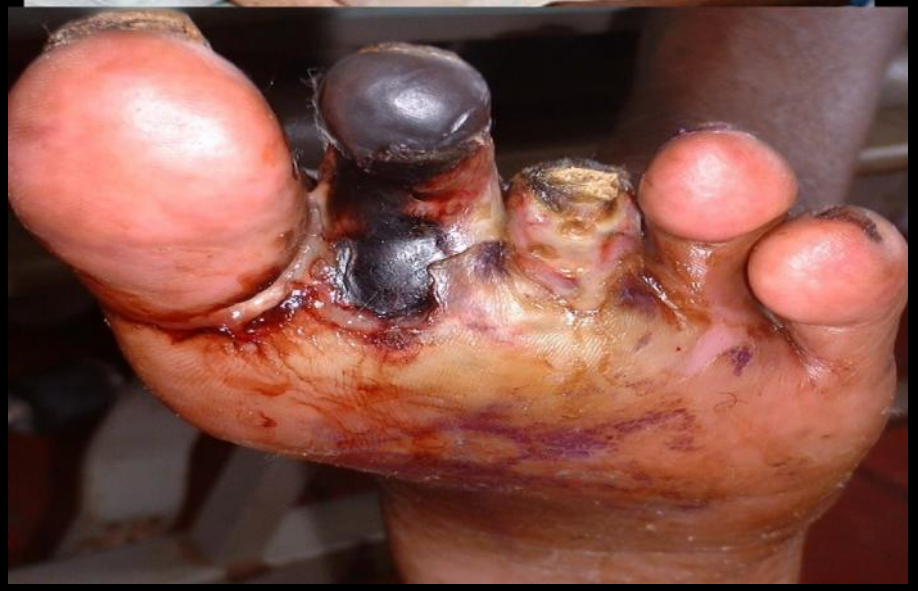
Diabetologists operating as 2nd rate Geriatricians ?

Our role in hospital – whose agenda – whose benefit ?

- Patient focused care will help patients, our employing trust, and our own job satisfaction
- Our responsibility to training and education of all ward HCPs facilitated by supporting general medicine

Ageism in Diabetes ?

- DM complications – who are the high risk population ?
- Hospitalised DM



Who are the diabetes in patients ?- NADIA

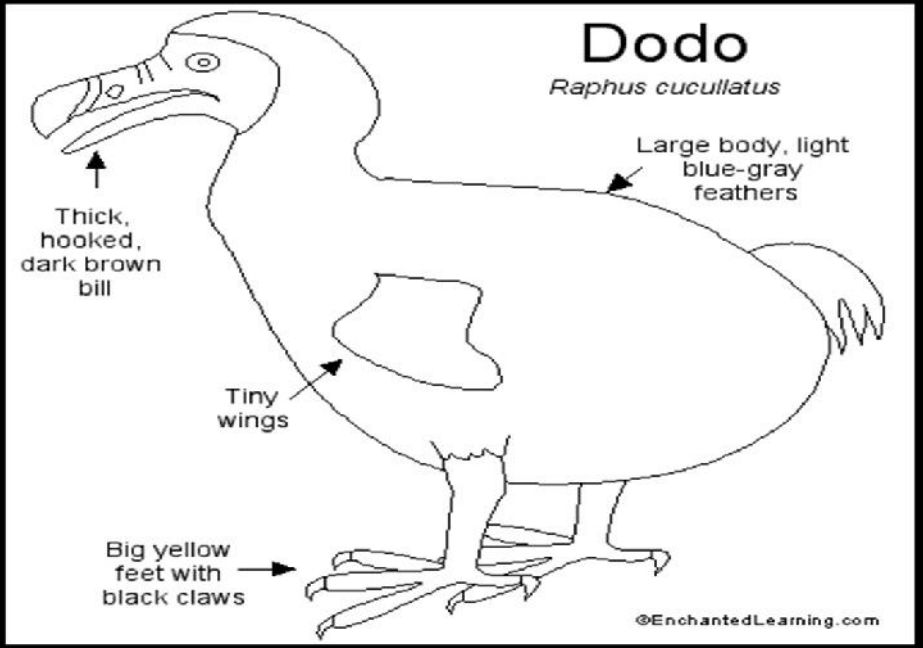
- Mean age of patients 75 (v 65 non DM)

- Predominantly T2DM - but 41% on insulin
- 90% admitted with DM as co-morbidity
- 3 day longer LoS than non-DM matched

- Only 9% primary DM diagnosis coding
- Main DM specific admission – foot disease

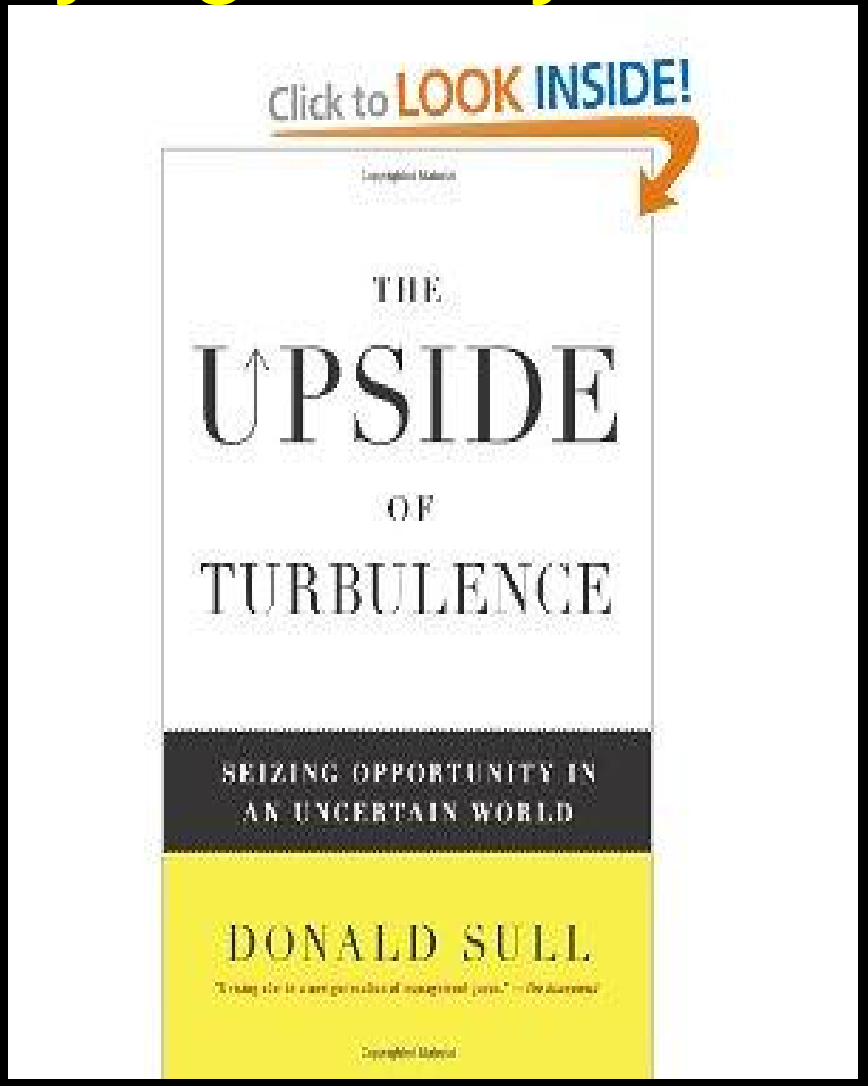
Dangers in niche practice

- How many diabetologists does it take to run ‘super six..’ ?
- Is this what trusts want ?



Understanding-Playing the System

- Working with managers
- Seizing opportunities – CQINs



Supporting GM will enable DM and Endocrine service expansion

- Models that work - Wolverhampton
- East and North Herts proposal

NHS
East and North Hertfordshire

East and North Herts. Supporting GM through Diabetes and Endocrine consultant expansion

- 2 New WTE consultants (currently 6 in dept)

- 7 day working for IP DM **and endocrine**
- Expanded insulin pump and foot services
- More endocrinology

- Expanded acute medicine consultant pool
- Sharing GM (rotating on and off wards)

- CCG CQIN funding

Putting the patient at the centre of the model

- Ward based junior teams with CoE support
- The general medical ward base as the location for core specialist DM-endo beds

More consultant diabetologists in GM will support future consultants

- Stronger case for D and E registrar expansion and wider training in community DM with IP DM linked to acute gen med commitment
- Junior and senior registrars on call
- Expanded pool of middle grade doctors post-PACES supporting acute medicine

Head V Heart- Pragmatism rules

(Ancient) History repeats itself

- **Appointed 1993**
- **Single-handed Consultant**
- **General Physician with an interest in Diabetes and Endocrinology**
- **12 sessions/week : DM 3.5 Gen Med 3 On call 1 Endo 2.5**
- **Team expansion (+2) carrying out all these roles in 2013**
- **Spreading the load !**

No one size fits all..

- DGH , Teaching
- Take account of current manpower and structures

Expanding both diabetes and general medicine

- A Win Win situation !