

The Newsletter of  
the Friends of the  
Manx Diabetes  
Centre.  
We are the  
support Group of  
the Centre

# The Diabetic

The Best and  
most  
informative  
Diabetic  
Newsletter on  
the Isle of Man

Issue number 13.

Date: June 2006



## LEADING FROM THE FRONT

*Caaryjn Laare Chingys-Shugyr Vannin*

A Charity registered in the Isle of Man. Charity number 894.

All monies collected from whatever source will be used exclusively on the Isle of Man for the benefit of diabetics and their medical carers

Web: [www.diabetes.org.im](http://www.diabetes.org.im)

e-mail: [editor@diabetes.org.im](mailto:editor@diabetes.org.im)

e-mail: [secretary@diabetes.org.im](mailto:secretary@diabetes.org.im)

## Chairman at AGM calls for no diminution in the role of the Manx Diabetes Centre to accommodate reverting to the old ways of "Care in the Community"

Since the advent of the Manx Diabetes Centre in 2000, 65 babies including 4 sets of twins have been born to diabetic women that have been looked after during their pregnancy at the Centre.

8,760 Patient appointments were issued for all disciplines to the Manx Diabetes Centre during 2005.

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### *The Director of Health, Strategy and Performance of the DHSS*

The Friends of the Manx Diabetes Centre were very pleased and honoured to welcome Mr Norman McGregor Edwards as their guest speaker at their Annual General Meeting on 4<sup>th</sup> May last.



Mr Norman McGregor Edwards

Mr McGregor Edwards replaced Mr John Wilson at the DHSS in October 2005 with the post of Head of Health Services being abolished and re-titled as Director of Health, Strategy and Performance.

Mr Edwards' background includes 19 years in the Royal Air Force and 16 years

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as a Senior Manager in various national health services including the Scottish NHS in Glasgow, and the Falkland Islands Department of Health and Social Services.

The post he now occupies differs significantly from that of his predecessor. He was keen to explain those differences and how this will affect the future development of services on the Isle of Man.

Prior to his presentation he took umbrage with what the Chairman had said in respect of a hidden agenda by the DHSS to diminish the role of the Manx Diabetes Centre and revert to Care in the Community, and assured those present, and categorically denied that the DHSS had any hidden agenda in this respect. The Chairman thanked him and accepted his assurances.

Mr Edwards said that he had invited himself to come and talk, as this was part of a process of talking to Groups with a specific interest in health. This consultation process had been going on for some little time.

Some of you, he pointed out, may have known his predecessor John Wilson who had retired a year ago.

On his retirement the opportunity was taken to look again at his job, and some changes were introduced.

These he explained were best summed up by the three parts of his title, which was a wonderful civil service job title, being Director of Health, Strategy and Performance.

These three words he said encompassed his responsibility.

First of all Health, because he retained overall responsibility for the Health Service.

Secondly Strategy, which is management speech for where the DHSS was going, what are they trying to do, and what they are trying to achieve.

Finally Performance which is whether the DHSS is providing services which are of a good standard, and if they are not, what are they going to do about it.

The first bit, the Health bit, is something that everyone is familiar with he said, it involves responsibility for Noble's Hospital, the primary care of things, the GP's, the Dentists, Pharmacies, Optometrists and the Community Health Services. It did not include responsibility for Mental Health, which rested with Social Services.

Mr Edwards pointed out that the significant difference from John Wilson's role and that of his, was an essential review of overall responsibility for Health Services being devolved to his team managers Paul Shields for the hospital and Tony Jones for primary care.

This enabled him to be released for the rest, the Strategy and Performance side of things.

Strategy, as he had already explained was management speech for where they were going, what they were doing and what their priorities were, and the Performance side was to do with standards

Starting off with looking at the Strategy side, he gave those present a little background saying that the DHSS have an unusual situation on the Isle of Man, for a population of 80,000 people more or less depending on ones viewpoint, we had facilities and a range of services, that would not be found in an equivalent population anywhere else in the world and certainly not in Great Britain.

If we were to take our population and transfer it across to the UK, very similar to where he had been living in, before he came here, the Island wouldn't even have a quarter of the size of Noble's and its facilities.

We would however have roughly the same number of GP's Dentists, Pharmacists and Opticians, because the provisions here are almost exactly the same as there is across, or indeed slightly better.

Mr Edwards emphasised that they would certainly not be providing the wide range of services, and in depth services that we provide here and at Noble's.

That said, he was adamant that one of the features of that, is that it led to almost endless expectations from the public and the professionals, with the health service completely disagreeing, and it continues to provide whatever people want it to provide, regardless of the appropriateness of having it here or somewhere else, and as he told the meeting, that is a continuing problem for this Health Service, as indeed it is for Health Services elsewhere in the world.

It was best perhaps summed up by a little exercise he had done last year when he looked at all the strategies that the Health Service had provided. To look at all the expectations that other people both inside and outside had expected the DHSS to do, and it came to 69, and that it had been demanded that they do it.

Now with the best will in the world he pointed out, there was absolutely nothing that they can do to answer all of those suggestions, it is neither affordable nor possible, for a community of this size.

So he emphasised that we had to accept some limitations and what the DHSS had to do, was prioritise.

That, he confessed, was what the DHSS are involved with at the moment.

It is about prioritization and about deciding what the Isle of Man wants its health service to do.

Mr Edwards said that it was very easy for him as an administrator in Crookall House to decide they should be doing this and they should be doing that.

It was quite easy for consultants in hospital to say we should be doing this and we should be doing that, the missing group in all this tends to be the Manx user themselves .

From experience elsewhere, he could say without a shadow of a doubt that when the DHSS actually take the time and the trouble to talk to the community, to ask them what their priorities are you almost invariably are brought up short.

As a manager and a clinician, in fact the demands you get are far more reasonable,

far more limited and far more to do with the way they do things than what they actually provide.

So that is why he told the meeting, they had started a consultation process, and they have been talking initially to all health rated groups on the Island. The Friends of the Manx Diabetes Centre were the 25<sup>th</sup> he had spoken to since the beginning of January. When he got to the end of that, he would be talking to the professional groups the consultants, the GP's the Nurses and so on.

The intention was that by the end of this year he would have a valid, agreed and widely supported strategy, for what the health service should be doing over the next five to ten years.

He made a request to the members of the Group for them to write to him with their thoughts.

He invited anyone that would want to put in their two pence worth to please write to Mr Norman McGregor Edwards, Director of Health, Strategy and Performance, Crookall House, Demesne Road, Douglas.

He will be sending the Group a copy of the Draft that will be produced when all representations had come to hand. He pointed out that so far the response he had had from other Groups had been overwhelming.

He then again challenged what the Chairman had said during his report, and a lively debate ensued.

He said that Audits were part and parcel of good clinical practice in every hospital in the developed world, including Nobles Hospital.

They were an essential part of performance management in ensuring that patients receive the best care possible.

For most professions he said, the undertaking of clinical audits is an essential part of their continuing professional development and as such should be welcomed, encouraged, supported and not treated with suspicion.

The Chairman reiterated his assurance that he supported any audit that did not have a hidden agenda.

Members joined in with questions that Mr Norman McGregor Edwards answered to their satisfaction.

The Friends of the Manx Diabetes Centre will in due course be providing Mr Edwards with a paper on their thoughts..

The Chairman thanked Mr Edwards for talking to the Group, wished him well in his new appointment and offered the Group's support in whatever endeavours the DHSS might want to embark on provided always that they were not detrimental to the Diabetic Patients on the Isle of Man.

**We do not have to prioritize our health services, we have to make better use of its finances.**

### ***Diabetes and the Pregnant Woman***

Since the arrival of Dr Khan as the Consultant Diabetologist and the appointment of Ann Birtles as the first and Senior Diabetes Specialist Nurse in 2000, there has been a bit of a baby boom amongst women who have Diabetes or have developed Diabetes during their pregnancy (Gestational Diabetes-GDM).

Since 2000, 65 babies have been born to women with diabetes including 4 sets of twins.



Mandy Buchleitner

In this article for 'The Diabetic' Mandy Buchleitner (Diabetes Specialist Nurse/midwife) explains how the service has developed, the care offered and the incredible amount of hard work and dedication the pregnant women put in to managing their diabetes before, during and after the pregnancy.

Dr Khan together with Mandy Buchleitner (from the Diabetes Centre) and Rhonda Ayles (Senior midwife with a special interest in Diabetes ) from the Jane Crookall run a fortnightly clinic at the Diabetes Centre, for women who are pregnant and those planning for a pregnancy.

Women can refer themselves directly to the clinic if they know they are pregnant or wish advice without being referred by a doctor.

The planning of a pregnancy is vitally important for women with Diabetes, not only is it very important that women take folic acid before they conceive but that women with Diabetes take a higher dose of folic acid to minimise the risk to the fetus and the development of the babies skeleton in the early weeks after conception usually before the woman knows she is pregnant.

The HbA1c measurement that you all have done to check how well your diabetes is controlled, should ideally hit that magical 6.5% mark that is so hard to achieve. In fact without doubt the pregnant women with diabetes have the best control in any clinic. Even hitting down to 5.5% a great testament to their commitment and incentive.

Any complications such as retinopathy and nephropathy need to be discussed and these may deteriorate during pregnancy if they already exist.

The only treatment for diabetes that is currently approved is insulin. So for women who take tablets to control their diabetes, need to change to insulin before they are pregnant or as soon as they realise they are pregnant.

There is however growing research to suggest that Metformin may be safe to use in pregnancy, and we may see in the future this option available for women with Type 2 diabetes. Other medications such as some blood pressure and cholesterol tablets are also not suitable in pregnancy and these are changed also.

Pregnant women with Diabetes check their blood sugars 4-6 times daily throughout their pregnancy, not many of us can say we can keep that up, The control in pregnancy is very tight aiming below 8mmol/l after meals and below 5.5 mmol/l fasting levels, not easy when you have morning sickness or may be chasing around after toddlers and getting the kids to school without going hypo.

The average pregnancy consists of 17 diabetes clinic visits, 5 Ultra sound scans, 6 visits to the obstetrician, 3 retinal eye photographs and 1,120 finger prick tests!! However the means justifies the end reward, the joy of a new born baby is always worth all the hard work the mum's put in.

Of the 65 babies born since 2000, 38 babies were born to women who did not have diabetes before they became pregnant.

The development of Dr Khan's guidelines for screening for high risk women in pregnancy has meant we have been much more effective at diagnosing and appropriately treating women who develop GDM.

Follow up and lifestyle advice these women have a large risk of developing diabetes later in life, changes they make now may greatly reduce this risk.

In March 2005 saw the publication of the National CEMACH report into pregnancy in women with Type 1 and Type 2 diabetes. This followed 3,808 pregnancies in England Wales and Northern Ireland that the Isle of Man took part, this is the largest study about pregnancy in Diabetes ever undertaken in the world.

The report has made a series of recommendations and set standards of care, the care offered at the Manx Diabetes Centre.

The Isle of Man also contributes data to a national audit of pregnancies in the North West, where the Manx statistics are very favourable with the best performing units for successful pregnancy and baby outcomes which we are very proud of, but are never complacent.

The generous donation from the **Friends of the Diabetes Centre** has enabled the purchase of a foetal sonicaid, which allows us to not only check the wellbeing of the mother with diabetes, but also allows her to hear the baby's heartbeat each visit she makes to the diabetic clinic, vitally important for checking the well being of the baby and so very reassuring for the mother.

2005 proved to be a bumper year with 21 babies being born, and 2006 promises to be a busy baby year with the clinic getting new faces month on month.

The Editor of *The Diabetic* wishes to thank Mandy for her tremendous exposition which shows how valuable, important and indispensable our Manx Diabetes Centre has now become, with it's up to date facilities and specialist personnel.

Without the Manx Diabetes Centre these women would not be able to avail themselves of the specialists and facilities at the Centre.

This just goes to prove how wonderful our Manx Diabetes Centre is, how expert our personnel at the Centre are, and how important our Manx Diabetes Centre is to the Manx Diabetic Patient and why we cannot diminish its role in our community.

**The patient left the hospital  
feeling much better, except for her  
original complaints  
recorded on a hospital medical chart**

## ***The Manx Radio Interview***

On the 3<sup>rd</sup> and 4<sup>th</sup> April last Dan Davies of the morning Talking Heads programme on Manx Radio, put out interviews with our diabetic personnel at the Manx Diabetes Centre, which were set up by the Friends of the Manx Diabetes Centre.

There were two 15 minute programmes on these consecutive days.

In the first programme Dr Emran Khan, Julie Maddrell and Sue Christie took part.

Mr Davies opened the batting by asking Dr Khan why he felt it was important to offer a full range of services in one place.

Dr Khan was of the opinion that it was really wonderful to have developed such an excellent service, he was very proud of his team, and how they had been able to come from a very small service to what they are now.

He emphasised that a multi-disciplinary team approach to patients, where they all put in their share of a package of care for what patients required, was essential.



Dr Emran Khan and Mr Dan Davies

We have grown he said, as the requirements have grown, and as diabetes is increasing, and the standards are increasing, we have grown so that we can fulfil the standards set by the National Framework, and by achieving them, he thought that they had done much better than many places in the United Kingdom, and was very proud of that.

Dr Khan hoped to be able to continue to provide this service that the Manx People deserved.

Mr Davis wanted to know if whether the care in diabetes in the UK can sometimes be something of a lottery.

Dr Khan replied in the affirmative, but on the Island, he pointed out, we are lucky that it is a small Island, and though people sometimes find difficulty travelling even these small distances, they were able to give everyone the same quality of service by the same Team.

The patient tended, he said, to see the same people every time they attend the Centre, rather than as in a bigger hospital where they find a different face and a different person every time, and they don't develop that relationship with their physician or their nurse.

He emphasised that it is very important to get to know your patient, and the patient to get to know their carer, as then they trust each other and the care gets better. At the Manx Diabetes Centre this service was being provided.

Mr Davis enquired as to how important education was to the diabetic patient, as part of their ongoing treatments.

Education said Dr Khan, is the foundation of diabetes care, because it is a chronic illness and it does not go away.

It is not once you give education to a patient, it has to be repetitive, again and again, keeping people motivated and encouraged to look after their health, because diabetes is a painless illness, it doesn't let people know that there is something wrong with them, and they have to be constantly reminded.

He said, it is, as he tells some of his patients, like a pension scheme, you put in money at an early stage of your life, look after that, and then when you grow older you get the benefits.

Mr Davis brought up the question of those people that are undiagnosed who according to estimates are equivalent to the number of people diagnosed and how

would Dr Khan get these people to attend the clinic or even speak to their GP?

Dr Khan then pointed out that this was really not the Manx Diabetes Centre's role.

The Centre only looked after patients once they have been diagnosed as diabetic. There was a large number of the population out there who are not aware that they are diabetic. This was being looked after by general health care, and public awareness. He felt that the GP's were doing an excellent job with that, and it was the Radio and the T.V. increasing awareness, that if you are over the age of 40 and are overweight, you have a family history of diabetes, you should get yourself checked.

He pointed out, that many of the local pharmacies are providing a service to have blood sugars checked and to pick up this very important disease early, so that things can be done about it.

Dan Davis then spoke with Mrs Julie Maddrell.

Mrs Maddrell explained that she was a podiatrist employed in primary care and that she was seconded to the Manx Diabetes Centre, to provide podiatry care on clinic days, which involved assessing patients.

As a knock on from that she also runs a foot ulcer clinic at the Centre, and the podiatrists also cover a drop in clinic. However her main role she pointed out, is to try and bring primary care, which is the community side, and the hospital side together, so that the patients who are in community or in the hospital are getting the same level of podiatry care.

Dan pointed out that when he had started researching the programme he had not realised that Podiatry and foot care had such a big part to play in diabetes care.

Julie then told him that diabetics can have a whole range of complications.

Some of these complications don't start to show until perhaps a bit later on when they have had their diabetes for a few years, or if they have had poor control for

quite a number of years. Whilst this poor control is going on it can cause damage to the small blood vessels and the nerve endings to the feet.



Mrs Julie Maddrell and Mr Dan Davies

She said that they quite often end up with patients that have perhaps no feelings in their feet, so if you or I, she told him, had a little stone in our shoe, we would feel that, and we would remove it, but some diabetics don't feel that and they can walk around totally unaware of the damage that is happening or with a shoe that is rubbing. This combined with the poor circulation can ulcerate and they could have difficulty with healing.

She was most emphatic that good control of the patient's diabetes is pertinent to preventing some of these complications.

Good foot care, foot aware advice, and regular assessments can go a long way into helping minimise these problems, and this really was the aim of the Podiatry Department.

The conversation then dwelt on the digital cameras that had been presented by the Friends of the Manx Diabetes Centre, and Julie said that that had been a great asset.

She did point out that at the Centre she used cameras for documentation of wounds or ulcerations that may happen, as sometimes they may take a while to heal and a picture can tell a thousand words, as

you could actually see the improvements or otherwise..

When her colleagues are out in the field it is very difficult if they are discussing it over the phone. So the cameras presented will enable colleagues to go out into the field and come back with pictures from which, they can then assess the situation and give the patient the best possible care in trying to heal the wound.

Next it was the turn of Sue Christie the Dietetic Manager at the Centre who was asked how important was a good diet in the management of diabetes.

Sue explained that this was the corner stone of all the treatment, and that if you were to get that right, then everything else fell into line, it was a critical part of all the treatment.

She said that in principle a diet for a Type 1 and a Type 2 diabetic was the same, a healthy diet, high in fibre, regular carbohydrates, low in sugar, low in fat, as we all should be eating.

Obviously a Type 1 diabetic on insulin requires perhaps a closer attention to the distribution of the carbohydrates during the course of the day, but generally she was of the opinion that the principals were the same.

Mr Davis wanted to know if she had found change in the dietary management of the diabetic during the past five or ten years.

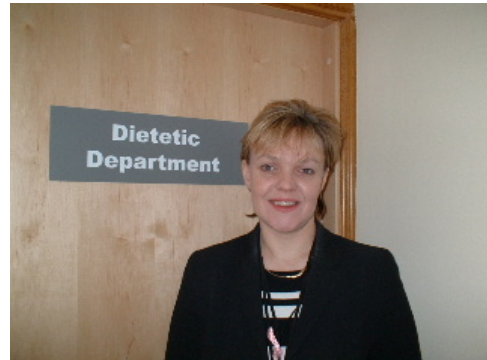
Sue felt that there had been a return to closer attention being paid to carbohydrates and its importance.

Five or ten years ago they were returning to a general healthy eating slant. So was eating lots of carbohydrates. She thought that over the last few years dieticians have realised that it still needs to be a controlled quantity of carbohydrates for diabetics. The high fibre was still important in its management with patients.

How difficult is it to persuade people to eat healthily, was the next question.

To which Sue replied. "Initially it is quite easy because they are very motivated, they have been given a shock

being diagnosed with diabetes. The problem seems to come a few years into the diagnosis when they become a little complacent, or they realise that it is a diet for life".



Mrs Sue Christie

She felt that it was just like any diet, it is vitally important, but it did not mean that the patients cannot eat a little bit of what they like, every now and then.

Dan pointed out that there was a massive upsurge in diabetes in children, this being due to an unhealthy diet, which is too much sugar, in sweets, in snacks, and food generally. He wanted to know if there was any way in which people can try to reduce that.

Sue sadly said that it all depended on the children's weight, she felt that we were seeing a huge increase in child obesity that is causing the increase in Type 2 diabetes in children.

She thought it was the problem with sweets snacks and high fatty foods that children are now eating, coupled with a sedentary life, the more computer games and the less outdoor games they are playing with very little exercise. It was everyone's duty to encourage the children to exercise regularly, and to eat a more healthy balanced diet.

The next question was "What benefits do you think the centre brings to this rounded approach as opposed to you going out to see a patient once every month"..

Sue was adamant that it was great to have the whole team at the centre, they

used each other very effectively in terms of support and it was useful to have the nurses on site, and the Doctors regarding medication and preventative treatments and the advice of podiatrists.

It is a coordinated approach. She said that in her experience, during her dietetic career she had worked in lots of places, but the Manx Diabetes Centre is particularly effective, and emphasised that the multi-disciplinary team based at the centre was very very valuable.

Sue was of the opinion, that the diabetic patient gets an extremely good service on the Isle of Man.

Dan then told Sue that Julie had mentioned that she can sometimes pick up problems at the early outset, which the patients themselves may not have been aware of. He wanted to know if that was the case with dietetics.

“Absolutely” was the unequivocal answer, “It is all about picking up problems at an early stage”.

The following day was the turn of The Chairman of the Group and Dr Geoff Gill the Consultant Physician, Lecturer in Diabetes Endocrinology and Reader in Medicine at the University Hospital Aintree, and the Diabetes and Endocrinology Directorate at the Diabetes Centre at Walton Hospital, who had described in the late 1990’s the facilities that the system that the DHSS was providing with care in the community, and without a proper fully operating Diabetes Centre, as tantamount to being in the dark ages of diabetes care.

Mr Ramagge brought to the notice of Dan Davies the number of people that had been given appointments at the Centre during the past year.

He said that The Diabetes Centre issued 2,502 appointments to the diabetic clinic, of which 204 were new patients.

444 appointments for their endocrine clinic

The dieticians issued 3,821 appointment.

The Podiatrists issued over 1,000 appointments to patients, and 993 patients had a retinal photograph taken at the centre.

This he said means, that a total of 8,760 patient appointments were issued to patients to attend the Manx Diabetes Centre for one discipline or another during 2005.

The Chairman then posed the question as to what all these people did when there was no Diabetes Centre, a Diabetic Centre that we cannot now do without, and that we can in no way diminish its role in our community.

We have a Diabetic Centre, he emphasised, simply because we have to pre-empt the problems that exist with diabetes, and not wait until such time as there are problems, and then send them to a Diabetologist to sort out, because at that point, the Diabetologist will not be able to sort them out, it would be too late.

Dr Gill then enumerated the causes of Diabetes in the population, and explained why a sedentary lifestyle coupled with obesity played a major part in the development of Diabetes in the young, which was a lot to do with weight and inactivity.



Dr Geoff Gill

He explained that he had first come to the Island in 1999, when there was no Diabetologist or a Diabetes Centre as is today. He said that he had come

intermittently, to advise and see patients with difficult complications.

Since the advent of the appointment of Dr Khan and the first Diabetes Specialist Nurse, he said that the service had grown and is now a lovely separate build Diabetes Centre, with a very comprehensive team of Nurses, Dieticians Doctors Podiatrists etc to look after the Manx population.

It was incomparable he pointed out, the growth over the past six or seven years from a rudimentary non specialist service, to a state of the art specialist based service, and in his estimation, it was excellent.

Dr Gill said that those in his profession regarded themselves as a team based group, with expert specialities.

He was of the opinion that there was evidence that just going to see a doctor about your diabetes will help, but that it was not the best, and that Diabetologists, Specialist Nurses, Dieticians and Podiatrists form a specialist team under the one roof.

He emphasised that a Diabetes Centre consists of a whole group of experts with their own contribution to make who really contribute to the holistic approach to diabetes.

There are studies said Dr Gill, that show that if you involve teams, it does work, and the likelihood of developing complications is much less than what was called in America, an office based system, where you go to see a Doctor every now and again, and that's it.

He was emphatic that there was pretty convincing evidence that the multi-disciplinary team approach really did work.

He reiterated the fact that when he originally came to the Island the diabetes service was one of the worst, and that it was very very behind the times.

But that now, in terms of structure, the Manx Diabetes Centre was better than anything that they had on Merseyside, and that it holds its own with mainland based services.

The Friends of the Manx Diabetes Centre would like to take this opportunity to thank Manx Radio for putting out the two programmes and thereby highlighting the invaluable services provided by our multi-disciplinary team at the Manx Diabetes Centre.

We would also like to personally thank Dan Davies for his patience and research and for so professionally putting together two most informative, educating and illuminating programmes on the workings of our Manx Diabetes Centre.

The intervention of our professional experts both from here and from abroad, more than qualifies the necessity of a comprehensive specialist multi-disciplinary based team at the Manx Diabetes Centre with up to date facilities.

For the sake of our Manx Diabetes Patients, the facilities and our multi-disciplinary team at the Centre needs to be increased and enhanced and not in any way diminished.

### ***The "In Touch" DHSS Magazine***

***We have entered into an agreement with "In Touch" Magazine, a DHSS newsletter publication, for the use of some of their articles in THE DIABETIC***

***All articles that THE DIABETIC will use will be properly identified as theirs.***

***We have pleasure in starting our collaboration this quarter.***

***We are most grateful to the DHSS for agreeing to our request and in particular we would like to thank Mr David Killip, Ms Jan Mellows and Ms Elaine Williamson for their help and collaboration.***

***THE DIABETIC is sure that this will be a most productive arrangement for both our publications***

### ***Audit Completed of Blood Glucose Meters***

Alex Turner - Ascencia Territory Manager for Merseyside and Cheshire (Bayer Diagnostics), visited the Diabetes

Centre at Noble's Hospital on Thursday 6<sup>th</sup> April.

Her visit was arranged in order for her to bring the results of a recent audit of Blood Glucose meters used Hospital wide in all the wards and departments.



Staff on Ward 2 receive a bouquet of flowers from the diabetes team on behalf of Bayer who carried out the recent audit of glucose meters.

Congratulations to the staff on Ward 2 who were presented with a bouquet of flowers in recognition of showing an excellent improvement in results in regard to demonstrating the correct use; quality control and care of the meter(s) in this area.

The audit results are at present being sent out to Senior Nurses/Clinic General Managers of each Directorate.

Whilst here, Alex took the opportunity to update training for the staff at the Diabetes Centre in the use of the DCA 2000 HbA1C analyser.

This piece of equipment has been invaluable since it's installation at the Centre in 2004 to assist in effective management of diabetes for those patients who have been unable to have blood tests done prior to appointments e.g. at ante natal clinics, and for those requiring frequent visits, where complete screening is inappropriate.

This point of care HbA1C test takes 6 minutes per patient; the result gives an overview of blood glucose control over the past 8 to 12 weeks.

*The above article was supplied by courtesy of "In Touch" Magazine a DHSS newsletter publication.*

The DCA 2000 HbA1C analyser was bought from Bayer by your Group and was presented in 2004 to the Manx Diabetes Centre by the Friends of the Manx Diabetes Centre at a cost of £3,000.

### ***The Coffee Morning***

The Friends of the Manx Diabetes Centre and MAWCH held a coffee morning at the Castletown Civic Centre on Saturday 8<sup>th</sup> April last.

It proved a very well catered for event and we are very grateful to all those who turned up, participated and supported the coffee morning.

The ladies of both Groups are to be congratulated for their efforts in making a resounding success of the event.

MAWCH is the Manx Association for the Welfare of Children in Hospital.

In 1986 the Manx Association was formed and registered as a Charity in the Isle of Man.

It very quickly established a tradition of combining a campaign for improved hospital facilities, attitudes and practices with practical help for parents so that no sick child need be without the support of a parent, day or night.

Their funds come from the annual '**Frog Frolic**' race held each year in early summer in Castletown, and the generous donations from members and the general public.

Donations to the Children's Ward have included, amongst other things, fold up beds to enable parents to stay with their sick child.

Assistance with travel to and from hospital and off Island subsistence is also available for local parents.

If you want to help sick children and their parents, MAWCH is the Group to join.

Please contact Sue Cain the Chairman on tel. 836509: The Treasurer Denis

Blackwell tel. 814607 or the Secretary Jenny Turner 822634.

The Friends of the Manx Diabetes Centre wish them well and look forward to any collaboration MAWCH may wish to do with us in the future.

The event raised £256 for each of the two groups.

### ***The New Disability Bill.***

The New Disability Bill has had its third reading in the House.



Mr Steve Rodan Minister for Health and Social Security

As this Bill has been steered through the House by the Minister for Health and Social Security, we approached Mr Steve Rodan for his comments.

He explained that it was anticipated that once the legislation has passed through the branches of Tynwald and received Royal Assent, that the different parts of the Bill will be introduced over a five year period.

The timing of other departments, he said, in bringing in their parts of the Bill is a matter for discussion and will take place once the primary legislation has received Royal Assent and the relevant Departments have had a chance to consider the necessary secondary legislation and guidance that need to be introduced.

Each Department he pointed out will have its own timeframe within which they can achieve the objectives of the act and that will become clear during the development of secondary legislation.

The only amendment to the Bill has been a technical one, changing references to the ‘Chronically Sick and Disabled Persons Committee’ to ‘Tynwald Advisory Council for Disabilities’ which is going to be their new name.

We asked for a quote from the Minister and Mr Rodan said “I am pleased to report that the Bill has received all its readings in the House of Keys, with unanimous support.

This is a far reaching, and long overdue, piece of social legislation for the Isle of Man, which will make discrimination on grounds of disability unlawful.

Those providing goods and services, and facilities to the public, will be obliged to offer such to disabled people to the same standards, with a statutory duty to ‘make reasonable adjustments’ to ensure a disabled person can make use of any service.

It should be noted he said that discrimination in relation to employment will be dealt with by separate legislation coming from the Department of Trade and Industry.”

We are most grateful to the Minister for Health and Social Security Mr Steve Rodan for his collaboration and contribution to *The Diabetic* and thank him for taking of his valuable time to talk to us.

### ***The Friends of the Glens***

The Friends of the Glens is a small Manx registered charity interested in the public enjoyment and management of our Manx National Glens.

A core part of their work is the promotion of public access, which is why they are launching the Glen Helen “Access for all” project.

Glen Helen, they claim is on a fairly level site and thus ideally placed to upgrade access to allow everyone to this wild glen, river and waterfall.

They envisage the project will be to create an all ability path from the car park

to the waterfall, a distance of some 1,200 metres, on the site of the existing main path.

This will create the most significant all ability countryside access on the Island and they are looking for the help of local groups to advise them on the needs of people who would find normal countryside routes difficult or impossible to use.

They need help and suggestions with car parking issues, path layout, seating, information, materials and facilities or other issues related to access.

They also want contacts who can help with fundraising efforts for the project.

Their fundraising target for the project is £50,000.

The Friends of the Manx Diabetes Centre were approached for ideas, and amongst others we have suggested to them, that they approach the Government for a grant.

The Government gives grants for housing, holiday cottages and hotels etc to improve local tourist infrastructure amenities, and if the Government gives these grants for private improvements, then what better than to ask them for a grant to **IMPROVE the ISLE OF MAN**.

For further information regarding this project of the Friends of the Glens and if you feel you can help, please contact Andree Dubbeldam on tel: 01624 845646 or e-mail [admin@mansglens.org.im](mailto:admin@mansglens.org.im)

### ***Presentation to the Manx Diabetes Centre,***

Following on the motion presented by Mrs Eve Berridge at the AGM and the debate that ensued we are grateful to the Director of Health, Strategy and Performance for volunteering to try to help out with the problem.

However in an effort to give him breathing space to arrange the necessary, Mrs Jan Ramagge personally purchased 900 sachets of sweeteners for the Manx Diabetes Centre waiting Room.

A presentation of the sweeteners was made the following day (Friday) to the Manx Diabetic Centre Staff and the Director of Health Strategy and Performance duly apprised of the situation.

We thank Mr Norman McGregor Edwards for his kind offer of intervention on the matter.



Presentation to Staff at the Centre.  
Chris Howland, Dorothy Metaxas and  
Amy-Louise Harris

### ***Updates***

#### ***Car seats.***

Almost 300,000 Children in America are becoming so overweight that they now do not fit into a car booster seat.

A team from Ohio State University claim that manufacturers of the safety seats have failed to keep up with the obesity epidemic gripping the United States.

It means that an estimated 300,000 youngsters under the age of seven cannot fit into most child safety seats on the market, that cost in the region of £138 each. The study is published in the journal Paediatrics.

#### ***Catastrophe in 10 to 20 years***

Figures coming out of research in the UK show that there are almost two million school children overweight and some 700,000 are now obese.

The study shows that more than a quarter of girls and over a fifth of boys are

fatter than they should be which puts their health at risk.

All over the UK over 160,000 children are showing signs they could develop heart disease and experts say that over 150,000 have high blood pressure and unhealthy cholesterol levels, and up to 1,000 children could be suffering from diabetes because of soaring levels of obesity.

The warning is that without action the effects could be catastrophic in ten to twenty years from now.

The message is that we have to work on prevention.

This message also applies to our own DHSS.

Prevention is better than cure.

### ***Obesity test for four year olds at School***

A nanny state row has erupted as schools in the UK have been told to weigh children at the ages of four and then at ten, with their parents warned if they are too fat.

The plan triggered an angry response that the Government is trying to dictate the size of children.

Ministers in the UK are understood to be studying a trial scheme in the USA which uses three letters to parents, one that the pupil is within healthy limits, the second raising concerns they may be getting out of shape and the third warning that the child is obese.

Thirty three per cent of boys and thirty five per cent of girls are estimated to be too heavy.

School medicals were introduced at the turn of the century, but now only a handful of state schools and some independents do them.

Maj Gen Bui Quoc Huy, Ho Chi Minh City's Police  
Commander

**If we sack officers for corruption,  
we will be seriously short of staff.**

### ***New Art Therapist for Disabled Children***



Emily Noden began her role as Art Therapist for the Children and Families Support Team, Social Services Division in February 2006.

This is an exciting development in services for disabled children of all ages, primarily based at the new Children's Resource Centre in Braddan.

Emily recently graduated from Queen Margaret University College, Edinburgh with an MSc in Art Therapy. Prior to this she received a BA Hons in Art and Design from Central Saint Martins College of Art and Design, London.

She has worked in various capacities with children, young people and families and her experience includes working in family centres on the island and in Central London, and many years working with Crossroads Caring for Carers on their Special Needs Holiday Schemes.

She has also worked in schools, supporting pupils in both mainstream education and in Learning Support Units.

During her Art Therapy training she carried out therapeutic placements in a primary school and a Child and Family Mental Health Service at a Children's Hospital in Edinburgh.

In her new role Emily will provide therapeutic services for disabled children who present a variety of social, psychological and physical difficulties.

The aim of the Art Therapy service is to enable and encourage children and young people to explore their lives and express

their emotions in a safe environment, using art materials as a tool for communication.

Emily will focus on ensuring that the service is as flexible and accessible as possible for each child, providing them with an individual means of self-expression. Her aim is to offer therapy in a variety of settings, providing a space appropriate for each individual; within the Children's Resource Centre in Braddan or Ramsey, in schools or in residential or private homes, where appropriate.

For further information please contact

**Emily** on **687036**, or

**Emily.Noden@gov.im**

*The above article was supplied by courtesy of "In Touch" the DHSS staff Newsletter publication.*

### ***English as she is spoken***

You think English is easy? Can you read these right the first time?

- 1) The bandage was wound around the wound
- 2) The farm was used to produce produce
- 3) The dump was so full that it had to refuse more refuse
- 4) We must polish the Polish furniture
- 5) He could lead if he would get the lead out
- 6) The soldier decided to desert his dessert in the desert
- 7) Since there is no time like the present, he thought it was time to present the present
- 8) A bass was painted on the head of the bass drum
- 9) When shot at, the dove dove into the bushes
- 10) I did not object to the object
- 11) The insurance was invalid for the invalid
- 12) There was a row among the oarsmen about how to row
- 13) They were too close to the door to close it
- 14) The buck does funny things when the does are present

15) A seamstress and a sewer fell down into a sewer line

16) To help with planting, the farmer taught his sow to sow

17) The wind was too strong to wind the sail

18) Upon seeing the tear in the painting I shed a tear

19) I had to subject the subject to a series of tests

20) How can I intimate this to my most intimate friend

Let's face it English is a crazy language. There is no egg in eggplant, nor ham in hamburger, neither apple or pine in pineapple.

English muffins weren't invented in England, or French fries in France. Sweetmeats are candies while sweetbreads which aren't sweet, are meat.

We take English for granted but if we explore its paradoxes, we find that quicksand can work slowly, boxing rings are square and a guinea pig is neither from Guinea nor is it a pig. And why is it that writers write but fingers don't fing, grocers don't groce, and hammers don't ham.

If the plural of tooth is teeth, why isn't the plural of booth, beeth? One goose, two geese. So one moose, 2 meese? One index, 2 indices. Doesn't it seem crazy that you can make amends but not one amend?

If you have a bunch of odds and ends and get rid of all but one of them what do you call it?

If teachers taught, why didn't preachers praught? If a vegetarian eats vegetables, what does a humanitarian eat?

All the English speakers should be committed to an asylum for the verbally insane.

In what language do people recite at a play and play at a recital? You ship by truck and send cargo by ship. Have noses that run and feet that smell? How can a slim chance and a fat chance be the same, while a wise man and a wise guy are opposites?

You have to marvel at the unique lunacy of a language in which your house can burn up as it burns down, in which you fill in a form by filling it out, and in which an alarm goes off by going on.

English was invented by people, not computers, and it reflects the creativity of the human race, what did I say? the human race is not a race as all. That is why when the stars are out they are visible but when lights are out they are invisible.

Incidentally why doesn't "Buick" rhyme with quick?

Any and all other suggestions are welcomed.

### ***The Chronically Sick and Disabled Persons Committee Public Meeting.***

The Chronically Sick and Disabled Persons Committee held their annual public meeting for Groups on the Isle of Man on Monday 22<sup>nd</sup> May last, at Mersham Court, Victoria Avenue, Douglas.

In welcoming the representatives of the many Groups present to the meeting, the Chairman of the Committee Mr Tony Brown, introduced his Committee and gave a run down as to who would be addressing the meeting.



The Committee

He went through the functions of the Committee and explained its activities during the past year, in particular their visit to the wild life park, when they experienced the facilities that existed for

disabled people, which they found to be excellent.

He said the Committee was there to provide information and support for the Groups.

He dwelt on the annual report and the newsletter that they produce twice a year, which he pointed out was sent to all organisations, and informs groups of what his committee had been doing during the year.

To be advised as to what was going on they regularly met with members of departments to get briefed, and that helps them to get a better understanding of some of the issues they are pursuing.

He told the meeting that they are there to help the Groups as much as they could, but they were limited by statute as to what they could actually do.

So at the end of the day the groups themselves would probably have to do things with their support.

We are there to promote a better understanding of the service for those that need support, he said

He then introduce Linda McCauley who had been working with DisabledGo

Ms McCauley explained what had led up to the agreement with DisabledGo. She said that they have a three year contract with them to produce and maintain the information on the website.

This was now up and running and had been launched in February last.

The audit had taken four to six weeks and DisableGo had trained six people.

The website had been improved in the last weeks with a system of improved maps.

She was of the opinion that it had proved most successful, and since its inception last February, there had been 37,000 hits on the site, proving that there was a need for people on and off the Island to access the information.

However she said that they were not complacent, they wanted to make it better and improve on what had already been started.

A questionnaire had been circulated to those present which she hoped would be completed and returned so that they can get the thoughts of the Groups present.

Mr Brown then called on the Director of Health, Strategy and Performance to address the meeting.

Mr McGregor Edwards then explained what his role in the DHSS was. (see our lead story), which we have already covered.

The Chairman then invited everyone to identify themselves which was duly done.

Then there were questions from the floor raging from leaflets for the discharge of patients from hospital with information as to Groups that they could contact for help to a requirement for Trustees for one of the Groups.

The Chairman of the Friends of the Manx Diabetes Centre, thanked the Chairman and Committee of the Chronically Sick and Disabled persons Committee, for their help in trying to get the Prosthetic and Orthotic Departments to hold clinics on the Island on a weekly basis and not at three weekly intervals.

Pointing out that though the Committee had written to the DHSS in July last, ten months had elapsed with very little response from the DHSS, but he hoped that the Committee would continue to press for a resolution to the problem.

He reminded them that there was a question in the Keys from Mr John Houghton MHK on this very issue and hoped that the MHK's on the Committee would support the question.

Mr Brown emphasised that his committee did not give up on issues.

This was supported by Mrs Brenda Cannell MHK, who reiterated that they do not give up on what they had started, and that they would continue to pursue the question that the Chairman had raised.

The meeting was very well attended. Food was served on arrival, with tea and cakes at the conclusion of the meeting.

## ***The AGM.***

The AGM of the Friends of the Manx Diabetes Centre took place at Keyll Daree on Thursday 4<sup>th</sup> May last.

The Meeting was well attended with many members of the Manx Diabetes Centre present.

The Minutes of the 2<sup>nd</sup> AGM were unanimously approved and were signed by the Chairman.

The Chairman presented the accounts and detailed revenue, expenditure, and the balance sheet. The accounts had been circulated prior to the meeting, and they were unanimously approved.

The Chairman then gave his annual report.

He pointed out that last year had been a year of consolidation and explained the recognition that other Groups and Institutions now bestowed on the Friends of the Manx Diabetes Centre, with invitations and participation. This he said confirmed the firm entrenchment of the Group at the cutting edge of Diabetes care on the Isle of Man.

He thanked all those that had made donations during the past year, and informed the meeting that the Group had made presentations of 4 digital cameras to the Podiatry Department and an Audio Doppler to the Antenatal Clinic.

He extolled the achievements of the Group's Newsletter and as over 250 units were being printed quarterly with the number rising, members had requested, in order to save monies, to pick it up from our website rather than being posted to them.

(If you are on the net and don't get the Newsletter that way, please let Jan know so that she can make arrangements for you to pick it up from our website.)

We have reports he said that the website is being visited and read all over the world

The Newsletter he told the meeting carries the fight for the Manx Diabetic Patient without fear or favour.

He thanked Harry at Feegans Lounge for maintaining the website to such a high standard.

He invited the DHSS, if they had not already done so, to pick up the statistics on the Island diabetes problem as published in our September Newsletter.

The Chairman then informed the meeting that the DHSS Focus Group had invited the Friends of the Manx Diabetes Centre to participate at one of their meetings.

At their request, the Group had presented a written comprehensive analysis for the improvement of the present discharge process from Isle of Man hospitals.

The Chairman then went on to enumerate the Prosthetic and Orthotic problems that disabled diabetic patients were experiencing with the three weekly clinics, through no fault of the medical personnel.

He went through the steps that the Group had pursued the issue, in an endeavour to try to resolve it.

The Chairman explained that he had brought in the help of The Chronically Sick and Disabled Persons Committee, who he thanked for their help, and who wrote for the first time to Mr Killip the Chief Executive Officer of the DHSS, on 29<sup>th</sup> July 2005.

He then enumerated the correspondence that had emanated from the Chief Executives Office. To cut a long story short ten months had elapsed without the matter being resolved, though your Group has vigorously pushed for a resolution.

In one of his meagre replies, Mr Killip did say, following a suggestion from the Chronically Sick and Disabled Persons Committee, on the 17<sup>th</sup> February 2006, that the DHSS were going to do an audit.

That is the last the Group had heard from Mr Killip.

The Chairman pointed out that in a question in the House from Mr John Houghton, the Minister confirmed that these departments cost the DHSS

£332,750 per annum, and that they had done 35 visits last year.

The Chairman suggested that they should have an Island based Prosthesis and Orthotics Departments and it would not cost more than what they were spending at present, with the added bonus they would be here all the time.

The Chairman promised the meeting that the Group would not let matters stagnate, but would pursue the question of the personnel of these two departments holding clinics for a day or two every week., instead of once every three weeks.

He then pointed out that the Friends of the Manx Diabetes Centre were not all take take take they also proposed to the DHSS sensible alternatives and constructive suggestions.

During the course of the year they had proposed a system of Insurance to the DHSS to bypass the E.111 which would wipe out their deficit.

The Group had also provided the DHSS with a comprehensive paper that would do away with waiting lists overnight.

The Chairman then thanked the multi-disciplinary team at the Manx Diabetes Centre for their wonderful and onerous work during the past year.

He pointed out that the DHSS were doing a Audit at the Centre and hoped that this would be done by diabetologists from across the water.

It had been mooted to him that the DHSS was toying with the idea of diminishing the role of the Manx diabetes centre, and reverting to the old system of care in the Community, which had not worked before.

The Chairman was most forceful in his exposition, and told those present that what worked was a properly staffed multi-disciplinary team of specialists, in a diabetes orientated centre backed by our GP's, not the other way around.

He pointed out that the Centre had issued 8,760 Patient appointments in 2005 and there was no way that after 28 years of fighting for a Diabetes Centre he would

allow the dispersing of the diabetic patient into the community and spreading the diabetic problems to the GP's.

The GP's were doing a wonderful job, and of course they certainly had a role to play, but he emphasised, they must be the front line in diagnosing diabetes, but it was the Manx Diabetes Centre, with its expert specialist personnel that had to do the actual caring.

He then enumerated what Dr Gill had said in his Manx Radio interview (see Manx Radio Interview).

Dr Gill had emphasised that in the late 1990's diabetic care on the Isle of Man was in the Dark Ages.

He had pointed out that now, the Manx Diabetes Centre was excellent, and that it was better than anything they had on Merseyside, and that it held its own with mainland based services.

The Chairman was most emphatic that the Group and their friends in the House would not in any way see the Manx Diabetes Centre despoiled on non medical whims.

He asked all members to contact their MHK so that any interference with the Manx Diabetes Centre to revert to care in the community, which had not worked before, will not be tolerated.

He reiterated as he put it, for non believers, that care in the community had not worked before and the Manx people will have no truck with any interference with what diabetics enjoy today.

He reminded everyone that we are a Nation and as such we do our thing our own way and not as others may want us to do it, and we should not follow systems that work in other places just for the sake of it, and blindly accept whatever others think is good for us.

In closing he promised that The Friends of the Manx Diabetes Centre will make sure that the Manx Diabetic Patient continues to enjoy the best diabetes care at out Manx Diabetes Centre, not as a concession, but as of right.

The Chairman closed by thanking Mr John Houghton MHK our Trustee for his wonderful intervention in the House and Tynwald on behalf of the Manx Diabetic Patient.

The Motions at (a) That the Committee were empowered to spend whatever necessary on equipment as required by Dr Khan.

(b) The change of membership fees to run concurrent with our accounting year.

(d) And the re-election of our Accountants Messrs Horwath Clark Whitehill Audit LLC were all approved unanimously.

(c) Our three Trustees Dr. R Bourdillion, Mr John Houghton MHK, and the Rev John Guilford had signified their intention to stand for re-election, and were unanimously duly re-elected for a further period of three years.

The Chairman then said that he had received a further motion from Mrs Eve Berridge reading, "That the Group buys sweeteners for the waiting room at the Manx Diabetes Centre for the coffee and tea machines, as the DHSS only supplies sugar for the diabetic patients in the waiting room".

A lively discussion then ensued as this was a departure from our normal activities. At this stage Mr Norman McGregor Edwards, The DHSS Director of Health, Strategy and Performance intervened suggesting that the Chairman write him with the request.

This was the course agreed.

The following officers were elected unanimously.

Mr. Henry J Ramage, Chairman

Mr Jerry Ludford-Brooks Deputy Chairman/Treasurer.

Mrs Jan Ramage Secretary/Membership Secretary.

Committee members:

Mrs Doroty Mataxas

Mrs Margaret Bailey

Mrs Brenda Williams.

Mrs Marion Ogden.

(After the meeting Mr Michael Lerwin asked to come on the Committee and this was agreed).

Dr Alison Blackman stepped down from the Committee but agreed to stay as Advisor to the Group.

The Guest Speaker at the AGM this year was Mr Norman McGregor Edwards the DHSS Director of Health, Strategy and Performance.

However because he merits a piece all to himself, we have pleasure in presenting what he said as our lead story in this issue.

We must however point out that Mr Edwards did challenge the Chairman on what he had said, regarding the Manx Diabetes Centre, and a lively debate ensued between them, during which Mr Edwards assured the meeting that the DHSS contrary to what the Chairman had suggested, had no hidden agenda for the Manx Diabetes Centre to have a diminished role to its present function in our community. The Chairman thanked Mr Edwards for his assurance.

The Chairman then closed the meeting but not before reminding those present that the next AGM would take place on the Thursday 3<sup>rd</sup> May 2007.

### ***Disabled Facilities.***

This picture depicts there are disabled facilities on this beach in Spain, as seen and taken by one of our members whilst he was on holiday there.



Sign seen on Spanish Beach

If the Spanish Authorities are able to make beaches disabled friendly why can't our pertinent authorities provide disabled friendly parking spaces for the Manx disabled person, without a pole in the middle of the bay so that if they park properly they can't get out of their cars because they can't open the door?

Surely it cannot be all that difficult to move the poles that should not have been placed there in the first place.

### ***The Last Laugh***

A couple are woken up in the middle of the night by their doorbell ringing.

He puts on his dressing gown and goes downstairs.

He opens the door and there is a drunk leaning against the doorbell.

"Can I help you" asks the indignant owner of the house.

"Yees pleeease" slurs the drunk, "Can you giv us a push".

"Listen mate, it's the middle of the night, so increase and multiply" and he slams the door in his face.

When he got back to bed, his wife wanted to know what had happened. After he had explained, she said to him, "You have been very off handed with the poor man, remember the time our car broke down, if it hadn't been for those nice people who gave us a push and helped us we would still be there. So go down and help him".

He gets out of bed, gets dressed, goes downstairs and opens the front door. It is pitch black outside, so he shouts, "Are you still there?"

The slurred voice comes out of the darkness "Yees"

"Do you still need a push?"

"Oh yees pleeease" comes the reply.

"Where are you?"

"I'm sitting on the swing"

To join us complete the enclosed form or ring Jan on 01624 613702