

## **The Friends of the Manx Diabetic**

Caarjyn Lught Vannin Yn Chingys Millish

**GP's in the UK are reported to have misdiagnosed 100,000 patients with diabetes using the same Pathway as Minister Anderson avidly embraces for the Isle of Man.**

### **The Chairman's Comments to Minister's Reply**

Answers to the reply from the Minister for Health, as contained in his Reply letter of 21<sup>st</sup> February 2011

To the questions posed by the Chairman in his report dated and Presented to Minister Anderson on 3<sup>rd</sup> February 2011

### **Extra Costs to the Government.**

Implementing the Department of Health's proposal for 'Care in the Community' for the disciplines not included, according to Minister Anderson, will cost the Government

**ONE QUARTER OF A MILLION POUNDS**

When all these disciplines are already in place at the Manx Diabetes Centre and the Eye Clinic at Noble's Hospital.

### **What the Minister admits to.**

*"No GP practice is able to offer a full one stop multi-disciplinary clinic as podiatrist, optometrists and dieticians are not available at GP practices"*

But they are already available to Diabetics at the Manx Diabetes Centre and the Eye Clinic at Noble's Hospital.

Presented to the Minister for Health Mr David Anderson

On 10<sup>th</sup> March 2011.

To the Members of Tynwald,  
and

to all those interested in the welfare of diabetics on the Isle of Man.

It is also published on our website at

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

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The Hon David Anderson MHK  
Minister for Health  
Department of Health  
Markwell House  
Market Street  
Douglas  
Isle of Man.

10<sup>th</sup> March 2011

Dear Minister Anderson

I respectfully acknowledge receipt of your letter dated 21<sup>st</sup> February 2011, the contents of which with sadness I have noted.

You give me no option but to deal with your paragraphs seriatim, and I shall be as brief and to the point as possible. Your paragraphs with your comments are contained in your letter at Exhibit 'B' at the end of this report.

I would before I start, draw your attention to the Daily Mail report (Exhibit 'A') to the effect that 100,000 patients have been misdiagnosed with diabetes, using the same Pathway that you so blatantly embrace, and are implementing on the Isle of Man for our GP's to follow.

A complicated Pathway that has never been used on the Isle of Man, and appears not to be working in the United Kingdom.

Implementing your Department of Health's proposal for 'Care in the Community' for the disciplines not available to the surgeries, according to you Minister, will cost the Government an extra

## **ONE QUARTER OF A MILLION POUNDS.**

when all these disciplines are already in place at the Manx Diabetes Centre and the Eye Clinic at Noble's Hospital.

This is the worst proposal in the history of the Isle of Man Health Services.

Yours in incredulity

Henry J Ramagge  
Chairman  
Friends of the Manx Diabetic.

## Comments in respect of Mr Anderson's observations to the Chairman's report of 3<sup>rd</sup> February 2011.

Your first two paragraphs under reply are irrelevant, so I shall skip them.

*Your Paragraph 3 regarding my pages 3 and 4.*

Chairman's Comments: - You claim that not £1 will be 'removed from the Diabetic Centre' but as we all know there is more than one way to skin a cat.

You also claim that not one minute of 'Staff resources has been removed'.

So how about;

(a) The Centre personnel are now, according to Mr Edwards taking the calls for appointments for the Arthritic clinic, is that not diminishing their capabilities to deal with diabetes issues?

This according to Mr Edwards was being done to amalgamate staff and save monies.

(b) According to you yourself, the staff and being used for your nurse practitioners to refer to, when they have a problem. Is this not diminishing their work at the Manx Diabetes Centre?

(c) Once again according to you Minister, the staff at the Manx Diabetes Centre are being used to give lectures to the GP's and the nurse practitioners. Is this not diminishing their capabilities to work at the Centre?

I shall not go on with any more examples.

Minister you may kid yourself with your comments and play to Tynwald, but the reality is that the same number of appointments that existed prior to you withdrawing the Type 2 diabetics from the Centre still exists now at the Manx Diabetes Centre, with the same number of staff that were in place in 2001, and the same clinic times they had ten years ago. There will be no increase in the number of appointments available that existed prior to you taking all Type 2 diabetics into GP care, because the staff and clinic time constraints will not be able to cope.

Your other points are dealt with in our comments to the reply of your answers.

*Your Paragraph 2 still my Page 4: -*

CC:- Mr Anderson, the Manx Diabetic be they Type 1 or Type 2 must have the right to attend the Diabetic Centre if they so wish, irrespective of what you may decide.

They must be able to exercise their human rights to choose their method of treatment if there is more than one medical facility available to them on the Island, it is their prerogative to do so.

The diabetic patient must have the right to decide whether they want to go to the Manx Diabetes Centre or not as they are already regularly seen by their GP to get their prescriptions.

You cannot take that right away from the diabetic patient, otherwise you are defeating your own slogan 'Giving Freedom to flourish'.

*Your Paragraph 3 my Page 5*

CC:- Minister you are on cloud nine, your comments are completely irrelevant to the problems that the Diabetics are facing.

So you would rather spend **A QUARTER OF A MILLION POUNDS** in Primary Care and the Private Sector, rather than spend that money in enhancing the Manx Diabetes Centre and the Eye Clinic, which already have these disciplines in place.

Minister this is the biggest waste of money in the history of the Isle of Man Health Services.

*Your paragraph 4 my page 5.*

CC: - Yes Minister, it is an indictment on your Department which is not fit for purpose.

Minister, it is not I that is saying this, I was just quoting what Mr Edwards gave as his pathetic excuse to take all the Type 2 diabetics from the Centre back into GP care, which they already go to anyway. So what is the object of the exercise, if not diminish the facilities at the Manx Diabetes Centre?

There is no *'overwhelming evidence'* because the Type 2 and of course the Type 1 diabetics are already going to their GP's all year round. You yourself Minister confirm this, by saying that it would cost you nothing as they already see them, and get paid for this.

Your efforts to justify the unjustifiable knows no bounds.

*Your Paragraph 5 still on my page 5*

CC; - This is all ridiculous, as the Centre will not be able to cope with those returning from the GP's .

You yourself now admit that *"Although some of them will require referral"*. Implying that they will not affect the waiting lists at the Centre.

So how will these Type 2 referred to the Centre be slotted into waiting lists that are already in operation there and taken up for the Type 1 diabetics.

Minister this has not been thought out properly and you don't know how to implement it.

*"Thus allowing waiting lists at the Centre to be dramatically reduced"*.

Minister I thought this was a Comedy Act, but now it transpires I am wrong, it is a Drama.

*Your Paragraph 6 my page 6*

CC: - You can believe what you want to believe, or what they tell you to believe Minister, but the Manx Diabetes Centre is not properly staffed, otherwise they would not have those tremendous waiting lists and would have been able to cope with the number of increased diabetics from 2001 to 2011.

I have dealt with this in reply to your questions and as to why we need an enhanced Manx Diabetes Centre.

You can believe whatever you like, but the reality is, that they cannot cope with the increased number of diabetics on the Isle of Man since 2001, with the present staff and clinic times, and Mr Edward agrees with this, and uses it as a basis to introduce his defective care in the community which you have to agree with, and which you will ultimately be responsible and accountable for, not him.

You continue to harp that the *"Diabetes Centre facilities are not in any way being diminished"* This I have dealt with in your Paragraph 3 above and in the Answers to my Questions.

You are still missing the wood for the Trees.

The Friends of the Manx Diabetics have always welcomed 'Shared Care in the Community' with the Type 2 being returned to the GP's provided that all the disciplines are in place, and there is a referral protocol to the Centre. But not before then.

See my reports of 3<sup>rd</sup> February 2011. and that of the 17<sup>th</sup> July 2006.

*Your Paragraph 7 my page 7*

CC: - We agree with you that the Manx Diabetes Centre is second to none.

Yet they need more staff and more clinic times to do their job properly, that you are denying them.

We did not say that you were *'dismantling'* the Manx Diabetes Centre.....yet, what we are saying is that you are *'diminishing'* their working capabilities and cutting off preventative care for the Type 2 Manx Diabetics. (See comments to your replies to our questions)

*Your Paragraph 8 still my page 7*

CC:- What a load of Gobbledygook.

You yourself claim that these disciplines are not in place at surgeries.

Again no concept of how the waiting lists are going to be operated or how they operate.

The Hospital is riddled with waiting lists problems for all disciplines, so why don't you send them all to GP care thus alleviating the waiting lists, like you are doing with the Manx Diabetics. Why just pick on the Manx Diabetics? Diabetes is the wrong disorder to treat a community such as ours, look at what is happening in the UK.

Why is it that when you have to be referred to a consultant at the Hospital, the GP always asks you **"do you want to go privately or on the Health System ?"**

If you go privately it takes a couple of weeks to see the consultant, but if you go through the Health System, it takes them nine months to a year to see you.

As we are told by a lady who has problems, and has been told by a consultant that if he sees her privately he can take her into hospital by the penultimate week of March 2011 and it would cost her £800 pounds. However if she wants to go through the Health System, then she would have to wait for nine months or more for her to be seen by him.

Minister this is what you have to resolve as this is disgraceful.

This is the real indictment on your Health Department and just emphasises that your Department really **is not fit for purpose.**

The patients still have the same medical problems, whether they wait two weeks or one year, the only problem is that they may be dead before they see the consultant in a year's time.

This is your responsibility Minister, your sole responsibility.

So why don't you sort this out instead of giving us all this waffle about waiting lists at the Manx Diabetes Centre.

Do you know why this happens, I shall reiterate again, it's because they haven't got the proper staff to cope with all the patients.

Minister, sort your department out, stop blindly following what they tell you, and stop giving us all this flannel on the diabetic front.

Dr Hannan as yourself Minister, also admits that these disciplines are not in place and the Department is working on them.

Surely we should postpone until everything is in place.

Common sense dictates that this is the right course of action, for after all Minister by not having the proper disciplines and protocols in place, you are playing with Diabetic lives.

*Your paragraph 9 my page 8*

CC: - Minister again you are on cloud nine just listening to your advisors.

Let me tell you what you have really created by closing the two clinics at Laxey and Peel, apart from putting the patients and the old dears at risk.

1) The clinic appointment times that you have closed at these two clinics have been lost as the Podiatrists still have the same number of clinic times for appointments as they had before. There are no more new appointments as all the Podiatry staff work the same hours as they did before, this being the case, it is the same number of clinics. However

2) These clinics that are now being taken up by the Centre, are at the expense of their normal Podiatry appointments that they have had to suspend, as these patients coming in have taken up the other patient's appointments to slotted in those from Peel and Laxey, as your staff work the same hours as they did before, whether at Peel, Laxey or the Centre.

So in effect no appointments have been materially increased all you have done is play musical chairs but with problems and risks for the old dears.

The problem is that your staff only work finite hours, so the effect is the same as they used to do when you had your two clinics in place. They now have had to prioritize at the Centre to accommodate these new patients from the two Clinics you have closed, thereby exacerbating the waiting lists, but the appointment result is the same.

(This is what is going to happen when the GP's start sending back the Type 2 Diabetics to the Manx Diabetes Centre, they also will have to prioritize)

3) The only thing you have saved is the Podiatrists travelling time, which can be used for clinic times. Otherwise nothing has changed.

4) However, by eliminating the two clinics, you have created more work for the Podiatry staff, as they now, instead of saving themselves the travelling time, they have much more travelling time, they have more home visits to contend with, which reflects on their normal appointments, because of your cancellation of your two clinics.

5) So their travelling time that you were saving for appointments is now, being employed in travelling to these home visits to the patients that used to go to the two clinics, but now can't travel to Douglas.

I bet you haven't been told about this little problem that you have unconsciously created?

So Minister all you have done is to prove the equation  $X=O$ .

In fact once again as usual you have created a problem where there was none.

So I am once again right, and you and your people appear not to know what they are talking about.

But making erroneous claims to justify your actions, in the hope that Tynwald might not notice.

*Your paragraph 10 my page 9*

CC: - You say "*there is rigorous and regular assessment of standards, which has been in place for SOME YEARS*". (*The capitals are ours*)

I would kindly refer you to my comments to your reply to my first question at (1) below which is self explanatory and blows your insinuations out of the water.

When I raised this issue at the meeting of 3<sup>rd</sup> February last, Mr Kewley explained that the Pathway was not in operation at the time of this fracas.

So Mr Anderson, Mr Kewley says one thing, you contradict him, as you say everything has been in place for "*some years*", he contradicts you, and others contradict everyone else.

So what is it?

If I were Minister I would demand that we all got our stories right, and not keep using statistics to prove your indefensible points.

I would once again draw your attention to Exhibit 'A' which is self explanatory and shows your pathway in its true light.

As regards the GP, they must know, for after all they are going to be your front line of defence in Primary Care, are they not? 'If they tell me '*no extra training etc*'. They must know whether they have had extra training or not, not you Minister.

So what is it going to be, your word against the GP's, who will have to deal with the Type 2 diabetics being returned to them?

In the final analysis they have to get your chestnuts out of the fire. So they must be right.

Or maybe you saw them doing this extra training in one of your dreams.

*Your Paragraph 11 my page 10*

CC: - My God, how can you say "*Are you aware, the Integrated Care Pathway ( which is well used and respected in the UK and has been adapted to suit the Isle of Man)*" is intended to ensure uniformity high standard of care"

Once again let me tell you that the GP's are not diabetologists, the nurse practitioners are not diabetic nurses, according to you they only hold 'Diplomas', incidentally are these 'Diplomas' just given out for attending the courses, or granted by examinations?

Mr Anderson in the UK using your pathway they have misdiagnosed 100,000 diabetic patients, what going to happen here? But you know best.

In a court of law the defence would rest on this statement, and you would lose the case. Again See Exhibit 'A'. Maybe if you read it three or four times you might get the gist of it, and how your '*respected Pathway*' is operating in the UK.

As regards any adaptation of the '*respected Pathway*' to the needs of the Isle of Man, I have seen none, not in the copy that I have been sent by your department.

In fact the copies that you circulated to the GP's on the day before Mr Edwards first public meeting and I myself still have, were done in haste and still have the UK NHS logos on.

Where is all this slogan "*Giving Freedom to Flourish*" when you deny the Manx Diabetic their Human Rights to decide whether they go to the Manx Diabetes Centre or their GP.

Come down from cloud nine and live in the real world Mr Anderson, and stop contradicting yourself.

*Yours Paragraph 12 my page 11*

Don't give us all this mumbo jumbo, of courses you are diminishing the work of the Manx Diabetic Centre and its personnel, again see my comments to your reply in Paragraph 3 above which speaks for itself.

You can say what you like, and what they may tell you to say, but the truth of the matter is that you are diminishing the facilities at the Manx Diabetes Centre.

The Type 2 diabetics that you are deliberately withholding from going to the Centre are having their facilities, the facilities that exists at the Centre, and which you yourself claim are not present at the surgeries, their Human Rights, and freedom of choice stopped and diminished.

What is it Minister '*Giving Freedom to Flourish*', giving freedom to flourish to whom, and where is it Minister?

*Yours Paragraph 13 my page 13*

How can you make this assumption, when you are deliberately diminishing preventative care for the Manx Diabetic.

Of course you don't know what you are talking about, all you do is follow what the NHS do in the UK, and look at the terrible mess they are in with 100,000 patients misdiagnosed with your '*respected Pathway*'. The implications of Type 2 diabetes should be explained to you by your own Diabetologist and not by your pen pushers.

Minister how can you be Minister when you pontificate over the Manx people, deny them 'freedom to flourish', deny them their Human Rights, deny them their Human Rights to freedom of choice and preventative care, on things you know nothing about except what you are told.

Minister when and if you do get diabetes, which I hope, God forbid you never will, then you can talk to me again.

I have been fighting for the Diabetic on the Isle of Man for 32 years.

I am not prepared to loose any advantages that we have gained for the Manx Diabetic over these many years on the whim of a Minister, that is just transitory when diabetes is permanent. Where have you been all this time? When we needed you fighting for your people.

There wasn't a peep out of you was there?

Now you say you know about diabetes, '*I assure you that the Health Department and MYSELF most certainly do*' You certainly don't know anything, otherwise you would not implement this defective programme for all diabetics on the Isle of Man.

We appear to be back from the drama tragedy to the duo comedy act, the Health Department and the Minister.

Unfortunately Type 1 Diabetes and Type 2 diabetes also

**KILLS.**

You have very conveniently not commented on the report in general all you have done is cherry pick what you wanted to highlight, so that the members of Tynwald think you are on the ball and on the right track in implementing a defective system without the disciplines, proper pathway and protocols in place, which you thought would be to your advantage.

But you are wrong Minister, they will not fall for the bait, its election year remember.

I presume that because you have not said a word about the other pages under reply that you are happy with their contents and agree with me in what I have said.

I do appreciate your agreed silence on them.

However I am not prepared to bring them up again, because if you haven't got the report the first time around you never will, and I have just limited myself to answering the inadequate replies of your choice.

Replies that have no foundations and contradicting yourself at every turn and leaving the Type 2 diabetics without positive preventative care at the Manx Diabetes Centre.

They have been let down once again by you, before by you voting against them in October 2009 Tynwald and then claiming you have worked hard for them.

Mr Anderson as I have said before go gracefully before you are forced out.

**In the meantime Minister, it is time to go.**

**Just resign and leave the diabetics alone.**

## The Questions and the Answers from Minister Anderson with comments from the Chairman.

In an article that was brought to my notice from the “Daily Mail” of Wednesday 2<sup>nd</sup> March, it claims that 100,000 people have been wrongly diagnosed by their GP’s with diabetes.

One presumes that they had been using the same Pathway that Mr Kewley, and you claim that is the end all and be all of diabetic care, and which appears not to be working properly in the UK.

All in all, this is a disaster waiting to happen for the Manx Diabetic, because you yourself Minister admit the proper disciplines, pathways and protocols are not in place.

We therefore asked that the following questions had to be answered by you as Minister personally, and not let you hide behind your civil servants, so that you will have the ultimate responsibility, so that when this debacle comes to fruition, you will be accountable to the Manx Diabetic patients, the Manx people, your diabetic constituents, and Tynwald when problems arise in future years.

It is imperative that to implement “SHARED Care in the Community” with an enhanced Manx Diabetic Centre, that there are Questions that you as Minister have to answer before its implementation.

The *italics* are the answers to our questions by you Mr Anderson as Minister of Health, and having the ultimate responsibility to Tynwald and your Manx people: -

**Question 1)** How many GP’s has the Department sent on diabetic courses?

**Minister’s Answer Para numbers 2:-** *The Department has made diabetic course training available to every GP on the Isle of Man and the uptake has been very satisfactory.*

**Chairman’s Comment:-** This is all well and good but a Gentleman had a heart attack in January 2011. When taken to Hospital he was asked for his medication. When asked what he was taking for his diabetes, he replied he was not diabetic.

They told him that he was, as his blood records taken in June 2010 showed he was diabetic.

The Gentleman said he had not been informed by his GP that he was diabetic, had not been sent to the Manx Diabetes Centre, and his GP had not put him on any medication for his diabetes since June 2010 last year.

The Hospital remedied this immediately, and he was given the proper diabetic medication.

So much for the courses and diplomas that you Minister claim everybody has.

The above ‘courses’ or no ‘courses’ speaks for itself Minister. As no one has been sent across to train or attend courses.

As you say the Department has made diabetic courses available to every GP “*on the Isle of Man*” but not across.

Whether they have taken them up or not is another matter. The Minister does not say.

**Q2)** What plans has the Department got in hand to constantly send all the GP’s on refresher courses and conferences on diabetes, so that they are up to date with what is happening in the diabetic preventative care field, and the new treatment techniques being used world wide?

**MA:** *The Department has continuing professional development programmes in place, devised and supervised by the Diabetes Centre, for the regular training and upgrade of all Health Service Staff (involving GP Primary Care staff) who are involved with the treatment of diabetes. This includes supporting specialist staff from the Diabetes Centre who are required to go to UK and elsewhere in the world so that they acquire the most recent and up to date information which can then be passed on to everyone involved in diabetic care.*

**CC:** So the GP's are not going on these courses, only the staff of the Diabetes Centre. This is precisely what we are saying the GP's will not have first hand knowledge of developments in the diabetic field unless they are told what to do by the members of the Diabetes Centre. Is that it?

This will increase the Centre's workload, and further diminish their capabilities of dealing with clinics for the diabetics that go to the Centre.

We do know that the Centre personnel are sent on courses and conferences, this is not the issue, but the GP's by your own admissions Minister, are not.

So you claim that Staff from the Manx Diabetes Centre are "*required to go to the UK and elsewhere in the World*" to learn about diabetes, and be up to date in diabetes procedures, and you want to diminish their input in the Diabetic Community by refusing diabetics who want to go to the Centre from going there?

**Minister this is a contradiction in terms.**

**How can you equate one thing with your actions Minister?**

**Q3)** How many surgeries have proper qualified diabetic nurses?

**MA** *Every Surgery on the Isle of Man either has a qualified diabetic nurse or access to them from the Diabetes Centre or other practices.*

**CC:** Again the Manx Diabetes Centre has more pressure put on them, further diminishing their facilities to deal with the Manx Diabetic and their waiting lists.

Minister you say that all surgeries have proper qualified diabetic nurses, this is not the case, and you know it, as the list that you gave the Chairman in your addendum claims that they all have Diabetic '*Diplomas*'. So they are not diabetic nurses as you claim. They only have '*diplomas*'

This is not a fully fledged Diabetic Nurse, this only constitutes a basis for their skills, or a building block to eventually becoming a diabetic nurse, and they do not have the same knowledge and skills as the Diabetic Nurses at the Manx Diabetes Centre.

You yourself Minister claim in your answer above, that the surgeries have '*Access to them from the Diabetes Centre*', so in fact your '*diabetic nurses*' are at the Manx Diabetes Centre and not at the surgeries, as the surgery '*Diploma*' nurses are having to go to the Centre Diabetic Nurses for advice. Great.

This again further increases the Centre personnel workload, and further diminishes their capability to look after the Diabetics in the Isle of Man.

**Q4)** How many surgery nurse practitioners have the Department sent on courses to become proficient in this complex disorder?

**MA:** *As with GP's the department has made extensive training opportunities available for surgery nurses, many of whom have been trained to an extremely high standard.*

**CC:** The Minister has not answered the question. The question is '*How many nurse practitioners has the department sent on courses*' (this means across) to become fully proficient Diabetic Nurses. In fact to become Diabetic Nurses... the answer Minister, is none.

*"Extensive training opportunities"*, with all due respect, this does not mean they have gone across on courses, or have qualified as fully fledged Diabetic Nurses.

What has been done is get the Diabetic Centre personnel to teach them basic diabetes procedure. Again putting more pressure on the Centre to do their own work.

Somewhere along the line something or someone is going to suffer.

**Q5)** Will the diabetics just be seeing the nurse practitioner or will they be seen by a Doctor at every visit that is **fully conversant in diabetes?**

**MA:** *Depending upon the circumstances, a diabetic may very well be seen by a nurse or nurse practitioner in the first instance in order to obtain baseline data and information.*

*The Integrated Care Pathway requires that every diabetic will be seen by a doctor on at least one occasion every year, and more frequently if circumstances demand it.*

**CC:** So it is true of what the Chairman has already been informed and has had complaints, from diabetics, that they are being seen by a nurse practitioner instead of their GP.

As regards that the Integrated Care Pathway requires that every diabetic should be seen by a Doctor at least once a year, well this is precisely what we are complaining about and why the Pathway is rubbish.

If you are going into GP care, the GP must see you every time.

If they are going to be seen by a doctor once a year they might as well keep going to the Manx Diabetes Centre, as they might have to change their medication, otherwise you are diminishing their preventative care, and denying them their Human Rights.,

In any event they have always gone to their GP.

So now Minister you claim that they may be seen by 'a nurse or the nurse practitioner', Why not be seen by a diabetic Nurse? I'll tell you Minister, it is because there are none.

Minister, you know as well as I do that there are no Diabetic Nurses at the surgeries, you confirm it in your statement and that is why you cannot bring yourself to say Diabetic Nurse.

At least they should be seen by a Diabetic Nurse, don't you think Minister?

Diabetic Nurses are only at the Centre Minister, from where you have taken away the Type 2 diabetics.

**Q6)** How many surgeries are at present holding Diabetic clinics for their present patients themselves, similar to the facilities that are available at the Manx Diabetes Centre, when a diabetic patient is seen by all the multi-disciplinary team at one visit?

**MA:** *Very few surgeries, if any, are at present holding multi-disciplinary clinics with the care all in one place at the same time and it is not necessary for them to do so.*

*As you are aware, many patients have expressed a strong preference for their care to be managed by their GP rather than the diabetes Centre as it is more convenient for them and avoids them having to spend lengthy periods waiting at the diabetic Centre.*

**CC:** It is inconceivable that you Minister can make this kind of statements, in particular when you yourself consider "*it is not necessary for them to do so*"

You Minister are playing at God, and deciding what is good for the patient and what is not, without consulting the Diabetes Centre Diabetologist and the Diabetic Nurses there.

Possibly, it's because you Minister may also considers yourself a fully fledged Diabetologist with a Diploma.

How can you admit that '*Very few surgeries, if any*' don't have the facilities that exist at the Manx Diabetes Centre and keep a straight face?

How can you say that a diabetic should be seen by the GP '*once a year*'.

Minister I'm diabetic and I see my GP once every four weeks and have done so since I arrived on the Island in 1978. As I have to get my prescriptions.

Even if at present they are seen at the Centre once a year, but like me the diabetics go to their GP every month for their medication.

Minister are you not just diminishing their preventative care?

Why don't we just let whomsoever wants to go to the Centre go, and whomever doesn't want to go, let them just go to their GP.

It would be their choice Minister, you know; '*Freedom to Flourish*'. I presume you have heard of this slogan somewhere before, at some time in the distant past.

Maybe you never put it into practice, but there you go.

If you don't want to go to the Centre that is the patient's prerogative, but it must be available for those who want to be seen by a diabetologist and a multi-disciplinary team, whether they are Type 1 or Type 2 diabetics, and not just see a nurse practitioner.

**Your Health Department and you Minister keep pounding this issue with outrageous comments as above, but the Friends of the Manx Diabetic can also produce more patients who want to go to the Manx Diabetes Centre than your department can, who want to just go to their GP's.**

**It is their Human Rights to choose.**

**Freedom of choice Minister? Or have you forgotten about this?**

**Democracy Minister. Maybe your Government may not believe in it, but the Manx people do.**

**The right of choice, or is the Minister the factotum now holding the Manx Diabetic to ransom under a sword of Damocles., and dictating how they should be seen and by whom.**

**By the way it won't be more convenient for those who prefer to go to their GP's when they get complications, and your department has to pay for their complications, will it?**

**But you won't be there as you will not be returned next time round.**

**Q7) What is the referral protocol to send diabetic patients forwards and back from the GP to the Diabetes Centre?**

**MA:** *The referral protocol to send diabetic patients forwards and backwards between the GP and the Diabetes Centre is included in the Integrated Care Pathway of which I believe you have a copy. In referring to the Pathway you may wish to bear in mind that you have a paper copy of the computer display—the actual programme is far more comprehensive and assessable than the paper copy would suggest/*

**CC: Bully for you 'more comprehensive' is it?**

**Minister I think you should be decorated for accepting the Integrated Care Pathway, which has never been used on the Island before.**

**It is very brave of you to do so, considering what is happening in the UK with your Pathway.**

**Just look at what I have said to the preamble to the Questions in quoting the article in the Daily Mail of 2<sup>nd</sup> March 2011. Remember they are using the same Integrated Care Pathway as you yourself are with gusto implementing.**

**Even with the same Pathway which you claim as Bible, they have already misdiagnosed 100,000 diabetics. It is indeed very brave of you Minister to accept this Pathway, when diabetic patients are at the receiving end.**

**As you say "It's far more comprehensive", what you mean is that it is more complicated, which will only compounds the issue.**

**So you can't tell us what the referral protocol for sending the diabetics backwards and forwards to the Centre is, without consulting the Pathway, which you haven't, don't know what it is, or how it's going to work.**

**That is why you have employed Mr Kewley as a consultant in Pathways to tell you.**

**However you don't answer the question, which as you say is clouded in the mists of the Pathway.**

**What you have been told does not tell you how you are going to accommodate the Type 2 diabetics being returned by their GP to the Centre. How you are going to deal with the waiting lists?**

**That is what we want to know, how you are going to go about it?**

**Unfortunately once again you don't know and don't answer the question.**

**Why, because you are out of your depth Minister.**

**Q8) At what stage do the GP's refer patients with complications to the Diabetic Centre?**

**Is there a protocol for this?**

**Or is it up to the patient to ask to be sent back to the Manx Diabetes Centre?**

**MA:** *Again, the guidance for GP's on when to refer patients with complications to the Diabetes Centre is contained in the Integrated Care Pathway.*

*It is not up to the patient to be asked to be sent back to the Manx Diabetes Centre, and I would expect that a GP would only refer a patient to the Diabetes Centre when it is clinically necessary for them to be referred.*

**CC:** Now we know, if the patient wants to go back to the Centre they will not be allowed to, unless the Doctor says they can. When he might see them once a year according to you Minister.

*'When to refer patients with complication'. So now we have to wait until they have complications to be sent back to the Manx Diabetes Centre, have we?*

Once again the patients have no choice, because the Department dictates they have to do what the Pathway tells them. No common sense will be used. Remember the 100,000 misdiagnosed diabetics in the UK using the same Pathway?

The Manx Diabetic patients are deprived of their Human Rights and a second medical opinion. Great

Once again the Minister foresees no problem with this. He is not diabetic is he?

The Friends of the Manx Diabetic thought we had a right to decide if we wanted to go back to the Centre and when. But apparently the Minister denies us this right.

And if the patients have complications, it is up to the Pathway to tell the GP when to do this. The almighty Pathway gives the GP's no choice but to take instruction from the Pathway.

If the patients have complications, by the time they see them in a years time, and they consult the Pathway it's too late Minister.

At this point is when you start paying through the nose and your budget goes haywire.

We presume you then consult your Pathway maybe it's got something to alleviate the patient's pain and suffering and you going over your budget.

For you, there is always Tynwald Minister and the Brown block vote, but there is no hope for the patient.

**It just beggars belief.**

**Q9)** Do they have to wait to refer them until ulcers or other complications have broken out and are visibly apparent?

**MA:** *GP's do not have to wait until the evidence of complications is present before referring a patient back to the Diabetic Centre.*

*As was explained to you at the meeting by Dr Kewley, the indications of incipient problems seen by a GP will be the same as those seen by Diabetic Centre staff who will be working to the same standards.*

**CC:** The GP's are not *'working to the same standards'*, and you know it, see your own comment on the last page of your misguided exposition which I shall quote later, which contradicts your own arguments above.

Yes I was at the meeting, as you say Mr Kewley was present, as far as we were concerned he did not explain anything, all he did was produce for us a plethora of statistics in a desperate effort to prove your Departments case. He did not mention the 100,000 missed diagnosed Diabetics by the UK GP's, who are working to the same Pathway that the Minister so bravely adopts.

You may all think so, but **Statistics do not save lives.**

When patients have Amputations, Heart Attacks, Strokes, Kidney failure, and problems with their sight, go Blind, and are struck down with the many other diabetic complications, what is the Health Department and its Minister going to tell them?

*"Sorry old chap/old girl, but you were not part of our statistics, we did not make provision for this in our statistics to make them look good, and to prove our point, so we do not recognise what has happened to you"*

*We did not want Dr Kewley to tell us anything.*

*We wanted the Diabetologist at the Manx Diabetes Centre Dr Emran Khan, to tell us what he felt about the whole debacle.*

We wanted him to tell us why he was not at Mr Edwards Press Conference, why he was not at the meetings that Mr Edwards called, to tell the diabetic population what the Minister had dictated he was going to do with them, whether they liked it or not. The meetings were ridiculous because it was already a done deal.

**Dr Khan was the person we wanted to hear from.**

**Mr Kewley is a very nice man, but he is not a diabetologist. We have nothing against him, but in the final analysis Dr Khan is your own employed diabetologist.**

**He is the one that should have been there to give us his expert opinion.**

**Q10)** How long will the patient have to wait to see the diabetologist and specialists at the Manx Diabetes Centre once the Department has introduced 'care in the community'?

**MA:** *Over time we would expect those patients referred to the Diabetes Centre being seen within a matter of weeks rather than months and ideally in a matter of days.*

**CC:** **Again what a lot of hot air.**

**How are they going to do this if at present they do not have the staff or the clinic times to resolve the waiting lists, which are over one year.**

**Again the Minister does not say how he intends resolving the waiting lists, which by Mr Edwards own words the Centre can't at present cope.**

**That is why they need more staff and more clinic times, otherwise the Type 1 diabetics will have to be prioritized to make room for those patients being returned to the Centre from GP care, not to mention Diabetics newly diagnosed.**

**The Minister's ridiculous assumption of "a matter of days" just shows you that he doesn't know what he is talking about.**

**Q11)** Has the department worked this out?

If there is no increase in Staff and facilities at the Centre the waiting lists are going to be the same. Unless you start cancelling Type 1 appointments to make room for the Type 2 diabetic being sent from the GP's back to the Centre.

**MA:** *The department has calculated that those type 2 diabetics who do not require the enhanced level of care being provided by the Centre will release between 600 and 1,600 appointments each year and thus there be no question of the waiting lists running the same.*

**CC:** **What Pie in the Sky!**

**I have told you before in the previous question that this is all nonsense, and just more statistics to erroneously prove your point Minister and not answer the questions.**

**So now you will release 'between 600 and 1,600 appointments', where has this between figures come from, plucked out of the sky? Could it be 601 or 1,599? Why not another figure that might look nicer?**

**Surely the Department and its Minister must realise that if only half of the 1,600 diabetics appointments are sent back to the Centre by the GP's, the Centre under the present conditions are not going to be able to cope with them, as they can't now.**

**So Minister how are you going to circumvent the waiting list, because if you want them to be seen in 'a matter of days' you have to resolve this first.**

**The days have so many appointments available, so what are you going to do with the people that already have appointments for those days, are you going to cancel their appointments and push them back into a waiting list and place them at risk?**

**Or is it that you have come to the conclusion that the Centre personnel will just sit down playing scrabble, waiting for you to send them patients, so that they can deal with them on a daily basis, not have appointments and kill time just waiting for that Type 2 diabetics being sent back from the GP's**

**If you do send back half, that is 800 people appointments, how many weeks will this entail in a 'few days' clinic time?**

You cannot see 800 people in 'a matter of days' unless you can hire Superman, or Data from Star Trek.

Anyway to accommodate these 800 people all the other patients that had appointments will have to give way, to all these people, so when are those Type 1's who have given way for the return Type 2 patients going to be seen?

The truth of the matter is that the Minister does not know how to go about it, or what he is taking about, as he has not given any thought to resolving the waiting list problem.

Your answer Minister has no substance, and a lot of waffle.

The Minister also admits that there is after all an "enhanced level of care being provided by the Centre", which by inference is not required at the surgeries.

But even if they have this enhanced level of care, you are going to diminish their facilities, by denying the Type 2 Manx diabetic from going there..

As Dr Gill a world noted diabetologist has said "To dismantle the service in ANY way would be a waste of dedicated related expertise"

But you Minister diminishing its facilities for the Type 2 diabetics know better than this eminent man and everyone else.

Again fantastico Minister.

**Q12)** They must be seen immediately and not in a year's time, consequently we have to have more staff and more clinics otherwise the Type 1's will suffer.

Is the Health Department going to do this?

How are they implementing the system?

**MA:** *The need to see all diabetics who require enhanced care quickly is at the heart of the changes we are introducing.*

**CC:** Minister, you are once again missing the point. You are not answering the question but evading the issue.

The Diabetics by your own assertion have already got enhanced diabetes care at the Manx Diabetes Centre and not at the surgeries.

If what you claim 'is at the heart of the changes we are introducing', then it has to be at the Diabetes Centre, which you are not doing.

If you are going to introduce enhanced care at the surgeries, where is it? You admit it is not there and you can't introduce it without spending **A QUARTER OF A MILLION POUNDS**. Minister let me tell you that it will eventually cost you more.

Again you have ignored the questions posed in the Chairman's question No. (12) 'How are you going to do this' and 'How are you going to implement the system'.

These are the questions that you have not answered, or you forgot to ask.

**Q13)** At what stage does the GP refer the diabetic patient to a Podiatrist and Dietician and to the eye clinic?

Does the Health Department have a protocol for this already in place?

How will it operate since the Department admits not to have these disciplines in place?

**MA:** *The appropriate stages for referral of a diabetic patient to be seen by the dietician, podiatrist and the eye clinic are contained within the Integrated Care Pathway and referrals will be made by the GP as they are at present.*

**CC:** So the Minister admits what the Chairman has been saying all along is correct, that all diabetics go to their GP at present, and this is a money saving exercise and a lot of spin at the expense of the diabetic patient.

The Minister says 'referrals will be made by the GP as they are at present', so where does the Pathway come in here Minister? By the way you also seem to admit that the GP in any event sees the Diabetic patient already without all this malarkey, as they would refer them 'as they are at present'.

Yet the flawed almighty Pathway that at least one GP doesn't like, rears up its head again. It is thrown in our faces again, but the Pathway in any event says according to you, that the GP's only need to see the diabetic patient once a year.

**Tremendous:**

Yet again the questions are not answered.

By their own admission the department is still working to put in place a podiatry and eye facility for the Diabetics that are being returned to GP care.

So if they haven't got it in place how can the Minister claim everything is tick-e-tee-boo.

It really goes beyond the pale.

**Q14)** How much more is this going to cost the Health Department long term?

Will you have to pay the GP's for this extra work, which at the moment they already do as they see all diabetics and are paid for, but which will escalate?

**MA:** *It is unlikely that there will be any additional costs to the Health Department in having to pay GP's for this extra work as it is included within their General medical services responsibility. The GP's through their representatives have expressed support for this initiative.*

**CC:** So what the Chairman again maintains is true, they already get paid for looking after all the diabetics on the Island as the diabetics have to go to them for prescriptions to stay alive, that they don't get at the Hospital. This is nothing new. So Minister what is this song and dance for?

Also we note the '*unlikely*' assumption, this is political jargon for it could cost more.

This is the cop-out item, as all you have to do when it costs the earth, say '*statistically it was proved it was unlikely to cost more, but now in practice things have overtaken the system*'.

No wonder the GP's support the initiative. It is going to give them more work but as we all know eventually more work comes with more money Minister.

They in all honesty, will not be able to cope with the extra problems that the 1,600 patients appointments being returned to them, will eventually bring with them, as they are not diabetologists, or according to you do not have a multi-disciplinary team to back them at their surgery.

By the way you say Minister '*for this extra work*', what extra work?

You once again contradict yourself, as you say '*it is included*' So what is it, extra work or not, if it is extra work they are going to demand more money, as what you are paying them for is what you claim they already do, see all Island diabetics, not the '*extra work*'

The Friends of the Manx Diabetic shall hold the Minister to the above statements, that is, if you are still Minister and are holding your seat at the next election.

**15)** What will it cost to implement eye and foot cover for all diabetics in "Care in the Community"?

Has this been worked out?

Is it going to be palmed out to the private sector?

If so, how much will it cost?

**MA:** *The provisional cost we have for implementing full eye and foot screening for all diabetics and others who require it, is estimated at £250k pounds, depending on how they are provided.*

*There are a number of potential ways in which they could be provided, including directly employing staff or by using existing Primary Care contractors and the preferred method will be decided once funding has been secured.*

**CC:** So now we know what the '*Unlikely additional costs to the Health Department*' will be.

**ONE QUATER OF A MILLION POUNDS.**

In two answers the Minister had contradicted himself to the tune of **A QUARTER OF A MILLION POUNDS.**

Oh the Minister will have to go to Tynwald for this **QUARTER OF A MILLION POUNDS** as he hasn't got the money in his budget.

But as usual he dose not know how he s is going to spend the money, till he gets it passed by Tynwald, what confidence that instils on the Manx Diabetic.....great planning Batman.

So how in perdition can the Minister implement a system, that is faulty even before it starts, as he confirms he does not have these disciplines in place, or even knows how he is going to implement then ?

But hold it, then the Minister, tells us all how he intends to implement it, he will decide when he has the money voted by Tynwald after *'funding has been secured'*.

Then when he has the money the Minister is confident he might *'employ staff'*, or again he might be *'using existing Primary care contractors'*, or again he might not.

*'Primary care contractors'* in Department of Health terms, means he will use what the Chairman intimated in his question, *'Is it going to be palmed off to the private sector?'*

Incidentally if you look above, we also wanted to know how much it was going to cost if it went to the *'private sector'*.

Now we know **ONE QUARTER OF A MILLION POUNDS**, when we already have all these facilities in place, at the Manx Diabetes Centre and the Eye Clinic at Noble's Hospital.

Man, just do what the Friends of the Manx Diabetics say, enhance the Staff and Clinic times at the Manx Diabetic Centre.

Enhance the Eye Clinic at the Hospital.

Enhance the Podiatry compliment and the clinic times and reopen the Podiatry Clinics at Laxey and Peel, and stop mucking about with the patients.

Honestly who would vote the Minister **A QUARTER OF A MILLION POUNDS**, without him telling you how or on what he is going to spend it?

It could only be the Chief Minister and his block vote.

If I were the Chief Minister I'd tell him on your bike mate.

But no matter, the Brown block will vote him the money, then he can decide what he is going to do with it, how he is going to spend it.

It is unbelievable and incredible.

**Q16)** Has a proper and simple Diabetes integrated care pathway been issued to all GP's, and not the complicated one the Health Department gave the GP's with UK NHS logos on, the day before the Department's first public meeting in Ramsey on 12<sup>th</sup> January 2011?

What preventative care will be in place, so that the GP's know at what point they have to refer patients with complications to the Centre?

How to diagnose this?

How to operate the system?

Otherwise we are in an almighty mess.

**MA:** *I can confirm that a proper and simple Diabetes Integrated Care Pathway has been provided to all GPs. Every practice has been given the opportunity to hold a meeting at which members of the group formulating the pathway, could clarify any issue or concerns.*

**CC:** So Minister are you now saying that the complicated Care Pathway which has never been used on the Island, has been replaced by a simple one as suggested by the Friends of the Manx Diabetic?

*'Every practice has been given the opportunity'*.

This is ambiguous, the question here is have they taken the *'opportunity?'* That is the real question, and have members of the *'group formulating the Pathway'* had these meetings with them all, not just a few, more important do they understand it?

Once again the questions have not been answered in detail. God bless us all.

**Q17)** Can diabetics on the Isle of Man have the confidence and be given categorical assurances by the Minister for Health that patient care will be exactly the same at each, and all GP Practices, by each individual GP?

That they are at the same level of diabetic competence as the Manx Diabetes Centre multi-disciplinary team?

And that the patient will not just be downgraded from a Consultant Diabetologist straight to a nurse practitioner?

**MA:** *All diabetics on the Isle of Man can have the confidence that every GP practice, each GP, and each nurse, as well as all the staff at the Manx Diabetes Centre will be working to the same Integrated Pathway. This is intended to ensure that the right patient will be seen at the right time in the right place by the right professional enabling us to both avoid the wasteful overuse of resources and unacceptable delays in treatment for those who require it.*

**CC:** Please Minister tell us how you intend to provide the same treatment at all GP surgeries as that at the Manx Diabetes Centre, when you have a diabetologist at the Centre and a multi-disciplinary team, and you yourself admit that the GP's and the nurses practitioners are not diabetologists or diabetic nurses.

You say that the '*right patient will be seen at the right time in the right place by the right professional*', but you have already said that the GP under the Pathway has only need to see the patient once a year, the rest of the time they can be seen by a nurse practitioner.

You are sending the Type 2 diabetic direct from a diabetologist to a nurse practitioner.

Where does the diabetologist and the multi-disciplinary team come in? We know they are proficient in diabetes at the Manx Diabetes Centre and we have no need for you to tell us they are so, by using them as a red herring.

You say you have "*the confidence*", that is not what we asked, we asked for you to give us an 'categorical assurance' not your '*confidence*'. Your confidence is of no consequence to us.

By your own admission you cannot give us a 'categorical assurance' that all the GP's are at the 'same level of diabetes competence as the Manx Diabetes Centre multi-disciplinary team'.

In fact you claim, and I am quoting you that "No GP practice is able to offer a full one stop multi-disciplinary clinic as podiatrists, optometrist and dieticians are not available to GP practices' unquote, but ALL THESE FACILITIES ARE AVAILABLE AT THE Manx Diabetes Centre and the Eye Clinic at Nobles Hospital.

Which you want to deprive the Type 2 diabetics of.

Your arguments are absurd and comical if not outright contemptible

We already know that according to the Pathway and your contradictory comments to our questions that patients will be down graded from a Diabetic Consultant straight to a nurse practitioner.

The '*unacceptable delays*' are caused by your incompetent department not giving the Manx Diabetes Centre the wherewithal to do their job properly.

So much for your pathetic case.

**Q18)** Can diabetics again have the assurance from the Minister for Health that should problems arise they will be referred to the Centre at the correct time?

That they will be seen immediately and not in a year's time?

Again what is the protocol for this?

**MA:** *The underlying problem which has led to the Change in diabetes services which we are now implementing is the lengthy time for some cases to be seen at the Diabetes Centre.*

**CC:** Again no answer to our questions. What is the problem with you Minister, why can't you answer direct questions?

But to answer your statement as to why you are implementing the system, as you say it *'is the lengthy time for some cases to be seen at the Diabetes Centre'*

The problem here is that your department Minister, I must reiterate is not fit for purpose.

Your department needs to address the real issue, which is that the Centre is working with the same staff and the same clinic times in 2011 as they were in 2001, ten years ago, when diabetics have increased out of all proportions in the ten years since 2001.

Also remember Minister that surgeries are diagnosing diabetics at the rate of approximately 2 per week.

The number of diabetics are going to increase, not decrease, and your problems are going to compound themselves without a proper Manx Diabetic Centre, properly staffed and with increased clinic facilities.

If you gave the Centre the proper staff and an enhanced clinic times, then they will be able to cope.

Instead you are going round the houses convincing yourself in statistics to achieve nothing, at an extra cost of **A QUATER OF A MILLION POUNDS**, when we have the proper facilities already in place, at the Centre and the Eye Clinic. What they need is more staff and clinic times.

**Q19)** How will the Health Department work this out?

Will they employ more staff and have extra clinic time allocated within the Manx Diabetes Centre?

How will the Department cater for an influx of Type 2 diabetics when the GP's return them?

In his report on Diabetes Care in the Isle of Man, Dr Geoff Gill the diabetologist who is the Merseyside Regional Advisor to the Royal College of Physicians and Senior lecturer in Diabetes, at the time said, "Surprisingly few diabetic patients have even partial GP based care (less than 5% in a recent audit) and only 2 practices offered structured diabetes care"

**MA:** *There is no indication that there will be an influx of Type 2 diabetics from GP's returning to care at the Diabetes Centre. On the contrary, evidence from the UK and from those diabetics currently cared for within Primary Care setting indicates that the number who require care at the Diabetes Centre will be dramatically reduced.*

**CC:** Again a load of twaddle.

Again a load of statistics.

Again you do not answer the questions.

Again its what they do in the UK so lets do it here, even if it does not work for us or applies to the Isle of Man. The UK is in a mess with the Pathway so why don't we join them?

Safety in numbers.

I shall remind you once again Minister that in the UK, the GP's using your Pathway, and which you are claiming that *'On the contrary, evidence from the UK and from those diabetics currently cared for within Primary Care'*, Minister what are you talking about, they have been misdiagnosed to the tune of 100,000 diabetics. If you can quote statistics so can I, but mine are not thinking happy happy thoughts like yours, mine are damming.

Of course they will have to return to the Centre the Type 2 diabetics when they have complications and require to go there.

Are all these people never going to get a complication?

Are all these people never going to be returned to the Centre for expert advice and redefining their medication when they need it?

Don't tell us that when you claim there will be 1,600 diabetics appointments returning to Primary Care, that not one is going to get complications and that no one will need to have their medication changed.

Do you propose to bypass the Diabetologist and the multi-disciplinary team at the Centre all together for an inept UK Pathway?

Now the Minister bravely embraced the Pathway that is proving calamitous in the UK with 100,000 patients misdiagnosed?

Minister your statements are dragging you more and more into the mire, and dragging the Manx diabetic down with you.

**Q20)** Has this changed?  
How has it changed?  
How many practices are now offering 'Structured Diabetes Care'?

**MA:** *With the introduction of the Integrated Care Pathway every practice will be offering structured diabetes care in accordance with the Pathway.*

**CC:** Minister you need to go to Hospital for a second medical opinion as me thinks you are suffering from Pathway-itis

Hurray, we have a pathway, the end to all our troubles.

Just look at the UK 100,000 misdiagnosed diabetics, bully for the Minister and his Pathway.

But we thought you have already said that this complicated pathway that has never been used on the Island before, has now been replaced with a simple one? (your answer at Q16, not my assertion).

As regards Structured Diabetes care we shall have to await with avid interest the introduction of your statement.

If it wasn't such a serious matter one would have already gone to hospital for stitches on our splitting sides from all the laughter attacks.

**Q21)** Will all surgeries be delivering enhanced care?  
Or will they be expected to deliver just a certain core level of care?

**MA:** *Every practice will be expected to deliver care in accordance with the Pathway.*

**CC:** That Almighty Pathway again.

Again no attempt at answering the questions just the all prevailing Pathway, but notice that the Minister says, '*Every practice will be expected to deliver care in accordance with the Pathway*'

God help us all, as the Pathway does not appear to be working or delivering anything in the UK.

The operating word here though is that the Minister claims the GP's will be '*expected*', whether they do or they don't is another matter, we shall have to wait and see won't we?

But what happens if they don't do what the Minister '*expects*', as if they follow the Pathway it might no work as it's not working in the UK.

Each diabetic patient is an individual entity and cannot be treated collectively under an all embracing Pathway, as what may be good for one diabetic may not be good for another, so if anything goes wrong do we sue the Minister? That is what I shall be recommending my members and anyone that rings me with problems.

Because the Minister does not say they WILL, all he says is that they will be '*EXPECTED*', which is an open ended statement. By his statement he appears not to be too convinced himself.

'*Expected*' in the Collin Dictionary says "to regard as likely" which is no guarantee whatsoever Minister, again the wrong choice of words.

**Q22)** If all practices are not offering 'Structured Diabetic Care', how can the Minister for Health have the audacity of implementing a defective system and diminish the facilities at the Manx Diabetes Centre?

**MA:** *As outlined above, every practice will be expected to offer structured diabetic care in accordance with the Pathway.*

**C C:** **Is this a Joke?**

*'As outlined above' Where Minister Where, please tell us where?*

**It's Pathetic.**

**The 'expected' statement again.**

**This has already been answered by the Chairman in the previous question.**

**As we have pointed out above 'expected' in the Collins Dictionary is given as "to regard as likely", and diabetics be they Type 1 or Type 2 Minister, cannot afford their care to be 'regarded as likely', they must have positive preventative care, as once a complication starts there is no going back. If it is your leg you lose it, and if it is your heart, it's bye bye baby good bye.**

**There is absolutely nothing positive in all the statements that you keep making and contradicting yourself Minister.**

**Q23)** How will the Health Department resolve the waiting lists at the Manx Diabetes Centre?

How are they going to go about it?

The Friends of the Manx Diabetic want a categorical and detail response from the Minister for Health that enumerates and details the Departments actions.

**MA:** *The waiting lists at the Manx Diabetes Centre will be resolved by ensuring that patients who do not require Diabetes Centre levels of care are not treated there, thus releasing appointments for those on the waiting list.*

*The intention is that some 200 patients will be released from the need to attend the Diabetes Centre commencing this month (February), with a likely eventual total of between 600 and 800 (based on Diabetes Centre Estimates) of patients being returned to primary care.*

**CC:** **You are already in a mess, Mr Edwards has already told me that they had amongst the 220 patients returned to GP care, 4 were Type 1 patients who were erroneously returned to GP care.**

**Minister you have hardly started and you are already getting things wrong.**

**Well done. What vibes of confidence must you be sending out to diabetics?**

**This does not augur well for the Manx Diabetics.**

**In answer to question Q11 you claimed that you are sending back to GP care between 600 and 1600 appointments of Type 2 patients, now in Q23 you are claiming that the eventual total will be between 600 and 800 so what is it Minister?**

**Again how can anyone have faith in what you say, when you keep so blatantly contradicting yourself**

**You are just sitting on cloud nine with a harp and a pair of wings pontificating to all and sundry down below.**

**Minister you are using a sledge hammer to crack a nut.**

**What we need is more Staff and more clinic times at the Manx Diabetes Centre and not introduce a system and a Pathway with 'expectations', that appears not to be working in the UK.**

**We don't want 'expectations' we want positive and constructive action.**

**Please Minister understand that all diabetics already go to their GP's (your yourself say you are already paying them for this), as they need prescriptions to stay alive, and they don't get it at the Hospital, but they have the backup of the Manx Diabetes Centre, which you in your pompous statements are depriving them of, denying them their freedom of choice and their Human Rights to chose, go to the Centre if they so wish, and of course their "Freedom to Flourish".**

**All you are doing is compounding the GP problems with Pathways and God know what, and giving them in your own words 'more work'.**

**But the least you could do is answer the question as posed.**

**Q24)** The staff that existed in 2001 and the clinic times that were in operation then are the same numbers in staff and clinic times that are available today.

Yet the diabetics in 2011 have not stayed static since 2001. They have increased out of all proportions to what they were then.

They will continue to increase, therefore the solution is at source therefore increase staff and clinic facilities at the Centre to keep pace with diagnosis.

Will the Minister for Health insist that this will be done?

Otherwise everything will fall apart.

**MA:** *I cannot agree that the answer to the growing number of diabetics is simply to increase the size of the Diabetes Centre because, as was explained at the meeting, this is not the clinically effective or cost effective way of producing diabetes care. The working Group did not support increasing the size of the Centre.*

**CC:** **In the first instance forget the working Group that took over four years of meetings to achieve nothing. That is why I resigned from it, when we started the fourth year of meetings with no resolution for the Manx Diabetic problems.**

**I certainly would never have agreed to not increasing the Diabetic Centre when this is the main core of our arguments, see our report of 17<sup>th</sup> June 2006 or agree to the Pathway.**

**As regards the meeting of the 3<sup>rd</sup> February last, all we had was a lot of statistics and being told that people did not want to go to the Centre.**

**Secondly you say that it is not ‘cost effective’ but you as saying you are going to Tynwald to apply for A QUARTER OF A MILLION POUNDS to implement your system of ‘Care in the community’, in order to have your missing disciplines in place, which you don’t have now IN THE IMPLEMENTATION OF ‘Care in the Community’, but which you already have at the Manx Diabetes Centre and the Eye Clinic at the hospital.**

**Isn’t that a waste of money and less ‘cost effective’ Minister.**

**If I were running the Department of Health I know where I would spend my money.**

**How can you say one thing and then immediately contradict yourself.**

**Surely it is much better to start at the top where your experts are, rather than spend all this kind of money in an effort to be able to justify the implementation of your system.**

**Incidentally I did not hear Dr Khan at the meeting explaining anything to us at all.**

**As regards it not being ‘clinically effective’, spending the money at the Centre, who says so?**

**The GP’s and the Optometrists in the community?**

**Or is it those that do not want to go to the Manx Diabetes Centre?**

**Or is all this your statistics or is it the UK statistics?**

**Q25)** If (Q24) above is not implemented immediately and we don’t have more personnel and clinic facilities, then the Manx Diabetic Centre will not be able to cope with the Type 1 diabetics diagnosed today, plus the Type 2 that will be diagnosed and returned to them.

This will inevitably mean that they will have to prioritise the Type 1 diabetic patients to be able to cope with the increased number of diabetics since 2001, further diminishing its facilities, consequently more patients will fall by the wayside and be put at risk.

Will the Minister resolve this as a matter of urgency?

**MA:** *I am happy to accept the advice and recommendations of the multi-disciplinary Working Group which considered the provision of diabetes care on the Island for all diabetics for the foreseeable future is to implement changes which we are now undertaking.*

**CC:** Again Bully for you. I am so glad you are happy, but the majority of us are not.

If you have **A QUARTER OF A MILLION POUNDS TO SPEND**, there are going to be people who could possible feel that some of it might come their way.

Minister you won't be there when the Manx Diabetics reaps the complications of your dictums and labour.

**It will be the poor Manx Diabetic patient that will carry the burden.**

### **In conclusion.**

In your penultimate paragraph your comments on Dr Khan leaves much to be desired, and as I have the utmost respect for Dr Khan as a person, for his wonderful work as a Physician and Diabetologist and for his work in the Isle of Man on behalf of the Manx Diabetics, and the Manx people, I shall not get involved in what he said to you or your staff, I am not interested in getting into a war of words with you on this issue.

In your last paragraph you also did say that as the Chairman had circulated his report to all Members of Tynwald, you were doing the same so that *“they may be aware of the factual and clinical basis on which we are making these changes”*

If you go by your answers and comments you wouldn't know what *‘clinical basis’* was even if it hit you

Once the Chairman has sent you Minister, the corrected version of your fairy tale hypothesis, I shall be sending it to the Members of Tynwald, so that they can appreciate your *‘Comedy of Errors’*. and contradictions which only exacerbates the problems of what you are implementing for the Manx Diabetic.

Before we leave, The Chairman would just like to bring to Ministers, Members of Tynwald and all our members the last statement that the Minister made in his addendum to his letter to the Chairman it says quote: -

**“No GP practice is able to offer a full one stop multi-disciplinary clinic as podiatrists, optometrist and dieticians are not available to GP practices” unquote.**

**So how can the Minister implement a defective system that has all these disciplines missing, but they are available at the Manx Diabetic Centre and the Eye Clinic at Noble's Hospital?**

**The Minister himself admits these disciplines are not available at the practices, yet he is deliberately cutting the Type2 diabetics adrift from these services.**

These are the actual words of the Minister which proves that all he has said to the Chairman in answer to the Chairman's questions is bunkum.

So Minister, the Chairman rests his case, as you yourself admit that the GP's do not have these capabilities to hand, so the answer Minister whether you like it or not is to increase the Staff at the Manx Diabetes Centre and increase the clinic facilities and you will have no more waiting lists.

By all means send those Type 2 diabetic to primary care, when all facilities are in place, but all diabetics at present go to their GP's anyway.

The Minister admits that the Department is already paying the GP's for seeing the diabetics.

So what is the problem, this is all spin on the part of the Minister and his Department.

The Minister is just obsessed with the Pathway which appears not to be working in the UK as GP's have already misdiagnosed 100,000 diabetic patients.

This is going to create tremendous problems for the GP's and most important to the Manx Diabetic patient.

**Spending A Quarter of a Million Pounds** to implement foot care and Eye Clinic services is the most ridiculous expenditure of money that the Brown Block Vote will ever Vote.

Minister your analysis of the situation unfortunately is a contradiction in terms, and in the long run will only exacerbate the pain and suffering of the Manx Diabetic People.

Where is your slogan "Giving Freedom to Flourish?"

When you deny the Manx Diabetic their basic freedom of choice.

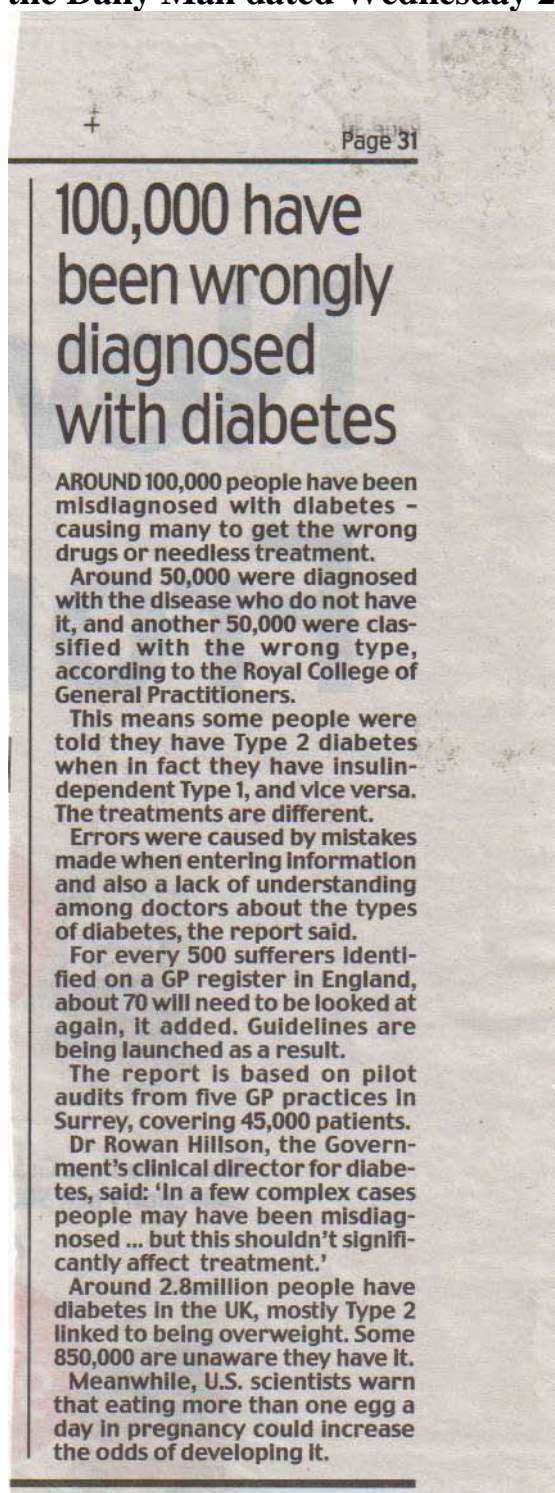
**BE IT TYPE 1 OR TYPE 2 MINISTER,  
DIABETES KILLS**

**Remember Minister, you are just TRANSITORY  
but diabetes is PERMANENT  
and the long term health of the Manx Diabetic is paramount.**

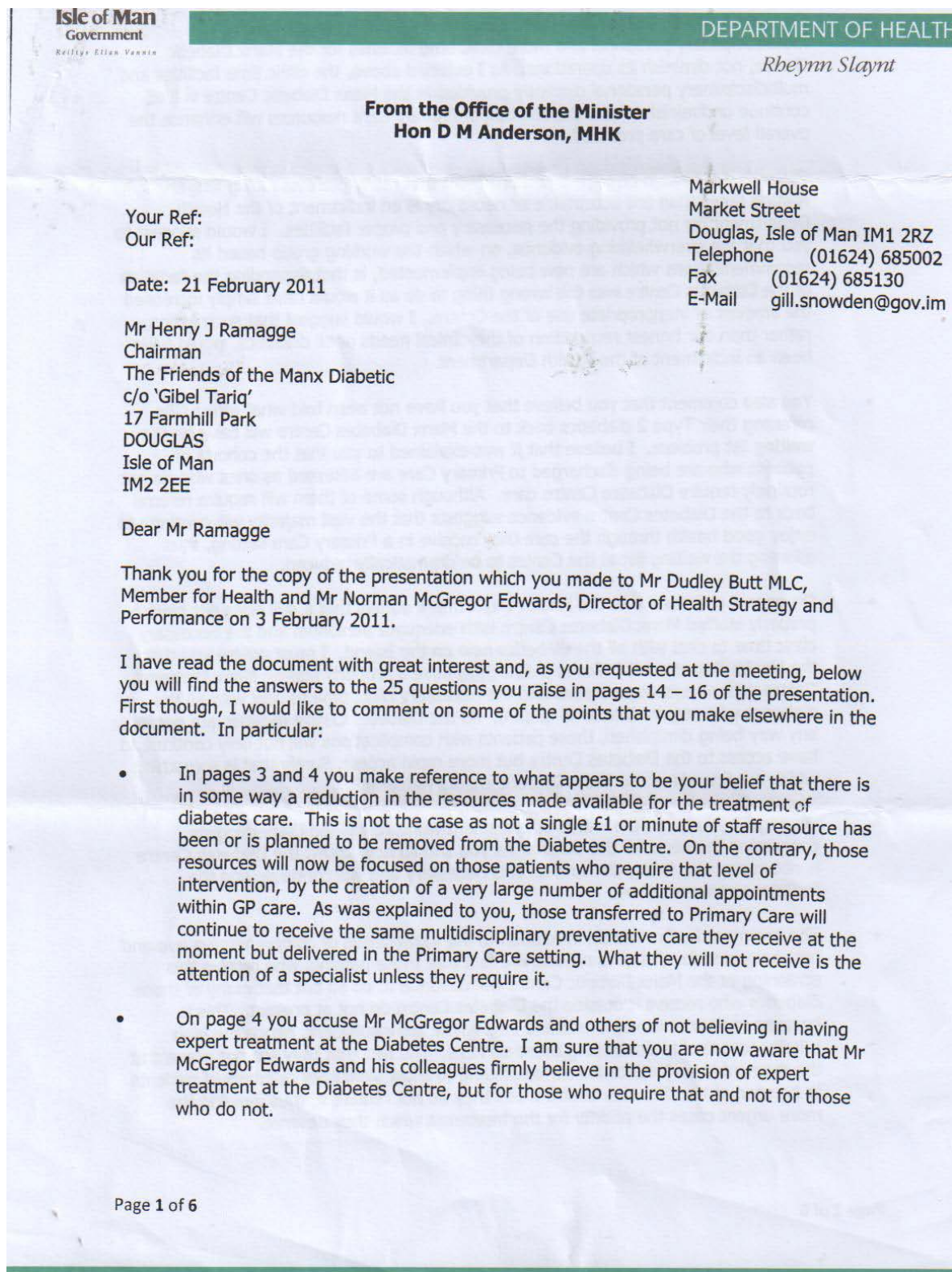
In congratulating the Minister for his wonderful none assessment of our original report we are of the opinion that Minister Anderson should leave the Health Department and be given a seat and elevated to the Houser of Lords, and he should take up the name of.....**Lord of Inconsequential Pathways.**

## EXHIBIT A

Extract from the Daily Mail dated Wednesday 2<sup>nd</sup> March 2011



**The United Kingdom is using the same Pathway for their GP's that Minister Anderson is avidly embracing on the Isle of Man. A Pathway that in accordance with the above article does not appear to be working properly for the GP's in the United Kingdom.**

**Exhibit B**

- On page 5 you state that the Health Department should provide more multidisciplinary personnel and more clinic time facilities for the Manx Diabetic Centre, not diminish its operations. As I outlined above, the clinic time facilities and multidisciplinary personnel currently provided at the Manx Diabetic Centre will all continue undiminished and the addition of Primary Care resources will enhance the overall level of care provided.
- Towards the bottom of page 5 you comment that many patients facing longer waiting times than are acceptable or necessary is an indictment of the Health Department for not providing the necessary and proper facilities. I would suggest to you that the overwhelming evidence, on which the working group based its recommendations which are now being implemented, is that expanding the facilities of the Diabetes Centre was the wrong thing to do as it would have simply increased the amount of inappropriate use of the Centre. I would suggest that such action,, rather than our honest recognition of the clinical needs of all diabetics, would have been an indictment of the Health Department.
- You also comment that you believe that you have not been told what effect GPs referring their Type 2 diabetics back to the Manx Diabetes Centre will have on the waiting list problem. I believe that it was explained to you that the cohorts of patients who are being discharged to Primary Care are assessed as ones who do not routinely require Diabetes Centre care. Although some of them will require referral back to the Diabetes Centre evidence suggests that the vast majority will continue to enjoy good health through the care they receive in a Primary Care setting, thus allowing the waiting list at the Centre to be dramatically reduced.
- On page 6 you state that the Health Department admits that it still does not have a properly staffed Manx Diabetes Centre with adequate personnel and the necessary clinic time to deal with all the diabetics now on the Island. I must advise you that the Health Department believes that it does have a properly staffed Manx Diabetes Centre with adequate personnel and the necessary clinic time to deal with all the diabetics who require that level of care. As the Diabetes Centre facilities are not in any way being diminished, those patients with complications will not only continue to have access to the Diabetes Centre but more rapid access. Surely that is something which the Friends of the Manx Diabetic should welcome?
- On page 7 you quote the words of prominent world renowned Diabetologists concerning the need for the Centre. As you should now know, the Diabetes Centre is not in any way being dismantled. It is necessary and will continue, and the facilities remain excellent.
- The comment by Dr Hannan in relation to the introduction of comprehensive eye and foot screening for diabetics reflects the fact that those patients who receive this screening at the Manx Diabetic Centre will continue to do so but that many of those diabetics who receive it outside the Diabetes Centre do not at present. This is because resources across the Island as a whole are insufficient, hence the high priority accorded to developing these services. The fact that they are not present at the moment is no justification for continuing to allow significant numbers of patients to be seen at the Diabetes Centre when they do not require it, thus denying the more urgent cases the priority for the treatment which they deserve.

- On page 8 you allege that the Health Department has closed two podiatry clinics. What you have not acknowledged is that the closure of those two clinics has enabled us to provide an additional 30 – 40 appointments per month for podiatry care – a net increase rather than the decrease your comment might imply. You also omitted to mention that the podiatry service has also recently re-profiled the services it provides in order to improve the care available for diabetics amongst others. Rather than implying that in some way the podiatry resources available for diabetics have been reduced it would have been more honest to reflect the net increase in appointments and the priority accorded to diabetics.
- On page 9, you quote a GP who complained that no extra training had been provided and no assessment of competencies had been made. As I know you were made aware by Dr Kewley at the meeting on 3 February, there is a rigorous and regular assessment of standards, which has been in place for some years, that nearly all GP practices have staff who have undertaken additional training, and that eleven educational updates for Primary Care staff have been provided in the last two years. These updates included two full- day- programme diabetes study days which were well attended, with all but one of the remainder sessions being evening meetings to ensure that busy clinical staff could attend. The remaining meeting was a specific meeting for GPs and practice nurses at one particular practice. I would suggest that the concerns expressed to you about additional training and competencies are unfounded and unrepresentative.
- At page 10 you state that with a number of different practices patients are likely to get different degrees of care. As you are aware, the Integrated Care Pathway (which is well used and respected in the UK and has been adapted to suit the Isle of Man) is intended to ensure the provision of a uniformly high standard of care, a standard of care which is verifiable and validated by audit.
- At page 11 you imply that the Health Department thinks there is no need for a Diabetic Centre when it is quite clear from every statement that we have made that nothing could be further from the truth. I must repeat that we are not diminishing the role of the Manx Diabetes Centre in any way but are seeking to ensure that the continued high level of care from the Diabetes Centre is supplemented by the appropriate level of care for those patients who do not require Centre expertise.
- On page 13 you state that the Health Department and I apparently do not realise the implications of Type 2 diabetes for the Isle of Man. I assure you that the Health Department and myself most certainly do, as is clear from the substantial improvement in diabetes care which the changes will bring.

Turning now to the questions to which you seek specific answers in pages 14 – 16, a significant number of them require detailed statistical information which is not routinely collected and I will revert to you with the answers at the earliest opportunity. In the meantime, however, I can advise you that the available information to answer each question is as follows:

1. The Department has made diabetic course training available to every GP on the Isle of Man and the uptake has been very satisfactory. I enclose details of GP and Practice Nurse Training.

2. The Department has continuing professional development programmes in place, devised and supervised by the Diabetes Centre, for the regular training and upgrade of all Health Service staff (including GP and Primary Care staff) who are involved with the treatment of diabetics. This includes supporting specialist staff from the Diabetes Centre who are required to go to the UK and elsewhere in the world so that they may acquire the most recent and up to date information which can then be passed on to everyone involved in diabetic care.
3. Every surgery on the Isle of Man either has qualified diabetic nurses or access to them from the Diabetes Centre or other practices.
4. As with GPs, the Department has made extensive training opportunities available for surgery nurses, many of whom have been trained to an extremely high standard. Detailed numbers will be provided to you as soon as possible.
5. Depending upon the circumstance, a diabetic may very well be seen by a nurse or nurse practitioner in the first instance in order to obtain baseline data and information. The Integrated Care Pathway requires that every diabetic will be seen by a doctor on at least one occasion every year, and more frequently if circumstances demand it.
6. Very few surgeries, if any, are at present holding multidisciplinary clinics with the care all in one place at the same time and it is not necessary for them to do so. As you are aware, many patients have expressed a strong preference for their care to be managed by their GP rather than the Diabetes Centre as it is more convenient for them and avoids them having to spend lengthy periods waiting at the Diabetes Centre.
7. The referral protocol to send diabetic patients forwards and backwards between the GP and Diabetes Centre is included in the Integrated Care Pathway of which I believe you have a copy. In referring to the Pathway you may wish to bear in mind that you have a paper copy of a computer display – the actual programme is far more comprehensive and accessible than the paper copy would suggest.
8. Again, the guidance for GPs on when to refer patients with complications to the Diabetes Centre is contained in the Integrated Care Pathway. It is not up to the patient to be asked to be sent back to the Manx Diabetes Centre and I would expect that a GP would only refer a patient to the Diabetes Centre when it was clinically necessary for them to be referred.
9. GPs do not have to wait until the evidence of complications is present before referring a patient back to the Diabetes Centre. As was explained to you at the meeting, by Dr Kewley, the indications of incipient problems seen by a GP will be the same as those seen by Diabetes Centre staff who will be working to the same standards.

10. Over time we would expect those patients referred to the Diabetes Centre being seen within a matter of weeks rather than months, and ideally a matter of days if the matter is urgent.
11. The Department has calculated that those Type 2 diabetics who do not require the enhanced level of care being provided by the Centre will release between 600 and 1600 appointments each year and thus there will be no question of the waiting lists remaining the same.
12. The need to see all diabetics who require enhanced care quickly is at the heart of the changes we are introducing.
13. The appropriate stages for referral of diabetic patients to be seen by the dietician, podiatrist and the eye clinic are contained within the Integrated Care Pathway and referrals will be made by the GP as they are at present.
14. It is unlikely that there will be any additional cost to the Health Department in having to pay GPs for this extra work as it is included within their general medical services responsibilities. The Gs, through their representatives, have expressed support for this initiative.
15. The provisional cost we have for implementing full eye and foot screening for all diabetics and others who require it is estimated at £250k, depending on how they are provided. There are a number of potential ways in which they could be provided, including directly employing staff or by using existing Primary Care contractors and the preferred method will be decided once funding has been secured.
16. I can confirm that a proper and simple Diabetes Integrated Care Pathway has been provided to all GPs. Every practice has been given the opportunity to hold a meeting at which members of the group formulating the pathway, could clarify any issues or concerns.
17. All diabetics on the Isle of Man can have the confidence that every GP practice, each GP, and each nurse, as well as all the staff at the Manx Diabetes Centre will be working to the same Integrated Care Pathway. This is intended to ensure that the right patient will be seen at the right time in the right place by the right professional enabling us to both avoid the wasteful overuse of resources and unacceptable delays in treatment for those who require it.
18. The underlying problem which has led to the change in diabetes services which we are now implementing is the lengthy time for some cases to be seen at the Diabetes Centre.
19. There is no indication that there will be an influx of Type 2 diabetics from GPs returning to the care at the Diabetes Centre. On the contrary, evidence from the UK and from those diabetics currently cared for within a Primary Care setting indicates that the number who require care at the Diabetes Centre will be dramatically reduced.
20. With the introduction of the Integrated Care Pathway every practice will be offering structured diabetes care in accordance with the Pathway.

21. Every practice will be expected to deliver care in accordance with the Pathway.
22. As outlined above, every practice will be expected to offer structured diabetic care in accordance with the Pathway.
23. The waiting list at the Manx Diabetes Centre will be resolved by ensuring that patients who do not require Diabetes Centre levels of care are not treated there, thus releasing appointments for those on the waiting list. The intention is that some 200 patients will be released from the need to attend the Diabetes Centre commencing this month, with a likely eventual total of between 600 and 800 (based on Diabetes Centre estimates) of patients being returned to Primary Care care.
24. I cannot agree that the answer to the growing number of diabetics is simply to increase the size of the Diabetes Centre because, as was explained to you at the meeting, this is not a clinically effective or cost effective way of providing diabetes care. The Working Group did not support increasing the size of the Centre.
25. I am happy to accept the advice and recommendations of the multidisciplinary Working Group which considered the provision of diabetes care at some length. It concluded that the only way to sustain proper diabetic care on the Island for all diabetics for the foreseeable future is to implement the changes which we are now undertaking.

Finally on page 17 of your document you make a serious allegation in relation to Dr Khan including that he is not prepared to sit at the same table with his employers. This is incorrect. You are aware that Dr Khan is a member of the Working Group. He has had numerous meetings and discussions with Mr McGregor Edwards, Dr Kewley and many others on a range of topics, including diabetes, and continues to have a most harmonious relationship with them. You also may wish to be aware that in discussions with Mr McGregor Edwards at a Working Group meeting, Dr Khan advised that he felt that to have attended any of the public meetings could have affected his relationship with any patients present there and that he therefore felt it better that he did not attend.

I note that you have circulated the presentation to all Members of Tynwald and I have therefore taken the liberty of copying my response to all Members of Tynwald. This is so that they may be aware of the factual and clinical basis on which we are making these changes.

Yours sincerely



**Hon D M Anderson MHK**  
**Minister for Health**

cc All Tynwald Members

<b>Practice</b>	<b>GP's training</b>	<b>Practice Nurses Training</b>	<b>Multidisciplinary Diabetes Clinics</b>
Ballasalla	1 has no recognized diploma/cert but 13years Hospital Practitioner Experience. Member of Diabetes UK	No formal diabetes qualification but have in house training	GP dedicated clinic
Castletown	1 had update last year	3 have Diabetes Diploma	No MD clinic Patients are seen at their convenience in surgery times
Finch Hill (single handed GP)	1 has Diabetes Diploma	1 has Diabetes Diploma	No MD clinic Patients are seen at their convenience in surgery times
Hailwood	1 has Diabetes Diploma	1 has Diabetes Diploma	No MD clinic Patients are seen at their convenience in the surgery
Kensington	No recognized diploma/cert but all GP's have general training in Diabetes and keep up to date	2 have Diabetes Diploma	No MD clinic Patients are seen at their convenience in the surgery
Onchan/Laxey	No recognized diploma/cert but all GP's have general training in Diabetes and keep up to date	2 have Diabetes Diploma	No MD clinic Patients are seen at their convenience in the surgery
Palatine	1 has a specific certificate	2 have with the Diabetes Diploma	GP and PN dedicated Diabetes Clinics
Peel	No particular certificate/diploma but all GP's have general training in Diabetes and keep up to date	2 have Diabetes Diploma	GP and PN dedicated Diabetes Clinics
Promenade	1 has Diabetes Diploma but all GP's have general training in Diabetes and keep up to date	1 has Diabetes Diploma	No MD clinic Patients are seen at their convenience in the surgery
Ramsey	3 - Diabetes Diploma	2 have Diabetes Diploma	No MD clinic Patients are seen at their convenience in the surgery
Snaefell	1 Diabetes Diploma, others no recognized diploma/cert but all GP's have general training in Diabetes and keep up to date	1 has Diabetes Diploma	No MD clinic Patients are seen at their convenience in the surgery
Southern	No particular certificate/diploma but all GP's have general training in Diabetes and keep up to date	2 have Diabetes Diploma	GP and PN dedicated Diabetes Clinics
<b>Total</b>	<b>10</b>	<b>19</b>	

No GP practice is able to offer a full one stop multidisciplinary clinic as podiatrists, optometrists and dietitians are not available in GP practices, but the vast majority of patients who attend their GP for diabetes care, access podiatry and optometry in their local community services.



