

# **The Friends of the Manx Diabetic**

*Caaryjn Lught Vannin yn Chingys Millish*

## **Presentation**

*of background information for the retention of services at the  
Manx Diabetes Centre  
in its present specialist form with a multi-disciplinary team, but  
with more staff and enhanced clinical facilities.*

## **Comments**

*re proposals by the Health Department to split the facilities  
of the Manx Diabetes Centre and return Type 2 diabetic  
patients to 'Care in the Community'*

## **The Manx Diabetic**

*population of the Isle of Man respectfully look to, and place  
their trust in, the elected members of the House of Keys and  
Tynwald to support the Manx Diabetic people  
that have voted for them.*

## **Postponement**

*The Friends of the Manx Diabetic want the proposed system  
postponed until such time as all Disciplines,  
proper Pathways and Protocols are in place.*

Presented to Mr Dudley Butt MLC Member for the Health Department and Mr Norman McGregor Edwards, Director of Health Strategy and Performance at a meeting at Crookall House on 3<sup>rd</sup> February 2011 in the presence of Mr John Houghton MHK and then to all MHK's and MLC's by: -

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## The Problem

We shall start with the same request that we shall finish with: -

***The Manx Diabetic population of the Isle of Man respectfully look to, and place their trust in, the elected members of the House of Keys and Tynwald to support the Manx Diabetic people that have voted for them.***

***The Friends of the Manx Diabetic want the proposed system postponed until such time as all Disciplines, proper Pathways and Protocols are in place.***

In a press release Mr Norman McGregor Edwards the Director of Health Strategy and Performance of the Isle of Man Health Department, announced on 16<sup>th</sup> December 2010 that as from 1st February 2011 and over a period of several months the Department of Health would gradually transfer those diabetics in good health from the Manx Diabetes Centre to GP care.

In one fell swoop the Health Department have now done away with multi-disciplinary preventative care at the Manx Diabetes Centre for more than half the Isle of Man diabetic population.

With the Health Department's press release they are doing nothing new, just window dressing and spin, to hide the fact that behind a claim that this 'is not a cost saving measure' they are nonetheless diminishing the facilities at the Manx Diabetes Centre as every diabetic on the Isle of Man be they Type 1 or Type 2 at present already go to their GP. What the Health Department is doing is cutting the Type 2 diabetics from the care of the multi-disciplinary team at the Manx Diabetes Centre.

But this is the thin edge of the wedge for preventative care under a multi-disciplinary team for all Isle of Man diabetic patients.

On 14<sup>th</sup> December 2009 at a meeting at Markwell House, the then Minister for Health Mr Eddie Teare, asked the Chairman for details of what he thought could be cut from the Diabetic Centre, in order to save money. Hence this is nothing new, even then it was a cost cutting exercise to diminish the facilities at the Manx Diabetes Centre.

The Chairman in a letter, being fully aware of the Departments intentions asked Mr Teare for the expenditure and costs of departments within the Centre that were legitimate Diabetes Centre expenses, so that he could ascertain which were the expensive arms of the Centre, and so as not to touch those disciplines that gave value for money. Not that he had any intention of proposing any cuts.

However Mr Teare in a letter explained he could not answer the posed questions as his department did not know the costs. Whereupon the Chairman gently explained to him, that if he did not know what the expenditure of the Manx Diabetes Centre was, how could the Chairman advise him on the matter, or alternately how could Mr Teare even consider shutting down any part of the Manx Diabetes Centre to save money, if he didn't know what it was costing the DHSS?

In a letter to the Chairman of the Friends of the Manx Diabetic, Mr Edwards on 16<sup>th</sup> May 2006, said quote: -

***“You may recall that I quoted examples of individuals currently on the Island who have not been seen by a Hospital Diabetologist for more than 12 years, have been well cared for and continue to be in Good Health”.*** We wonder who the ‘individuals’ are?

This may be good for some of the people some of the time, but it will catch up with them in the long term, as diabetes gnaws at every organ of the body and you don't realise what is happening until it is too late, unless the patient has proper preventative care from a multi-disciplinary team under one roof, and the consequent complications can be minimised.

We would like to bring to the notice of Mr Edwards, and his ‘individuals’ who do not believe in having expert treatment at a Diabetes Centre, that since his statement we ourselves also know of someone on the Island who apparently never went to a Diabetic Centre, or diabetologist, and unfortunately when he did, it was too late, **he is now DEAD, as his complications KILLED him.**

The Health Department's arguments do not hold water, as every Type 1 and Type 2 diabetic will tell you, that they have to visit their GP regularly, because they need their prescriptions and they don't get prescriptions at the Hospital or the Manx Diabetic Centre, and with no prescriptions, the diabetic would be risking complications and death.

So diabetics going to their GP regularly, whether they are Type 1 or Type 2 is nothing new.

What then is the object of this exercise? This question of ‘care in the community’ is only window dressing with hidden ulterior motives, as at present all diabetics are already constantly being seen by their GP. But the important aspect of all this is that diabetics at present go to the Centre, and are seen by a multi-disciplinary team representing all disciplines.

Whatever assurances Mr Edwards may give, by splitting up the Type 2 and Type 1 diabetics, the Health Department are in actual fact diminishing the present role of the Manx Diabetes Centre. **To compound the issue the Health Department is now even using diabetic staff to front other consultants and medical departments, as we have been informed by patients of other disciplines, so diminishing their diabetic activity still further.**

In the UK some of the trains are running at under capacity and it has been decided that if they run less trains, then the others will have more passengers.

On the Island we use the same 'logic', less boats to Ireland more capacity on the few that operate. Which is logical, in both cases they have done nothing to increase capacity because the same people will make use of the reduced service, if you can't get on one train or one boat you get on another, they can then show they have improved the capacity of the service, because more people can be shown to be travelling in the one train or one boat.

The Health Department uses the same criteria, according to them the problem is, that there are too many people going to the Centre, and they can't cope. The answer they come up with is, send less people there and then they will be able to cope and meet targets.

The Centre can't cope because they don't have enough staff or clinic time facilities to deal with the many diabetics now on the Island.

So why don't we just shoot half of them or better still withdraw their medication and they will then die. The Health Department shall then be able to cope and run under capacity or at full capacity, whichever way suits them better, and the Health Department and the Centre will achieve objectives.

What the Health Department has to do, is provide more multi-disciplinary personnel and more clinic time facilities for the Manx Diabetic Centre not diminish its operations.

Mr Edwards in his press release admits quote **"The numbers attending the Centre have reached unsustainable levels resulting in many patients facing longer waiting times than are acceptable or necessary"** How dare the Manx people become diabetic! (*At present the waiting lists are disgraceful, as they are over one year*), **This is an indictment of the Health Department not providing the necessary and proper facilities.**

More important the Department of Health has not told us how they are going to resolve this waiting list problems, if the GP's start sending their Type 2 diabetics back to the Manx Diabetes Centre with problems?

We will be back to square one as they have not instituted any protocols for this backwards and forwards traffic of patients which will eventually take place

The message to the Minister for Health and his Department is that common sense dictates that the problem needs more staff and more facilities, not diminish its function because there are too many diabetics going there. That is what the Manx Diabetes Centre is there for, to see diabetic patients, not to turn them away.

On 17<sup>th</sup> July 2006 the Chairman in the company of Mr John Houghton MHK presented a 68 page report to Mrs Marie Berrie and Mr Louden Brown for a Diabetes Clinical Audit commissioned by Mr Edwards.

In it, being aware of the need to change and progress, the Friends of the Manx Diabetic said in the report that the Chairman laid on the table, that we did not want 'Care in the Community' but what we wanted was "***SHARED** Care in the Community*" with an enhanced Manx Diabetes Centre, which is a totally different thing.

By their own admission five years later the Health Department still do 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.

The Centre is booking patients one year in advance because the Health Department is not fit for purpose, and do not provide the Manx Diabetes Centre with the necessary resources for them to operate properly.

The Health Department has publicly admitted that diabetes and diabetic complications on the Isle of Man are on the increase. What will happen to patients with complications if we have a diminished Diabetes Centre facility?

The Manx Diabetes Centre because of the configuration of the Isle of Man and it's location, is basically already acting as a 'Community' Diabetes Centre.

Therefore the Department's system of 'Care in the Community' slogan, should be reclassified to what The Friends of The Manx Diabetic have postulated "***SHARED** Care in the Community*" with the Manx Diabetes Centre and its team of specialists and multi-disciplines at its very centre as we have now, but enhanced.

This is the way we explained that the Friends of the Manx Diabetic recommended as the way forward, and so do prominent diabetologists in

testimonials to the Chairman. These prominent world renowned Diabetologists have said:-

**“To dismantle this service in ANY way would be a waste of dedicated diabetic related expertise”**

*(Dr Geoff Gill, Reader in Medicine University Hospital Aintree).*

**“For a population of around 80,000, it is NECESSARY to have a specialist centre similar to the one that you are providing”**

*(Dr Niaz Khan Bangor Hospital North Wales)*

**“Your facilities are EXCELLENT, I wish we had a similar modern set up”**

*(Dr Steven Judd, Flinders University Medical Centre, South Australia).*

Instead the Health Department presents the GP's with what a local GP claims is a complicated pathway, on the day before their first public meeting in Ramsey, it even has the UK NHS logo instead of ours, presented in haste just to get themselves out of a pickle in case anyone asked the question at the first meeting. **This only confirms that this system is being implemented in haste and on the hoof**, which is what the Friends of the Manx Diabetic are against.

Dr Hannan the Primary Care Medical Advisor to the Department confirms, quote: - **“The department is working towards the introduction of comprehensive eye and foot screening for diabetics”**

*This means that they do not have these disciplines in place yet, to the detriment of the patients that will be going to the GP's, but these disciplines are available at the Manx Diabetes Centre.*

*Because of their absence at GP level, the Minister for Health must postponed the Health Department's proposals until there is a simplified pathway, the missing disciplines and all other protocols are in place.*

**What do we do, do we resign ourselves to loosing our eyesight or have amputations, until the Department is ready?**

Knowing how the Health Department operates it would take years for them to come on stream, and it will then cost lots of monies if they have to do it in the private sector.

Where is the Minister for Health in all this? Minister this is not good enough.

## The Diabetic Foot



### *The Complications of the diabetic foot.*

Without early Diagnosis and Preventative Care from a multi-disciplinary specialist diabetic team at a dedicated Diabetes Centre what you see inevitably leads to

## A M P U T A T I O N

The Health Department has already closed **two podiatry clinics** which will have dire consequences on the feet of the diabetic patient, and now we are going to split the Manx Diabetes Centre facilities.

When will the Department of Health put the Manx patient first?  
When will the Minister and our Government stand up for the people that elected them, the people of the Isle of Man?

**WE ARE COURTING DISASTER AND EVENTUALLY  
FINANCIAL AND MEDICAL BANKRUPTCY**

To quote Dr Gill what the DHSS was providing before the implementation of the Manx Diabetes Centre was, in his words, 'morally and medico-legally untenable'

## **The Extraordinary Risk**

So the Department is introducing a defective system, as amongst other things these two crucial disciplines in the care of diabetes, a simplified pathway and special protocols are not in place.

The Health Department is introducing at very short notice a complicated Map of Medicine that has never been used in the Isle of Man and the GP's are probably not fully conversant with.

As a GP said to me **“No extra training has been provided for primary care staff and no assessment of competencies etc, there is no universal eye or foot check system and extra resources in place or planned primary care”** unquote.

It is paramount that carefully thought out simple care pathways have been devised in advance of any transfer, and not the complicated UK one that has been imposed.

Also we have to look as to whether the Department of Health have given the necessary training to GP's to manage the transfer, and that the necessary appropriate pathways, disciplines and protocols are in place.

It is essential that there are clearly defined systems with clear referral protocols from and back into secondary care.

These **‘clear referral protocols from and back into secondary care’** are not even in place and the Department has not even considered the waiting list for this **back and forth movement into “secondary care”** i.e. back to the Manx Diabetes Centre.

Without extra staff and clinic facilities, are the patients going to wait a year for an appointment? If they are going to be seen in two weeks do we postpone the appointments of the Type 1 diabetics. Something and someone has to suffer. We must postpone this proposal by the Health Department until everything is in place.

It does not matter what the Health Department might say, if a GP says what is quoted above ‘no extra training etc’, who better than them to know what is happening, and the deficiencies of the proposed system.

At the Manx Diabetes Centre you get uniform care for all patients, they see the diabetologist or diabetic doctor, then the diabetic nurse, then the podiatrist, then the dietician, and then appointments are made for the eye clinic.

Minister, where are all these disciplines at every surgery on the Island?

How are we going to implement the system if the Health Department admits they do not have these essential disciplines in place, but will set them up sometime in the 'future'. The Diabetic patient cannot wait. **If you develop an ulcer and it goes septic, its off with your leg.** You need proper podiatry preventative care.

The Minister for Health in his wisdom and profound knowledge of diabetes has already closed two podiatry clinics, (see our picture on Page 8) and is now diminishing the facilities at the Manx Diabetes Centre.

Minister, this is just not good enough!

Minister, you may claim your government has no funds, yet you keep voting millions of pounds for the refurbishment of buildings, care parks and roads.

When will your government get their priorities right? The Manx people are more important than material things.

It stands to reason that at 13 different practices (with some 47 GP's), and casting no aspersions, that the patients are going to get 47 different degrees of care, and without the backup that exists at the Manx Diabetes Centre, which at present the Manx Diabetic patient has and enjoys. The Health Department instead of doing their job and providing more facilities is taking them away from the diabetic patient.

It is an extraordinarily risky situation that the Health Department is putting the Isle of Man diabetic patients in, and at the end of the day it will backfire with catastrophic implications to Health Department future budgets not to mention the pain and suffering to the diabetics of the Isle of Man.

The Island is not like the United Kingdom, it is one community, a Manx Community with the Manx Diabetes Centre acting as a Diabetic Community Centre, and setting the standard of diabetic care for our whole Island diabetic community.

The Manx Diabetes Centre presents the same medical advice and across the board treatment as a matter of course, whereas the GP's with all the will in the world will be unable to do this, as they are not diabetologists, each one has a different level of Diabetes knowledge, and therefore logically, patients will receive a different level of treatment.

The Manx Diabetes Centre must set the standards, and to do that they must see all patients diagnosed diabetic for proper assessments and set up parameters for their care, before they are returned to the GP's with a proper medical regime.

However there must be a protocol for them to be seen by the Centre at regular intervals to access their progress in case they need medical adjustments to their treatment. Minister this is missing, we therefore must postpone the implementation of this defective programme.

But the Centre must have the personnel and clinic allocation, to deal with the patients within two weeks and not in a years time, otherwise you are back to square one and the Health Department is failing the Manx people once again. That is why we need more staff and facilities at the Centre before any 'Shared care in the Community' is implemented.

Believe me the diabetics on the Island are only going to increase not diminish.

If the Health Department thinks there is no need for a Diabetic Centre on the Island, the Department is horribly mistaken, and this will be the harbinger of dire consequences to the Manx people and future health budgets.

The Health Department has chosen diabetes, which is the wrong disorder to treat in just "Care in the Community" in a community such as ours, without proper safeguards.

The implications of all this will devastate future Health budgets if the proper steps are not taken now to prevent as many complications as possible to the Manx Diabetic patient.

Complications that with just "Care in the Community" cannot be effectively dealt with unless we have a fully specialised Manx Diabetes Centre, with proper staff and enhanced clinic facilities and with all patients going there.

Instead of thinking of diminishing the role of the Manx Diabetic Centre, The Minister and his staff should be quaking in their boots, at the prospect of 10% of the diagnosed, with a similar number of the undiagnosed, Manx diabetic population being struck down by any of the diabetic complications at the one time. The Minister would not have enough beds at Noble's to cater for them.

So how about it Minister, do we postpone the implementation of this blinkered proposals until such time as we have everything in place, or do we just join the lemmings over the cliff?

## The Financial Costs of Diabetes

A report in the UK by the NHS shows that the cost of diabetes to the Health Department in the UK, is now well over 1 million pounds per hour, or 10% of the NHS total budget for England and Wales.

This is approximately the equivalent of £16,666 being spent on diabetes per minute, or to put it another way £278 pounds per second.

A total of 9 billion pounds is spent every year by the UK NHS in treating diabetes and its complications.

**Our Health Department has no figures**, but if its 10% of the total UK budget it must be 10% of the Isle of Man total budget, as diabetes is mostly standard over all countries. Work it out yourself.

Over the last five years the cost of drugs to keep diabetics alive in the UK has risen by 40% from £458.6 million pounds to £649.2 million pounds.

**Our Health Department as usual is unable to produce figures for what is being spent on diabetics locally.**

However from 2002, prescriptions for diabetics have shot up in the UK by 73%.

The report claims that this is being driven by the need to control **increasing numbers of cases of TYPE 2 diabetics, *the ones our Health Department wants to take away from the Manx Diabetes Centre.***

**Type 1 and Type 2 are pernicious forms of diabetes disorder that cause complications and death. Type 2 diabetes contrary to what the Health Department might think is as lethal as Type 1.**

According to reports 4.1% of the Population in the UK at present are diagnosed diabetic, and this is what is being quoted to me by a GP for the local diabetic Manx population.

If we take this to its logical conclusion we have a population of 80,000 according to the Chief Minister, and taking the figure of 4.1% we should have 3,280 diabetics, minimum. Always remember that it is said that a similar number are walking about undiagnosed, which are in waiting if we do diabetic screening of all patients at all surgeries. This would be catastrophic for the Island and the Isle of Man Health Department.

There is more than one patient being diagnosed diabetic on average on a weekly basis on the Island now.

Diabetes is a complex condition that needs complex and multi-disciplinary specialist care.

People with Type 2 diabetes often have to take a large variety of tablets to maintain blood glucose, blood pressure and blood cholesterol levels, to reduce the risk of serious diabetes complications such as **heart disease, blindness, kidney failure and amputations to name but a few. When these complications become apparent, it will cost the Health Department mega bucks.**

When those going to the GP's through no fault of the GP, develop complications, they will have insurmountable problems, or do we do the right thing and use the Diabetes Centre as we should, for preventative care, and try to avoid some of the many complications that afflict diabetics.

Denise Armstrong, lifestyle manager of Heart Research UK claims that: -  
**The cost of treating Type 2 diabetes is staggering, and the current trend shows that it will only get worse**.

Dr Chris Currie advisor to Diabetes UK has said that: - **“Type 2 diabetes is going to continue to rise and part of the issue is people don't realise how big the problem is”**

The Health Department and its Minister apparently do not realise the Type 2 implications on the Island either. Type 2 diabetes is as bad as Type 1, you also **die** from this condition, you **die** of diabetic complications.

Many people die of a diabetes related condition, and by splitting the Manx Diabetes Centre facilities, the Health Department will expose the Manx diabetic population to untold complications. So we must have proper preventative care to avoid complications pain and suffering to the patient.

That is why The Friends of the Manx Diabetic advocated “SHARED care in the Community” and not just “Care in the Community” which was taken on board by Mrs Berry and Mr Loudon Brown in their report following our meeting on 17<sup>th</sup> July 2006, and not just “Care in the Community” which is what the department are now advocating without the necessary discipline safeguards in place.

## The Questions?

A GP says, “No extra training has been provided for Primary Care Staff and no assessment of competency etc, there is no universal eye or foot check system in place and no extra resources in place or planned for Primary Care”, so contrary to what the Health Department might say the GP’s should know whether they have had extra training etc or not.

Also the GP says “I worry about the all of a sudden rapid implementation without proper checks and resources”

Therefore to implement “SHARED Care in the Community” there are Questions that have to be answered before implementation.

- 1) How many GP’s has the Department sent on diabetic courses?
- 2) 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?
- 3) How many surgeries have proper qualified diabetic nurses?
- 4) How many surgery nurse practitioners have the Department sent on courses to become proficient in this complex disorder?
- 5) Will the diabetics just be seeing the nurse practitioner or will they be seen by a Doctor at every visit who is fully conversant in diabetes? (The Chairman has already had complaints from diabetics that they are being seen by a nurse practitioner instead of their GP).
- 6) 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?
- 7) What is the referral protocol to send diabetic patients forwards and back from the GP to the Diabetes Centre?
- 8) 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?
- 9) Do they have to wait to refer them until ulcers or other complications have broken out and are visibly apparent?

10) 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'?

11) 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.

12) They must be seen immediately and not in a years 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? And how are they implementing the system?

13) 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?

14) 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, but which will escalate?

15) What will it cost to implement eye and foot cover for all diabetics in "Care in the Community"? Has this been worked out? Or is it going to be palmed out to the private sector?

16) 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 the day before the Department's first meeting in Ramsey? 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? And how to operate the system? Otherwise we are in an almighty mess.

17) 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, and that they are at the same level of diabetic competence as the Manx Diabetes Centre multi-disciplinary team? And the patient will not just be downgraded from a Consultant Diabetologist straight to a nurse practitioner?

18) 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 and be seen immediately and not in a year's time? Again what is the protocol for this?

19) How will the Health Department work this out, will they employ more staff and have extra clinic time allocated within the Centre to cater for an flux 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 Mersyside 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"

20) Has this changed? How has it changed? And how many practices are now offering 'Structured Diabetes Care'?

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

22) 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?

23) 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 their action.

24) 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 increased staff and clinic facilities. Will the Minister insist that this will be done? Otherwise everything will fall apart.

25) If (24) 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 diabetic diagnosed today plus the Type 2 that will be diagnosed and returned to them.

This will inevitably mean that they will have to prioritise 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.

The same number of people holding the same number of clinics cannot now get through the workload they did in 2001, ten years ago.

Will the Minister therefore ensure that this is not the case, and the Manx Diabetes Centre will be brought up to the required standards to enable it to cope

with the increased number of diabetics now on the Island? How does the Minister for Health intend to achieve this.

Are we going back to the dark ages of Diabetic Care in the Isle of Man on the whim of the Health Department, when we already have a Diabetic Centre set up by Tynwald second to none and the envy of diabetic centres across?

We cannot diminish what has taken us 32 years to achieve because the Department is just happy going to the GP against the wishes of those professionals that count, until the bubble bursts and the Manx people's complications come calling at the Health Department's door.

**The Friends of the Manx Diabetes Centre say expand our Manx Diabetes Centre not diminish its facilities.**

We want "SHARED care in the Community" with a fully functional enhanced Manx Diabetes Centre and a multi-disciplinary team as its focal point. Seeing **ALL** diabetics to set parameters for **ALL** diabetics, so that the GP's can then follow, as each diabetic is totally different and has different treatment needs and cannot be treated across the board, and then diabetic patients referred to the Centre at intervals for review and if necessary set up new medical parameters.

**Diabetes is a chronic incurable condition which as we have already pointed out requires complex and specialist multi-disciplinary management.**

As Dr Stefan Slater diabetologist at the Victoria Infirmary, South Glasgow University Teaching Hospitals Trust, once wrote to me: -

**"With all due respects to the GP's, I and others have serious reservations about the quality of community care"**

It is interesting to note that Dr Khan the diabetologist running the Manx Diabetes Centre, was not present at the press conference when Mr Edwards proposed the system, and neither was he present at any of the meetings that Mr Edwards called at the four venues round the Island.

Why? Because he like all of us have no problem with "SHARED care in the Community" but has reservations with the deficient system that is being proposed without the necessary disciplines, proper pathways and protocols in place, and an enhanced Diabetes Centre.

And now the Department who knows better than anyone else is going against the wishes of this eminent man, who is not even prepared to sit at the same table with his employers on this disastrous issue for the Manx Diabetic.

What we must not lose sight of, is that the Manx Diabetes Centre was set up following a unanimous vote by the Elected Members of Tynwald, on a resolution ably put forward by Mr Phil Braidwood MHK, (now MLC), for its implementation, and the funds voted unanimously by Tynwald specifically for this purpose, and for a special building, built and adapted to its present facilities for the care of **ALL** diabetics on the Isle of Man.

However we must keep up with the times and it is incumbent on the Minister for Health to ensure that this is so.

We are sure that it was never the intention of Tynwald, the highest Court in the Land for the Centre to treat some diabetics and not others. It was not set up for just some diabetics and not for others and to wait to receive them back only when they have complications. Are we now discriminating against diabetics?

If the Minister for Health does not conform to a postponement on his own volition, we shall go back to Tynwald if necessary in this election year, to request that the implementation of this system is postponed until such time as all disciplines, proper pathways and protocols are in place.

We shall not let this matter rest because: -

Diabetes is not visible, you may kid yourself you look good for some time, like Mr Edwards says of his 'individuals' but its like a car with a beautiful coachwork and a rotten engine and everything else falling apart, so don't fool yourselves, diabetes is a **silent Killer**, it is constantly eating away at you're your body organs and your health.....**Diabetes Kills.**

People Die of Type 1 and Type 2 diabetes and its complications, and the Manx Diabetes Centre cannot work in a environment of 10 years ago.

So proper preventative care is essential, and just "care in the community" as the Department is propagating with its blatant deficiencies is certainly not the right way to go about it.

Be it on the heads of the Minister, the Health Department, on the Government, and all those that support this course of action, the disaster that the Department is bringing on the Manx people, will be catastrophic.

This disaster that will eventually engulf the Manx people will eventually be laid at the Door of the Minister for Health who has the ultimate responsibility for the Health and Welfare of all Island residents.

We cannot allow this to happen, and you as the elected members of the Manx people must look after your constituents without whom you will have no seat in the Keys or Tynwald.

**Minister you cannot allow this to happen without the proper safeguards, disciplines and protocols in place.**

## Conclusion: -

The Friends of the Manx Diabetic would like to make clear, that in accordance with their report to the then DHSS on 17<sup>th</sup> July 2006, they do not agree with 'Care in the Community' but what they wanted to see introduced was 'SHARED care in the Community', with an enhanced Manx Diabetes Centre as its pivotal point, with a properly staffed multi-disciplinary team, all disciplines and protocols in place, and with more time for diabetic clinics.

This is not being done with the present proposed Department of Health implementation, because: -

1) An Isle of Man GP says, "No extra training has been provided for Primary Care Staff and no assessment of competency etc, there is no universal eye or foot check system in place and no extra resources in place or planned for Primary Care", so contrary to what the Health Department might say if a GP says they have had 'no extra training' and 'no resources in place' they must know. Also the GP says "I worry about the all of a sudden rapid implementation without proper checks and resources"

2) Dr Hannan the Primary Care Medical Advisor to the Department confirms quote: - **"The department is working towards the introduction of comprehensive eye and foot screening for diabetics"**

So the GP and The Friends of the Manx Diabetic are correct, and this shows that the implementation of the service as proposed by the Health Department is deficient, as these two disciplines are not in place and therefore puts at risk the Manx Diabetic patient. This would probably take years to resolve and will cost money, as someone somewhere along the line, or if done in the private sector, will have to be paid.

3) It is crucial that carefully thought out care pathways have to be devised in advance of any transfer and not the complicated UK one that has been issued, which has never been used on the Island.

4) Also we have to look as to whether the Department of Health have given the necessary training to GP's to manage the transfer, and that the necessary appropriate pathways are in place which at present are not.

5) It is essential that there are clearly defined systems with clear referral protocols from and back into secondary care". This has not been done.

6) These **'clear referral protocols from and back into secondary care'** are not even in place and the Department has not even considered the waiting list for this **back and forth movement into "secondary care"** i.e. the Manx Diabetes Centre, without extra staff and clinic facilities. Are the patients going to wait a year for an appointment? We must postpone Care in the Community until everything is in place.

7) Mr Edwards in his press release admits quote **"The numbers attending the Centre have reached unsustainable levels resulting in many patients facing longer waiting times than are acceptable or necessary"** (At present the waiting lists are disgraceful, as they are over a year). An indictment on the Health Department.

It is obvious that the Centre does not have the staff or clinic facilities to deal with Mr Edward's problems. We have to give them more facilities not cut them down. They are working with the same personnel and facilities as they did in 2001, ten years ago.

8) The Minister has not told us how he is going to resolve this waiting list problem if the GP's start sending their Type 2 diabetics in droves back to the Manx Diabetes Centre with problems? The waiting lists would then increase at the Centre. This has to have proper protocols in place before we consider the implementation of 'Care in the Community'.

9) Whatever assurances the Health Department may give, by splitting up the Type 2 and Type 1 diabetics, they are in actual fact **diminishing the role and facilities of the Manx Diabetes Centre, which the Friends of the Manx Diabetic cannot accept.**

**They are now even using the present diabetic staff to deal with other disciplines at the hospital, consequently they are further diminishing the role of the Manx Diabetes Centre multi-disciplinary staff as they are being forced to diversify. Further exacerbating the problems.**

10) In one fell swoop the Health Department have now done away with multi-disciplinary preventative care for more than half the Manx Diabetic population. This is unacceptable. The Manx Diabetes Centre can't cope with the number of diabetics now on the Island because they don't have enough staff or clinic time facilities. How will they do so in the future as the Manx Diabetic population continues to increase?

11) The message to the Health Department is that they are not fit for purpose and common sense dictates that the problem needs more staff and more facilities, not diminish its function because all diabetics already go to their GP's for treatment and prescriptions

12) Instead the Health Department presents the GP's with a 30 page pathway (which we can not print as Exhibit 1 because of its length, but will send it to you by e-mail if requested) which what a GP claims is a complicated pathway that has never been used on the Island before, this, presented to the GP's the day before the Departments first public meeting in Ramsey on 12th January 2011. Acting in haste, the Department will repent at leisure.

13) The Pathway has a section on screening for 'African' 'Black Caribbean' 'South Asian' Middle Eastern' and 'Chinese family origin' which we do not have any problems with.

However this just shows that the Pathway given to the GP's by the Health Department is mainly set up for the UK, and really not applicable to the Isle of Man. It even has the NHS UK logo as they did not have time in their haste to put in their local crest or slogan "Isle of Man giving you freedom to flourish" There is no 'freedom' or 'flourish' here.

In summary the Health Department is introducing a defective system as they admit that at least two disciplines are not in place. It is introducing at very short notice a complicated Map of Medicine that has never been used in the Isle of Man, geared to the UK, and our GP's are probably not conversant with it.

At the Manx Diabetes Centre you get uniform care for all patients, they see the diabetologist or diabetic doctor, then the diabetic nurse, then the podiatrist, then the dietician, and then appointments are made for the eye clinic.

Minister where have you got all these disciplines available at every surgery on the Island?

It stands to reason that at 13 difference practices (with some 47 GP's) through no fault of their own, you are going to get different degrees of care, without the multi-disciplinary backup that exists at the Manx Diabetes Centre, which at present all the Manx Diabetic patients enjoy.

Minister we must therefore have everything in place before implementation.

The Island is not like the United Kingdom, and it is one community, a Manx Community with the Manx Diabetes Centre acting as a community centre, and setting the standard of diabetic care for each and every diabetic and our whole Island community.

Believe me the diabetics on the Island are only going to increase not diminish. Then the Centre will not be able to cope with the Type 1 diabetic.

Are you then going to close it down Minister, because there are too many Type 1 diabetic patients going there?

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, they have increased out of all proportions to what they were then. They will continue to increase, therefore the solution is increased staff and clinic facilities.

If the 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 diabetic diagnosed today.

This will inevitably mean that the Centre will have to prioritise 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.

The same number of people holding the same number of clinics they held in 2001 cannot now get through the workload of 2011, ten years on.

The Health Department apparently do not realise the Type 2 implications. Type 2 diabetes is as bad as Type 1, you also **DIE** from this condition, you **DIE** of diabetic complications.

The Health Department has chosen diabetes which because of its complex conditions is the wrong disorder to treat in just "Care in the Community", in a community such as ours, without the proper disciplines, safeguards and protocol backups in place.

We must also have categorical assurances to the questions as postulated in this report, and an increase in Staff and Clinic times at the Manx Diabetes Centre.

**Recommendations: -**

**The Friends of the Manx Diabetic therefore respectfully suggest to the Minister for Health that the implementation of this proposed defective system of what the departments terms ‘Care in the Community’ is postponed, until such time as the Health Department has all the disciplines in place, and provides the Manx Diabetes Centre with the Staff required to deal with the Diabetics that exist today on the Island, a Multi-disciplinary enhanced team and the extra clinic times that the Manx Diabetic needs, not as a concession but as of right to proper medical care for all Diabetics on the Isle of Man.**

Tynwald voted in 1999 for a fully fledged Manx Diabetes Centre for all the Manx Diabetics, not for just a few, and The Friends of the Manx Diabetic asks for their help in stopping this course of disastrous action that the Minister for Health and the Health Department is embarking on, without proper safeguards, and that will in the long run backfire on Health Department budgets, with catastrophic effect on the health of our Manx Diabetic population.

***The Manx Diabetic population of the Isle of Man respectfully look to, and place their trust in, the elected members of the House of Keys and Tynwald to support the Manx Diabetic people that have voted for them.***

***The Friends of the Manx Diabetic want the proposed system postponed until such time as all Disciplines, proper Pathways and Protocols are in place.***

***Thank you.***

Henry J Ramagge  
Chairman Friends of the Manx Diabetic.

### **Exhibit 1**

This should have been the UK Pathway as hastily given to the GP's by the Department of Health.

Unfortunately it is a 30 page compact directory of close packed writing that has already been described by a GP who says "which became more complicated when they attached it to the Map of Medicine"

Being a Charity and because of the costs involved, we therefore find it impossible to print this voluminous volume for the many that this report is going to.

**However if anyone is interested in receiving one, we would be delighted to e-mail it to them.**

**Please request the Pathway if you want one on e-mail: - [chairman@diabetes.org.im](mailto:chairman@diabetes.org.im)**

**Henry J Ramagge  
Chairman of the Friends of the Manx Diabetic.**