

The Newsletter of the
Friends of the Manx
Diabetes Centre
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The Support Group
of the Manx Diabetes
Centre

The Diabetic

All monies collected
from whatever
source by the Group
will be spent on the
Isle of Man for the
benefit and well-
being of the diabetic
patient and their
medical carers

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*The Best and most Informative Diabetic Newsletter
On the Isle of Man*

LEADING FROM THE FRONT

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

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THE DISABLED PARKING DEBATE

Chairman of the Chronically Sick and Disabled Persons Committee, Mr. Tony Brown,
Speaker of the House, talks to the Diabetic.

Possibility of Isle of Man Research Project

**Blood Testing day Statistics: - Estimated 2,000 walking around don't know they have diabetes,
Estimated 21,000 with potential high blood pressure. Estimated 51,500 overweight.**

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The Disabled Parking Debate

As you may recollect *The Diabetic*, alive to diabetic and disabled needs on the Isle of Man, and Leading from the Front, initiated the debate on the problems of the 30 minutes parking restrictions that appeared without warning.



A different parking Bay sign to the one that appeared on our last Newsletter that was also changed without warning

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Following the article in the last issue of *The Diabetic*, some of you have complained to the pertinent authorities for redress.

However *The Diabetic* understands that the Manx Diabetes Centre was initially approached by the Department of Transport and that the Centre forwarded them a copy of *The Diabetic*.

Mr B W Hannay the Director of Highways wrote to the Editor of *The Diabetic* on 15th June last, explaining amongst other things, the 30 minutes parking situation for disabled people in **Regent Street**.

It is only right that before *The Diabetic* comments, that we should publish verbatim the contents of Mr Hannay's letter to *The Diabetic*, so that you are all aware of the official answer from the Transport Department. We quote: -

“Dear Mr Ramagge
Parking Restrictions Regent Street Douglas.

I have been advised that you are the author of an article in “the Diabetic” for June 2005 headed “New parking restrictions for the disabled”. If you are not the author, I apologise, and ask that you pass this letter to the author.

Turning to the article, the Department are mystified at the allegation that the parking times have been changed, and in particular that no notice had been given. (We are required by Law to give Public Notice of any changes to the conditions of any parking restriction, unless imposed by Emergency Notice for a short period for safety reasons).

The fact that following the pedestrianisation of Regent Street in July 2000 the disabled parking spaces directly outside the Post Office were moved onto the Loch Promenade. At a later stage representation was received

from the Guild for Disabled Drivers that there should be a short-term facility within Regent Street for the disabled to visit the Post Office. It was accepted by all concerned that disabled parking for shoppers in Douglas Town Centre was available in the Drumgold Street Car Par, and on the Lock Promenade.

The time restrictions for the disabled parking spaces in Regent Street have had a maximum of 30 minutes (with no return for 1 hour) since 2000 and the Department has no plans to change the restriction since it provides the appropriate turnover of parked vehicles within the 3 parking spaces provided.

We were not aware of problems arising from the post adjacent to the disabled parking bay, but this matter has now been referred to our traffic engineers to resolve.

Finally I should advise you that for able-bodied drivers parking in disabled parking spaces to be fined up to £500 the offence has to be enforced by a police constable. At present parking offences are enforced by traffic wardens who issue Fixed Penalty Notices.

My Department is presently: -

(i) seeking to introduce its own parking controllers to supplement the traffic wardens and increase parking enforcement.

(ii) Bringing legislation to create an additional category of Fixed Penalty Notice with a higher rate fine for more serious parking offences, such as parking restrictions on disabled spaces.

Yours sincerely

B.W. Hannay

Director of Highways

The Diabetic is most grateful for the time that Mr Hannay has taken to research and answer the article, and it is therefore not our intention to take his paragraphs seriatim and point out, and

explain the discrepancies.

However Mr Hannay with all due respect has dealt with **Regent Street** which was not the subject of our article as the picture that appeared in our article was not of **Regent Street**.

As it was the department that had changed the parking times, they should have known where it was, nonetheless neither the Ex Minister nor Mr Hannay appear to know where the parking time changes had taken place.

Mr Hannay is basically going over the old ground of his Ex Minister's answer in the House on 3rd May last to Mr John Houghton.

Mr Houghton's question was "**Has your department recently imposed restrictions on the time a disabled driver may park on disabled spaces if so: -**

(a) What is the maximum parking time: and

(b) Why has such a restriction been imposed.

Notice no mention of Regent Street in the original question.

In fact it was not until the now Ex Minister had finished his explanation in answer to the question with an emphasis as to how and in what circumstances a disabled person can park, (which was not the question under reply as the answer to the first part of the question should have been a simple "YES" (a) "down from 2 hours to 30 minutes" and (b) "because of the down grading of the whole street from 2 hours to 30 minutes"), that Regent Street was mentioned.

This was not done by the Ex Minister, it was Mr Houghton who introduced Regent Street into the equation in his first supplementary.

However the Ex Minister did say "my Department is not aware of any recent or general changes that have been made regarding permitted parking times".

So who changed them?

Under whose orders and responsibility were they changed?

Were they changed in accordance with, as the Director of Highways puts it, "the Law?" and if so, why did the department not know where they had effected the changes?

Did they appear by themselves?

Or are all disabled people now parking there under a complete and utter illusion as to what was, and now is?

Since the Transport Department is not aware of this glorious event, *The Diabetic* respectfully invites the Ex-Minister and the Director of Highways to visit **Victoria Street** where two parking bays appear to have come down from 2 Hours to 30 minutes, without "Public Notice".

However Mr Shimmin explained "that this", (the 30 minutes), "was the first time that the matter has been raised" and that he had asked "his officers to have a look and see if it is still appropriate"

The question of the "poles" was again introduced by Mr Houghton in his second supplementary.

So the Department may not have known about the "poles" but the Ex Minister on 3rd May in the House knew, following Mr Houghton's second supplementary, when the Ex Minister answered, "Guidance regarding placing of these signs will be given to the works division and remedial action will be taken as soon as possible" "and if other areas are brought to our attention we will look to do the same sir". So who in the "works division" did the Ex Minister speak to and instruct to sort this out?

At this juncture it must be pointed out that over a year ago at Mr Shimmin's office at a meeting there, the Chairman of the Friends of the Manx Diabetes Centre brought up the

question of these “Poles” **ALL OVER THE ISLAND**, not just in Regent Street.



September 2005
Four months later, the Pole in Regent Street is still in the same position.

However the crux of the matter is that the article in *The Diabetic* was not complaining about the parking times at the **Regent Street** allocation.

We were complaining about the instantaneous change from 2 hours to 30 minutes at **Victoria Street**.

The Picture that we printed in the Newsletter was **not taken at Regent Street**.

The Picture that appeared was a photo of a sign that had been changed from 2 hours to 30 minutes, without any prior notification, not at **Regent Street**, but in **Victoria Street**, (incidentally the disabled parking space on the other side of the road has also gone down from 2 hours to 30 minutes, see our opening picture).

This had been summarily changed when the bus stop was redeployed to disembark people in the middle of Victoria Street, which now holds up all the traffic, as the buses have to park in the middle of the road and back up traffic right up to Prospect Hill.

On Tuesday 21st June it was the turn of a blaring ambulance, one presumes on very urgent business judging from it's persistent, clamorous loud siren,

stuck behind two buses as they disgorged people onto the outcrop of cement that has been built there abruptly cutting and blocking the oncoming lane, which is a hazard that cars keep hitting, (a very serious accident waiting to happen), as at that point the road, abruptly becomes one lane instead of the oncoming two lanes without apparent warning to the approaching motorist.

So that we are all aware of what *The Diabetic* has been talking about and so that there is no ambiguity just in case the department is not yet aware where it is changing the parking times, for the record here is that picture of Victoria Street that appeared in our last issue once again.



This is the original picture. This is in Victoria Street, **NOT REGENT STREET**.



And here once again is the one across the road still in Victoria Street.

To recapitulate, let us pursue the logic of it all.

If you park in an official disabled space that stipulates 30 minutes, and with a no return within one hour, (please note that the one across the road said no return within 2 hours but this apparently has been hastily defaced to accommodate the 30 minutes) you can only be in the disabled parking space for 30 minutes.

However if you read the Disabled Parking Badge Scheme users guide leaflet, issued with your disabled Badge, it says: -

Quote “In disk parking zones you are entitled to park double the length of the specified time” unquote.

At least that is what the leaflet that the Chairman has got says, and he claims that he has not received any notification under any “Law” or amendments to the contrary, and therefore the statement is still valid.

In fact this was confirmed by Mr Shimmin in his intervention in the House on the 3rd May when he said: -

“In a street with a two hour limit, vehicles displaying a valid disabled badge and time disk may stay for up to four hours”

Now this legally means, that you can park your car across the road in the normal 30 minutes parking zone, put your disabled parking disk up in addition to your normal time clock disk, and hey presto, you have **one hour** instead of the **30 minutes** you would have in the official disabled parking space on the other side or on that side of the road. The same system applies to all disabled parking spaces, you can get double the parking time on a none disabled official space. So why bring down the time from 2 hours to 30 minutes in the official disabled parking spaces when you can get double the parking time on the same or on the other side of the road?

Could it be that the only reason for having a disabled parking space is that the disabled person **cannot walk fast** or **may have a wheelchair**, and requires **EXTRA SPACE** to get out of the car, and **TIME, TIME** because they cannot walk fast or for the loading and unloading of the wheelchair, and then to wheel themselves to wherever they are going, and get back, sometimes an impossibility in 30 minutes, worst still in 15 minutes as in Prospect Hill or in Regent Street if you have to go to any bank, or to a meeting. Yes disabled people also go to meetings you know.

The Chairman was at a meeting at Government House recently and had to park in a normal space so that he could get an hour instead of the allocated 30 minutes in the disabled bay. Otherwise he would have been outside the law as the meeting with the Speaker of the House took over 50 minutes from parking to return.

The Ex Minister said in the House on the 3rd May last after he had visited the site at Regent Street “the pole is situated on the edge of the pavement making access and egress from the vehicle difficult”.



Regent Street (September)
The Understatement.

The Ex Minister was informed about these “Poles” and the other problem areas created for the disabled on the

Island at the Chairman's meeting A YEAR AGO.

In June this year the Director of Highways says, "We were not aware of problems arising from the posts adjacent to the disabled parking bay but this matter has now been referred to our Traffic Engineer to resolve".

The Department may not have been aware of the "Poles" but how about walls, are they aware of "Walls"?



Here is a disabled parking bay beside a WALL

The Diabetic believes that there is no need to take more pictures across the Island of "Poles" and "Walls" the Department should know where they are. We believe we have proved our case. It is up to the Department now to resolve this, as the Ex Minister so aptly puts it "as soon as possible".

The Diabetic once again respectfully invites the Ex Minister, the New Minister and the Director of Highways to come and try out these places for themselves, unload, get into a wheelchair, do their business and return to beat the time.

If, they can initially get out of the car because of the "Poles" or the "Walls". Then from the perspective of sitting in a wheelchair they can better advise those who make the decisions

We are sure that the Ex Minister would agree that common sense would dictate that "Poles" should be placed

on the pavement at the beginning or at the end of a disabled parking bay not in the middle of the bay, and that disabled parking bays should not be against "walls"

Since we appear to be talking about problems in our streets that can easily be resolved by the Transport Department, and as the Minister said "remedial action will be taken as soon as possible", so whilst we are at it, this doesn't appear to be an easy one, how about making lowered kerbs flash with the lowest point to the ground so that the front wheels of the wheelchair doesn't hit the mini step artificially created and it virtually tries to fling the disabled person out of their wheelchairs. The Ex-Minister was also informed of this at the meeting with the Chairman.

We look forward, as Mr Hannay says to a tightening of the problem of able bodied people parking in disabled spaces without any action being taken, and wish him well in his endeavours to get his legislation through

When we were discussing all these "little" problems over dinner, the ladies in the group were of the firm opinion that the system must have been designed and set up by a man.

The Chairman most strongly disagreed with this assumption, as he is absolutely positive that the parking spaces, the time restriction changes that appear out of nowhere, the 30 minutes, the 15 minutes, double the time on normal spaces, the "Poles" that again nobody is aware of, the "walls", the lowered kerbs that defeat their object, and create mini steps instead of being flush with the ground etc, in fact, the whole system was really conceived on Mad Sunday.

QER

Did we say, Mad Sunday? More like a script from a Carry on Film.

Another bright idea; maybe we could introduce the "Pole" or the "Wall", with the 15 minutes and the 30 minutes as time trial events for the 2012 Olympics

When everything is coming your way, you are in the wrong lane

The Chairman of the Chronically Sick & Disabled Persons Committee Talks to The Diabetic

In an otherwise hectic schedule the Speaker of the House, Mr Tony Brown, in his capacity as Chairman of the Chronically Sick and Disabled Persons Committee found time to talk to *The Diabetic*, a gesture very much appreciated.

In a very well appointed office as befits the Speaker of the House of Keys, and over an informal cup of tea, he explained that when first elected to the House in 1981, he was really the baby of the House and until he was elevated to Speaker in November 2001 he had served his apprenticeship through many committees and Ministerial posts which had been invaluable to him in his present post.

As Speaker of the House his position as an MHK had been dramatically transformed, as when he had been an ordinary member of the House he had been a Minister and a member of many boards which had been dealing with Government work and Government issues.

As Speaker, he was no longer able to be a member of Government, as an executive or as a member of departments



Mr Tony Brown, Speaker of the House of Keys and Chairman of the Chronically Sick and Disabled Persons Committee.

He is now the Chairman of the Tynwald Management Committee and many other Committees which are more politically and legislatively orientated in terms of committee policies and facility services.

He is able to debate in Tynwald like any other member and he supports the Government when he thinks it is right and conversely opposes the Government when he thinks appropriate.

However, in the House of Keys Mr Brown has no voice and can't take part in debates, but very proudly maintains that he has a right to vote and above all is the only person who has the right to abstain.

Appointed to the Chair of the Chronically Sick and Disabled Persons Committee in February 2002 Mr Brown explained the remit of the Committee as that laid out by the Act that was passed by Tynwald, which is to represent the needs of the Chronically Sick and Disabled.

Mr Brown explained that his Committee was not there to support

individual cases as this was not their role. Nonetheless they were there to pursue with Government, Local Government and other bodies, anything that is identified, or that they may identify that would help the disabled or chronically sick. Then their role was to seek the introduction of legislation if necessary to deal with the problem.

He emphasised that the Committee's position was in promoting and dealing with any problem that would benefit anyone that comes under the ambit of the heading of Chronically Sick or Disabled. He considered his Committee as the promoter of the objectives.

The Chronically Sick and Disabled Persons Committee have the ability to lobby, so they are basically a focus group, and they have annual meetings with Groups, in order to ascertain what the organisations that throughout the year look after the interests of their own people, need from his Committee.

It is then that, as Mr Brown puts it, "if their requirements fall within our statutory remit we will take the case up and endeavour to try to improve the situation"..

When asked what his Committee had recently been working on, Mr Brown pointed out that they had been supporting endeavours to get Treasury to introduce a system where organisations that provide transport for the disabled and chronically sick using minibuses etc would actually get a fuel rebate as they do in the United Kingdom. This is ongoing.

His Committee had promoted in Government the use of a different type of letter font with a bold type of print so that it is easier for people with impaired vision to read.

The Committee has also pursued, pushed, and most important of all convinced the Council of Ministers to

accept the establishment of a register which will show the degree of access for disabled people to all types of public and leisure buildings on the Island.

In this connection the Government has engaged DisabledGo which will have this register available and on a website as from January 2006.

This Mr Brown considered a very valuable step forward, as this had been mooted for over ten years without implementation.

When asked for the Committee's rate of success in their endeavours, he very proudly said "pretty good in fact since the time I have been Chairman I would say 95% on the things that we have raised".

He pointed out that there has been a change of mood in the last ten years and people have been more focused to improve and make things easier for people that are disabled.

He believes that most of the problems are not deliberate acts, it is just that people may not be aware of the reality of these problems.

Mr Brown was of the firm opinion that the Annual Meeting of his Committee with the Groups was a very good way of getting feedback from the different organisations.

He explained that since he had become Chairman, he had changed the format of these meetings as he considered that they did not have to be confrontational, or to justify Government's actions. What he and his committee were there for was to listen to any problems and then, if his Committee thought appropriate to see if they could help and improve the situation, which could not be done from a confrontational point of view.

All matters raised at the Annual Meeting, were dealt with through the departments concerned and then reported back to the Group that had

raised the question.

He assured *The Diabetic* that everything that is put before his Committee at the Annual Meeting with the Groups, initial action is taken usually within a couple of weeks of the meeting.

The Committee for the Chronically Sick and Disabled Persons meets every other month. To some of these meetings Government Officials are invited to attend so that they are brought up to date with any legislation or other matters that may be in the pipeline that might impact on the chronically sick or disabled.

When asked if when pursuing problems how much his Committee was governed by the financial implications rather than the welfare of the Chronically Sick or disabled.

Mr Brown assured the Editor that they would never put money before the welfare of the chronically sick or disabled.

Finance to his Committee was not their concern, what mattered to them was the improvement to the service.

Sometimes they could convince the Departments of Government that they can save monies by implementing things and doing them right.

He reiterated that they would never put money before improvement. If they believed that the needs of the disabled person was important, then they would relentlessly pursue the Department or Executive Government for them to effect the necessary changes.

In parting *The Diabetic* asked for a message for its Chronically Sick and Disabled readers and Mr Brown said:

“As long as I am Chairman of the Chronically Sick and Disabled Persons Committee, and on behalf of my colleagues in the Committee, we will continue to endeavour to do our best to highlight, promote and improve what is needed by the people who are either

chronically sick or disabled.

Because of the pressures on life, which are quite considerable nowadays, I think it is fair to say that without the Chronically Sick and Disabled Persons Committee often with the support of other interest groups focusing on these areas, many people would be disadvantaged because Government is getting pressured to do all sorts of things. Our Committee provides a worthwhile lobby on behalf of these Groups of people.

We shall always endeavour, whilst I am Chairman to represent the problems as best we can and to seek improvements.

Our paramount objective must always be that we are here to help the people”.

Once again our thanks go to Mr Brown for giving us time to talk about the activities of The Chronically Sick and Disabled Persons Committee.

Mr Brown is no stranger to fighting on behalf of the Manx people.

When he was the Minister for Health and Social Security in the late eighties, at a meeting at Mr Ramagge’s house attended by Mr and Mrs Ramagge and Mrs Linda Wardrop, he promised us to introduce free prescriptions for all Diabetics on the Isle of Man.

As good as his word, he subsequently successfully introduced this in the House and won the vote. So what you now enjoy is all due to him.

As you can appreciate, if convinced of the morality and practically of the objective, Mr Brown will pursue it to its logical conclusion.

We all owe him a debt of gratitude that can never be repaid.

The Diabetic knows that as in the past, he will continue to be successful, and as Chairman of the Chronically Sick and Disabled Persons Committee,

Mr Brown will never let down those that depend on the invaluable work he is undertaking.

The Friends of the Manx Diabetes Centre wish him well and on behalf of all diabetics on the Isle of Man thank him for his invaluable help in the past, and extend him and his Committee our full and unreserved support.

**If you want more information on the work of the Chronically Sick & Disabled Persons Committee or your Group may require their help or intervention
Please Contact
Mrs Caroline Mallon
On Telephone (01624) 685211
Thank you**

Possibility of Isle of Man Research Project

In the last few months the Isle of Man has been taking part in a research project using mobile phone technology to help improve asthma control.

This was covered by Manx Radio and the press at the time of the recent conference when the Isle of Man's key contribution was telemedicine.



Dr Alison Blackman

Showing that her enthusiasm for Diabetes is undiminished, Dr Alison Blackman has visited the e-San Ltd headquarters in Oxford and had some exploratory talks about the Isle of Man

being involved in the "t+ diabetes" trial.

As these talks are only at a preliminary stage we would not wish to raise patient expectations but we felt patients and the readers of *The Diabetic* might be interested in the project.

The mobile phone is now seen as an essential item in everyday life, with the majority of the UK population owning a handset.

Oxford based e-health company, e-San Ltd, is the first to market a mobile phone-based solution to allow patients with chronic diseases, such as diabetes and asthma, to better manage their condition.

The t+ diabetes system product consists of a GPRS mobile phone, a One Touch Ultra meter and a Blue Tooth cradle. As soon as the reading is taken, the phone display provides immediate feedback represented as a bar chart or scatter graph, whilst also sending data to a secure server where it is stored with previous readings.

The results are further processed and sent out as a printed monthly report to the diabetic patient.

Readings can also be viewed via a secure web page.

The new GP contract means General Practitioners have a more frontline role in treating diabetes and this type of support could help diabetics improve self-management by providing immediate personalized feedback on blood sugar tests from their home monitors.

The system is simple and straightforward taking only a minute to log on and using equipment already familiar to the patient.

Hopefully if plans progress, *The Diabetic* will have more to report in our next issue.

The early bird may get the worm, but the second mouse gets the cheese

The Blood Testing Day

The Lions held their blood testing day in conjunction with the staff of the Manx Diabetes Centre on Saturday 18th June on the top floor of the Tower Centre in Douglas.



A scene from inside the testing area

As usual the organisation of the event was impeccable, and the staff of the Manx Diabetes Centre were there in force and maintaining their very high standard of efficiency.

Before we produce actual figures there are some points that we have to remind ourselves of.

It is important to remember that the BMI test has specific figures to denote whether you are OK, overweight or obese.

For how to arrive at a BMI number for adults and children please visit our website at: . www.diabetes.org.im and see our previous Newsletters.

However once you have worked it out then, if you are under 25 you are OK, however over that, you are either overweight or obese.

So let us see what has happened at the latest Blood Testing exercise.

Before the Blood Testing Day at the

Tower, on that very week the Staff of the Manx Diabetes Centre went out with the Lions Bus and from Monday to Thursday they testes **272** people: - **18** in Ramsey, **38** in Peel, **80** in Port Erin and **85** in Douglas.

They also had an open day at the Manx Diabetes Centre for the Hospital staff and **51** members of staff took the opportunity to have their bloods tested.

During the whole of the above exercises **8 people were referred to their GP.**

No Blood Pressure Tests or BMI figures were taken from those tested.

We now come to Saturday 18th June at the Tower House in Douglas.

200 people came to be Blood Tested, of which **198** were put through Blood Pressure tests and BMI tests.

The results were as follows;

4 people were referred to their GP.

46 Had high blood pressure.

70 were between 21 to 25

82 were between 25 to 29

43 were between 30 to 40

3 were over 40

I promised you all that we would do some statistics and that is what we are going to do.

We are going to take the figures of all diabetes testing events from the Blood Testing day on the 19th June 2004 to the 18th June 2005, one year nearly to the day.

This gives us a total of **1091** people tested, of which **30** were referred to their GP.

This represents **2.75%** of those tested had high blood sugars.

Were we to take this figure into our non-diabetic population we would be looking at an estimated **2,000** people waking around our beautiful Island that do not know that they have diabetes.

This would represent substantial expenditure for the DHSS were these people to be taken into our diabetic population, for one, the present staff at

the Manx Diabetes Centre would not be able to cope with this extra number.

Were we to have just **10%** of these unknown diabetics (**200**) having to ingress into hospital we would have patients in corridors.

Right what next, Oh yes, there were **241** people that had High Blood Pressure.

This represents **29.5%** of those tested. This means that were we to extrapolate it to our population we are looking at approximately **21,000** people with high Blood Pressure.

Again **10%** sick at the same time having to go into hospital with blood pressure problems, (**2,100**) would present our DHSS and our hospital facilities with a “little” problem.

Now we come to our BMI figures: -

Over this period of testing **449** people took the BMI test.

125 tested between 21 and 25, representing **27.84%** of those tested

198 tested between 25 and 29 representing **44.1%** of those tested.

120 tested between 30 and 40 representing **26.73%** of those tested.

6 tested over 40 representing **1.34%** of those tested.

So in total those tested who were overweight (over 25) were **324** or **72.16%** of those tested.

Can we really estimate that we have over **51,500** people of our present population overweight?

This is absolutely horrendous

How much is our DHSS going to be in for if they don't do something drastic, and *The Diabetic* means **NOW** not next year or in years to come.

We need massive investments in preventative care.

Again with our 10%, we are looking at **5,150** in one go. We think that the DHSS will have to build more corridors, and put them up on bunk beds.

In years to come the DHSS shall not

have the money to pay for the implications of all this.

We have always maintained that preventative care is better than having to deal with the problems at a later stage.

Education and dietary advice is now essential.

We shall as usual let you know when the next Blood Testing day is going to be so that we can continue to be amazed at what is happening unchecked in our community.

However before we leave we would like to pay tribute to the Lions Club for their unflinching and onerous work in our community.

Since 1917, Lions Club International has served the world's population through hard work and commitment to make a difference in the lives of people everywhere.

The world wide membership of the Lions Club International now stands at 1,402,645, in more than 44,500 clubs in over 180 countries and areas.

Lions Club International is the world's largest service club organization.

The Isle of Man Lions Club is affiliated to Lions Club International, was founded in 1968 and currently has a complement of 34 members.

Their motto is “We Serve” and as such they help our local community through direct action and fund raising for a variety of specific projects such as “Manx Children in Need” and “Diabetic Screening”.

The Friends of the Manx Diabetic Centre on behalf of all our members have nothing but praise for the work that they do on behalf of our Island community.

In wishing all the members of the Lions Club every success in all their endeavours, we thank them for the invaluable work that they do on behalf of all diabetics on the Isle of Man.

Everyone has a photographic memory some just do not have film

Disability Act across the water becomes Law. What is happening on the Island?

Since we have been talking about disabled access let us explain that as from December 2006 all public bodies from local councils to government departments, from universities to hospitals across the water – will have to promote equality for disabled people.

The new Disability Discrimination Act, which has just received Royal Assent is a major piece of civil rights legislation claims the UK Disability Commission.

The Act includes new rights for disabled people using transport and provides better protection for mental health service users, people with HIV, Multiple Sclerosis and Cancer.

It also contains new rights for disabled people wanting to adapt rented property.

The Act amends the definition of disability to include other disability not hitherto included, which means that people with HIV, MS and Cancer will now be protected from the point of diagnosis.

The Diabetic reported the advent of the introduction of this UK legislation in our September 2004 Newsletter. (see our website at www.diabetes.org.im).

At the same meeting with the now Ex Minister for the Department of Transport that the Chairman of the Friends of the Manx Diabetes Centre discussed the “Poles” at parking bays, “Walls”, dropped kerbs etc, the Chairman also brought up the question

of the Disability Act across the water coming into effect as from 1st October 2004, which was initially the object of the meeting, and asked what was our Government doing about providing similar legislation?

Following the meeting, on the 29th June 2004 we were informed that on this (The Disability Act) and other matters (Poles etc) “A response from the Minister will follow shortly”.

As it is now September 2005 and we are still awaiting the Ex Ministers response, *The Diabetic* asks the question once again, this time from the New Minister When shall similar legislation be introduced on the Island for its disabled people?

Vets are getting more Technical

Matt in Edinburgh felt that we might be giving too much publicity to the medical profession, so he has sent us the following item to somewhat balance things up.

A woman brought a very limp duck into the veterinary surgery. As she lay the pet on the table, the vet pulled out his stethoscope and listened to the bird’s chest.

After a moment or two, the vet shook his head sadly and said. “I’m so sorry, but your Donald has passed away.”

The distressed owner wailed, “Are you sure?”

“Yes, I am positive, The duck is dead” replied the vet.

“How can you be so sure,” she protested. “I mean, you haven’t done any testing on him or anything, He might just be in a coma or something.”

The vet rolled his eyes, turned around and left the room, and returned a few moments later with a black Labrador Retriever.

As the duck’s owner looked on in amazement, the dog stood on his hind

legs, put his front paws on the examination table and sniffed the duck from top to bottom.

The Labrador then looked at the vet with sad eyes and shook his head.

The vet patted the dog and took it out. He returned a few moments later with a beautiful cat.

The Cat jumped up on the table and also sniffed delicately at the bird from top to bottom.

The cat sat on its haunches, shook its head and strolled out of the room.

The vet looked at the woman and said "I'm sorry, but as I said before, your Donald is most definitely, 100% certifiably, a dead duck."

Then the vet turned to his computer terminal, hit a few keys and produced a bill which he handed to the woman.

The duck's owner, still in shock took the bill.

"£150", she cried, "£150, just to tell me my Donald is dead?!!"

The vet shrugged. "I'm sorry, if you'd taken my word for it, the bill would have been £20, but what with the Lab Report, and the Cat Scan....."

k

Donald in his heyday and before his demise, pictured at a fancy dress party.

Many thanks, just keep them coming.

The Chronically Sick & Disabled Persons Committee Annual Public Meeting

On the 23rd May last The Chronically Sick & Disabled Persons Committee invited The Friends of the Manx Diabetes Centre to their Annual Public Meeting held at Mersham Court Douglas.

The Chairman Mr Tony Brown in opening the meeting explained the work of the Committee during the past year.

He introduced members of his Committee who were available for questioning on all aspects of the work of the Committee.

Copious questions were entertained from the floor and answered by the respective and appropriate representatives of the Committee and others present at the head table.

Mrs Linda McCaulley, from the Chief Secretary's Office gave a presentation on the Islands Access Guide for People with a disability which will be available as from January 2006.

This was being undertaken by a Company Called "DisabledGo" who's website is www.disabledgo.info.

This company from across the water provides information and a service designed to help make life much easier for anyone with hearing, vision or mobility related access concerns.

If you fancy a night out, a day shopping, or indeed any business or service, DisabledGo will aim to tell you about access to places throughout the Island.

DisabledGo guides are now available in 14 cities or areas including York, Leeds, Brighton, Edinburgh and Cardiff.

Thanks to the Isle of Man Government and corporate funding, the Isle of Man is about to join the service.

There will be a very comprehensive survey on the Island and you will be able to know prior to starting out, how friendly your prospective venue is going to be.

If you would like to recommend a Cinema, Pub, Shop, Restaurant, Hotel or any other public venue to be included in the Guide please log on to www.disabledgo.info and click or

contact Anna Borthwick at DisabledGo on 01727 739 700.

The Friends of the Manx Diabetes Centre did not put oral questions to Mr Brown, instead six questions were submitted for written answer.

You may recollect that the Chairman and Friends of the Manx Diabetes Centre with the help of Mr John Houghton MHK and Friends in the House were instrumental in making the Minister, Mrs Christian reopen Westmoreland Road and move the Prosthesis Department from their cupboard in the new hospital to Westmoreland Road.

We are now fighting for the need of the Orthotic and Prosthetic personnel to be available on the Island every week and not every three weeks as is the norm. Hence this Question for help to Mr Brown's Committee.

The other questions ranged from what is happening to the "Disabled Legislation Act", Hotels and Guest houses to provide proper disabled facilities, disabled parking etc.

At their July meeting, The Chronically Sick & Disabled Persons Committee entertained our written questions and we were informed as follows: -

"The Chairman understands that you are content that a number of points in your letter were discussed at the Annual meeting" the Committee also points out that regarding "the visits by the Orthotic and Prosthetic personnel which occurs on a three weekly basis, this matter has been referred to Mr D Killip, Chief Executive of the DHSS for comment".

As to the time allocation for disabled parking spaces they have referred this to the Department of Transport for their observations.

The Friends of the Manx Diabetes Centre will await the comments from the DHSS and any other input that the

Department of Transport may care to make. But they shall continue to pursue these two problems and the Disability Act that are of major importance and facilitate the well being of the disabled of the Isle of Man.

Letter from Manchester from David Blackman

As my first year of study in Manchester comes to an end I find myself torn between three worlds. Should I review my previous years work in preparation for another year, should I enjoy the sun and surf in the Isle of Man! Or should I earn some money to pay off my mounting student debts?

So far I have been working in a local General Practice surgery and helping with annual audit reports.

Many of you may already be aware that GP's signed a new contract recently and the first year has just been completed.

One area of the contract which has had significant success is the Diabetes care section. This section includes a list of clinical targets for the multidisciplinary healthcare team to meet, that are aimed at improving and maintaining quality of care.

At the end of the year the following targets were met by the practice I work at and, hopefully, most other practices on the Island.

Over 90% of diabetic patients have a record of their Body Mass Index (height to weight ratio).

Over 90% of patients have a record of whether or not they smoke and almost all of those diabetics who smoke have received advice to stop smoking within the past 15 months.

Around 90% of patients have a recent record of their HbA1c levels (the long term measure of blood sugar control) and over half have values within recommended ranges showing

good control (i.e. <7.5 %). In our practice 85% of diabetics had a HbA1c below 7.5 %.

Over 90% of diabetic patients have had foot and eye checks within the past 15 months.

Over 90% of patients have had their Blood Pressure recorded and over half have a reading below 145/85.

Around 90% of patients have had their cholesterol checked and over 60% have blood cholesterol levels within normal ranges (ie <5 mmol/l).

Around 85% of Diabetic patients had the Influenza immunisation, in autumn and winter of last year, which is recommended by NHS guidelines unless there are complications.

Practices are rewarded both with patient satisfaction and financially so resources can be allocated to further improve services in the future.

There have undoubtedly been some significant changes in General Practice in the past year as many have tried to get to grips with the new contract, however diabetes care appears to be one major area at the forefront of GP's minds and hopefully patient care will continue to improve throughout the years.

A report from the NHS analysing their National Service Framework for Diabetes care has recently set future targets to improve care provided for the younger diabetic population and continue to improve care where the patient is actively involved in their treatments (Patient Centred Care).

We thank David for his contribution to *The Diabetic* and look forward to his next piece.

***Get a new car for your wife,
it'll be a great trade in***

Obesity and the School Medicals

In the UK the old school medicals are being brought back. The idea being that their reintroduction could help to spot children being at risk from obesity.

So now hundreds of pupils are to be weighed at school to combat rising levels of childhood obesity.

The traditional school medical which had been phased out in the 1970's is now seen as a weapon in the obesity fight to try and safeguard the Children.

The Health Secretary across the water has approved pilot schemes as from next year, in certain areas to help monitor children's weight, their BMI etc..

Doctors welcome the initiative and point out that obesity in children has soared 25% between 1995 and 2002.

In Blackburn, Health Officials plan to weigh 1,000 children to create a statistic data base for the area.

As concerns grow over childhood obesity, doctors warn that youngsters face an epidemic of Type 2 diabetes, which until recently was only found in middle aged adults who were seriously overweight.

This obesity epidemic can only condemn youngsters in later life to years of ill-health, not to mention a higher risk of eye, kidney problems, stroke and heart disease.

The Diabetic is aware that there are school nurses on the Island who do medicals in the reception years.

The Diabetic tried to contact the Health Services on many occasions and left copious messages, but without success, as we wanted to know if they had any statistics on children, how their medicals in schools worked, and what their plans for the future were.

The Diabetic is of the opinion that our Health Services, if they have not already done so, should institute these type of medicals across the board in all

our schools, so that at the end of the day the results and statistics can form the basis of a concentrated effort in trying to resolve the obesity problems of our children on our Island.

We can bury our heads in the sand as we may all feel obesity is not on our door step, when in reality we are truly living with a diabetes time bomb in our midst's, see *The Diabetic* statistics in this newsletter.

BMI tests in these school medicals would also help parents as an indicator to their children's health so that they can also take remedial action.

These school statistics can only supplement our statistics as gleaned from the finger pricking days.

Let's get a move on before it is too late. No more lip service.

BRITISH SUMMER TIME

Even the GP's in the United Kingdom alive to the obesity problems in children are calling for Clocks to be moved forward so that this will enable children to play outdoors on lighter evening

They want Britain to abandon Greenwich Mean Time, as they argue that by putting the clocks forward one hour in winter and two hours in the summer will allow more time for children to play after school and therefore burn off more fat

This would never happen as the lobby to keep GMT is very strong, and though this would enable children to stay out longer in the evening, it would mean that children would have to go to school in the morning in the dark. Not to mention that Scotland would be in the dark until 10a.m.

But it just shows the desperation there is in the medical world to attack obesity in Children, because the GP's know what the eventual outcome of the obesity time bomb will be.

Our medical leaders should also be

trying to find ways and means to combat the problem of obesity on our Island before it is too late, as we are also afflicted with this epidemic.

Full blown school medicals now appears to be a must to give us another weapon to combat obesity.

Preventative care now will help our children in the future, and save money for the DHSS.

Podiatry

HIGH RISK DROP IN CLINIC

Every Monday from 1.20 - 2.20 p.m.

(Except Bank Holidays)

Held at the Manx Diabetes Centre

Nobles Hospital (new site)

Ring 642652 or 642656

Thinking of emigrating to New Zealand?

A reader of our Newsletter living in New Zealand has informed us by e-mail that certain things are afoot there that is not conducive to becoming the ideal place for men that don't do anything about the House.

The New Zealand Government has passed a new law stipulating that it is now an offence for men not to do half the household work.

The object of the e-mail is, he says, to let our male readers know, that if they don't do anything about the house, then, there is no point in emigrating to New Zealand as your life will become one miserable long existence having to do half the household work with the new law in operation, and the threat of legal action.

Stay at home, whoever you may be and wherever that may be.

***Save the whales,
Collect the whole set***

Keys for Toilets for the disabled

We know that this is old hat, but since it is the first time that we have seen this in print anywhere, *The Diabetic* thought that it might be a good idea just to reiterate it.

The June 2005 issue of the Newsletter of the Chronically Sick and Disabled Persons Committee carries a prominent article on the question of keys for toilets for the disabled.

It says that though it is encouraged that disabled toilets are unlocked where ever possible, the following disabled public toilets on the Isle of Man need keys.

In Douglas: - The Boating pool on the promenade: Jubilee Toilets by the clock: York Road: Nobles Park and the Marks and Spencer Car Park.

In Laxey: - The Harbour.

In Onchan: - Onchan Park.

In Peel: - Shore Road: Market Place and Breakwater, and finally

In Sulby: - Sulby Claddaghs.

One Key opens all these Disabled Toilets as also all Disabled Toilets in the UK that need the use of a key.

There is a National Key Scheme Guide which lists accessible Toilets throughout Britain, available at a costs of £10.

These Guides can be ordered directly though the website of the Royal Association for Disability and Rehabilitation.

In the Isle of Man, Keys can be obtained at a cost of £3 each from: -

The Tourist Information Office, Departure Lounge, Sea Terminal Building Douglas.

Douglas Library, 10-12 Victoria Street, Douglas.

The Manx Foundation for the Physically Disabled, Masham Court, Victoria Avenue Douglas, and

Circa, Level 2 Chester Street Car

Park, Douglas.

As the saying goes, "Be Prepared" spend £3 and get a key, or you might not be able to spend even one penny.

The Southern Agricultural Show

Once again the Friends of the Manx Diabetes Centre had a stall at the Southern Agricultural Show at Castletown.



Our Stall at the Show

Though the weather could not really decide what to do, we did get the wind, some rain and some sunshine. So we could not really complain as there was something for everyone's taste.

As usual the animal enclosure produced the customary well presented entries and there was a lot to see, not only for the youngsters but for the adults also.

As in the past the doggie activities brought the most spectators, and we were all well and truly entertained by the antics of our canine friends.

There were many stalls with a diversity of product.

Our Stall as in the past was very well attended and we are most grateful to the many people who came by to contribute and to have a chat with those manning the stall.

One of the highlights of the day was when Jan gave two lollipops to the little brother of a pair of twins, who started licking away merrily until we

noticed that the kid had not taken off the wrapper before he gave his brothers the lollipops. The mother went bananas, but the little boy explained he did not know he had first to take the wrapper off. The two days were full of fun.

The Friends of the Manx Diabetes Centre would like to thank everyone that contributed with such generosity to the funds of the Group in the knowledge that whatever we took would be exclusively spent on the Isle of Man for the benefit of the Manx Diabetic and their medical Carers. No monies collected will be sent away.

At the end of the day there were over 300 prize winners at the stall, but, the real winner was the Manx Diabetes Centre.

The Friends of the Manx Diabetes Centre also thank Mr Tony Brown and the Castletown Festival Committee for the Loan of the Gazebo that kept Pluvius at bay.

Incidentally the name of the Lamb as drawn was "John", he must have been a ram all the time. "John" was won by Grace, we had her phone number but not her address or surname, so after a phone call the Lamb was delivered to her home.

How much deeper would the Ocean be without sponges?

Our Budding Journalist

Hi there, its me again. How have you been getting on. I hope you read the article in the September Diabetic, on the **No Show Disgrace**. You know, what was contained in that piece was going to be the subject of my article today.

Oh well never mind we shall talk about something else.

In my last article we spoke about the Symptoms of Diabetes so today I think

we are going to expand the subject.

Now, in the insulin dependant diabetes or Type 1 the condition develops fairly quickly. Usually over a few weeks, but it may take as little as a few days or as long as several months.

Without insulin treatment, the condition progressively worsens, resulting in a significant weight loss, dehydration, vomiting, the onset of drowsiness and if not treated, diabetic coma.

With a none insulin diabetic Type 2 diabetes, the symptoms are similar to those of insulin dependant diabetes, but they develop more gradually and are usually less severe. Diabetic Coma does not occur in this type of diabetes.

Some people with diabetes do not notice any symptoms. The presence of symptoms is no guide to the level of sugar in the blood, and it is essential that diabetes is treated even when there are no symptoms.

Preventative care must be in place and preventative care must be the watchword at all eventualities.

The screening for diabetes must be undertaken at all times and must be an integral part of your Doctor's surgery as a matter of course.

With insulin dependant diabetes you need regular insulin injections in order to return to, and maintain good health.

Once you go on insulin under no circumstances can you come off it.

You, as a diabetic person must understand how insulin works and how insulin controls sugar in the body, and what steps you take in order to control your diabetes.

The education of the patient is therefore essential. This is one of the functions of the diabetic nurse at the Manx Diabetes Centre.

By the way if you want any questions answered please write in and if we can, we shall get them answered for you by qualified personnel.

In the December issue I shall deal with control of your diabetes, so until then remember that the best people are diabetic.

T.T.F.N.

New Arrivals at the Manx Diabetes Centre

We must celebrate the new arrivals at the Manx Diabetes Centre. We do not have one but we now have two new little people to add to the compliment of the Manx Diabetes Centre.

Congratulations go to Ruth and Will and to Sherilea and James.

Taking them in order of arrival, on the 28th May last Ruth, one of our dieticians, presented her husband Will -with an 8lbs 15oz baby boy. He is being called Luke.



Baby Luke

Not to be outdone Sherilea our Senior Health Care Assistant decided she didn't want to be left out.



Baby Jacob Patrick

So on the 30th June she presented James O'Boyle with a 7lbs 1oz baby boy. He is being called Jacob Patrick.

The two dads, Will Ward and James O'Boyle, though fighting insomnia are ecstatic.

Both mothers and babies are doing very well and the Friends of the Manx Diabetes Centre through *The Diabetic* extend their congratulations and their best wishes.

He who laughs last thinks slowest

The Last Laugh

We must thank Petunia for the last laugh this quarter.

A man and a woman walk into a very posh Rodeo Drive furrier in LA. "Please show the lady your finest mink" the fellow exclaims.

So the owner of the shop goes into the back and returns with an absolutely gorgeous full-length fur coat.

As the lady tries it on, the furrier sidles up to the guy and in a voice for all to hear he says "Ah, sir, that particular fur coat goes for 65,000 dollars".

"No problem I shall write you a cheque"

"Very Good sir" says the shop owner "but, as today is Saturday, you may come by on Monday to pick the coat up, after the cheque has cleared".

So the Man and the woman leave.

On Monday, the fellow returns. The Store owner is livid and outraged.

"How dare you show your face in here?! There wasn't a single penny in your checking account".

"I know" grinned the guy, "But I just had to come to thank you for the

most wonderful weekend of my life”

If you think nobody cares, try
missing a couple of payments