

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

The Diabetic

All monies
collected is
spent on the Isle
of Man no
monies are sent
off Island

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

Issue number 14.

Date: September 2006

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LEADING FROM THE FRONT

Caaryjn Laare Chingys-Shugyr Vannin

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

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

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The Friends of the Manx Diabetes Centre presents comprehensive document to the DHSS for the retention of the Manx Diabetes Centre but with Enhanced Facilities

Mr Leonard Singer will stand for the Keys to get a mandate for 24 hour services in Ramsey.

823 people don't turn up for appointments to their surgeries during July. Disgraceful.

Ten years ago the youngest was six now there are 36 Diabetic Children on the Isle of Man.

6 are now under five years of age

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The Diabetes Clinical Audit

The Diabetes Clinical Audit

As pointed out at the AGM, the Isle of Man DHSS had already started its Diabetes Clinical Audit on 1st April 2006 which will end on the 31st October 2006.

Food to eat in

Food to take away

Food for thought

Are all available at
Feegan's Internet Lounge
8 Victoria Street
Douglas



Cover of report submitted

The Friends of the Manx Diabetes Centre once again leading from the front and with the Interest of the Manx Diabetic patient paramount, attended a meeting at Crookall House on the 17th July to protest at the concept of any contemplated diminution of the facilities at the Manx Diabetes Centre, and reverting to the old system of “Care in the Community” when we did not have a specialist Manx Diabetes Centre.

The Meeting was attend by Mr John Houghton MHK, a Trustee of the Friends of the Manx Diabetes Centre, The Chairman of the Friends of the Manx Diabetes Centre Mr Henry J Ramagge, and the representatives of the DHSS conducting the Audit, Ms Marie Berry, Clinical Governance Facilitator and Mr R Loudon Brown, Public Health Specialist.

The Audit has been commissioned by Mr Norman McGregor Edwards, the new Director of Health, Strategy and Performance, of the Health Services Division of the Department of Health and Social Security.

The Meeting was conducted in a very friendly and cordial atmosphere with each side putting forward its point of view with the 28 year old perennial arguments.

It was mooted on the DHSS side, that there was no need to have produced the report as there was no question of any diminution of the facilities at the Manx Diabetes Centre.

However Mr Houghton and the Chairman were adamant that it had to be tabled as Mr Edwards had written to the Chairman on the 16th May saying “I did not say that we would not go down the ‘Care in the Community’ route as you described it”.

The Chairman had therefore felt it necessary to write a report supporting

the Manx Diabetes Centre and demolishing any concept of just reverting into “Care in the Community” that had not worked before without a proper specialist Diabetes Centre in place.

Consequently the Chairman tabled a 68 page report in support for the retention of the Manx Diabetes Centre in its present specialist form with a full multi-disciplinary team, but with enhanced facilities.

The report spelled out why we needed a Manx Diabetes Centre, what was diabetes, diabetes complications, the direct and indirect cost of diabetes to the DHSS, the Diabetes Clinical agenda, “Care in the Community”, and the response of the Friends of the Manx Diabetes Centre to any proposed possible “Care in the Community” without a full multi-disciplinary specialist Manx Diabetes Centre in place.

The report contained testimonials on why we should not take the “Care in the Community” route without a Specialist Manx Diabetes Centre from leading Diabetologists, Dr Geoff Gill from the University Hospital Liverpool; Dr Niaz Khan from the Bangor Hospital North Wales; Dr Stefan Slater, from the Victoria Infirmary South Glasgow University Teaching Hospitals Trust now retired in Edinburgh; and Dr Stephen Judd from Flinders University, in South Australia.

In conclusion, the Chairman enumerated the extra facilities offered at the Centre and stressed that we cannot allow any deterioration of the facilities at the Manx Diabetes Centre.

In fact we have to build, he said, on what we have, as without it, what the DHSS would be doing with the introduction of “Care in the

Community” with a diminished Manx Diabetes Centre, is taking away from the Manx people the preventative specialist care, that we at present have at the Diabetes Centre, for no valid medical reason.

In fact he said, what was required was extra personnel at the Centre.

a) The Centre needed an extra Doctor. The Group wanted the re-appointment of Dr Blackman on a three day weekly basis.

b) We needed at least one full time receptionist to be able to deal with the telephone, with drop-in patients, with the many daily calls that patients make for help, and assist with the patients on arrival.

c) We needed extra nurses to deal with the higher incidence of diabetes that is now prevalent on the Island.

d) We needed extra secretaries as the present compliment cannot now cope with the work load.

e) We needed extra equipment and facilities.

f) We needed extra podiatrists as they are now swamped.

g) We needed extra dieticians, as diet is a major part of Type 2 diabetes treatment and is an important adjunct to insulin treatment. Dietetic advice and education on an individual basis is the true prime management for most patients with diabetes.

h) We needed the Prosthetic and Orthotic personnel full time on the Isle of Man so that the consultant Physicians and all staff at the Manx Diabetes Centre who deal with patients with problem feet and amputees have access to these people on instant call, and not have to wait for consultations at a minimum of three weekly intervals, or more, to the detriment of the patient.

i) We needed the dedicated midwife that is sometimes not available during the diabetic ante-natal clinic at the Manx Diabetes Centre, to be released to the Centre when needed so they can attend the anti-natal sessions.

j) We need whatever personnel Dr Khan requires for the development of his endocrine service, as some patients need to go to the mainland for some routine treatment at DHSS expense.

k) We require the Manx Diabetes Centre to remain under the one roof as a dedicated space for the diabetes care of the Manx Diabetes patient, with its specialist multi-disciplinary team to cater for diabetic clinics, podiatry, dietary clinics, retinal photography, ante-natal care, patient education, drop in facilities etc.

The report emphasises that the Manx Diabetes Centre because of its location is acting as a Community Diabetes Centre, therefore the Friends of the Manx Diabetes Centre recommended to the DHSS that their slogan “Care in the Community” should be reclassified to “**Shared** care in the Community” with the Manx Diabetes Centre and its team of specialist at its very centre, as we have now but with enhanced facilities.

The Friends of the Manx Diabetes Centre recommend this was the proper way to go as do our eminent diabetologists

With diabetics and its complications on the increase, as evident by the number of diabetic patients now on dialysis that cannot be accommodated at the Unit which is now overflowing into the Intensive care unit, we cannot in anyway tamper with our Manx Diabetes Centre.

The Chairman’s report brought to the notice of the audit, that Diabetic care must be equal to all, and should be the

same for all, whether they lived in Douglas, Onchan, Ramsey, Castletown, Peel, Port St Mary, Port Erin, Morown, Kirk Michael or Andreas.

This cannot happen, he claimed with just “Care in the Community” as all surgeries have different levels of expertise in the many facets of medicine including diabetes.

Standardised care for the Manx diabetic patient, he pointed out, can only happen in a specialised Manx Diabetes Centre, as otherwise we risk care.

A questionnaire entitled Diabetic Services Audit, which the Audit Members claimed they had agreed with Dr Khan and Mrs Anne Birttles, was then completed by Mr Houghton and the Chairman.

We shall now await the results of the outcome of the audit which they said would be in the nature of a report, and would be made available to the Group on completion of the Audit. But we shall not go away.

The meeting lasted two hours fifteen minutes.

The report presented by The Friends of the Manx Diabetes Centre is available in full, to any member, on loan, from the Chairman, by ringing Tel (01624) 613702, and making arrangements for collection from 39 Cronk Dreen, Douglas.

‘Contrary to Popular belief, it is not hotter than Hell’

Sign seen outside a North Carolina Church during the heatwave there

The Cost to a Charity of the New Postage Pricing in Proportion,

As you are all aware from the 21st August our Post Office followed in the footsteps of the UK post office and introduced a new way of working out our postage.

We appear to have to conform in everything that is introduced in the UK whether it is workable on the Island or not.

Whilst normal letters remain the same, large letters now cost 10p extra locally and an extra 10p for the UK.

This means that charities are unable to process the number of newsletters or large letters sent out to members, as the postage cost for a charity that depends on donations, becomes prohibitive.

Again leading from the front, the Friends of the Manx Diabetes Centre have approached Mrs Pamela Crowe MLC, the Chairman of the Isle of Man Post Office.

This with a view of the possibility of the Friends of the Manx Diabetes Centre, accorded Charity status by the Charity Commissioners of the Isle of Man, and other registered Charities on the Island, be granted free postage on the payment of one lump annual sum. This sum to be agreed and we look forward to constructive discussions with Mrs Crowe on the issue.

We ask all other Charities that find themselves in a similar predicament, to join us and write to Mrs Crowe with this or any other suggestions that they may wish to put forward, her address is:

Mrs Pamela M Crowe MLC, Chairman, Isle of Man Post Office, Post Office Headquarters, Spring Valley Industrial Estate, Douglas, IM2 1AA.

In the meantime we have been forced to reduce this quarter the pages of *The Diabetic*, our newsletter, in order to keep postage within normal parameters because of the demands in

the numbers of our Newsletters now being sent through the post.

If you are on the net and do not receive it that way, please give us the information so that we can save on postage. We shall then e-mail you and let you know how to get it off our website.

Your thoughts on the matter would be most gratefully received.

Please ring the Chairman on (01624) 613702. or e-mail him at chairman@diabetes.org.im .

Any recommendations would be appreciated so that we can get back to printing as normal.

I wonder who in the Isle of Man thought up the catchy phrase “pricing in Proportion”.

So sad. Once again we blindly follow the UK.

When will we think for ourselves?

Require old fashioned unwanted Mangle in working order so that we can squash the newsletters into a smaller envelope to enable it to go through the slit and avoid the extra postage

Please reply to The Chairman on telephone (01624) 613702

Who does the Health Services Serve?

The Diabetic spoke with Mr Leonard Singer MLC, who has already indicated that he will stand for election once again for the Keys, with a mandate if elected to fight for the restoration of the 24 hour service at the Ramsey Cottage Hospital.



Mr Leonard Singer MLC.

When asked what this was all about, he said that he had asked the Question of “Who does the Health Service serve, because of the constant apparent lack of common sense and understanding of some of the problems faced by those in need of medical services by those supposedly in charge”.

He continued “whether it is the Minister in charge or the civil servants is often questionable, when decisions appear to be made that ensure that ‘No Boat is Rocked’”.

He was of the opinion that “In recent years it has not been the weight of the argument that has won the day, but straight opposition to change.

There is an apparent failure to tackle problems when placed before the Department, or an inability or wish to re-assess a situation, even when the facts clearly demonstrate the need for change to the advantage of the patient”.

Mr Singer pointed out that “during these last 5 years, not only in the DHSS , but other departments too, any ideas that have come from outside of the department or from outside the Council of Ministers have been assumed to have been without merit”.

He highlighted the effort of the Friends of the Manx Diabetes Centre in trying to get a better deal for diabetics, assuring better and quicker treatment by efficiency, and also ensuring healthier living for those in need, often results in those calling for sensible dialogue being

labelled as troublemakers undermining the service.

Similarly as Mr Singer put it “the recent parallel of the resolution by two public meetings in Ramsey called by the Hospital League of Friends to restore the 24 hour cover at the Hospital because of the failure of the Minister and Members to carry out a supportive Tynwald resolution, is labelled by some as “undermining the system” which is far from the truth, but that is typical of the reaction one receives nowadays”.

Mr Singer strongly feels that “at the top, the DHSS needs a dramatic change of direction”.

“The People” he emphasised, “come first and waste must be recognised and eliminated, and every penny possible must be available to provide Medical Services, not more ‘Administration’.

In conclusion, he explained that he had been asked by the League of Friends to stand once again for the House of Keys in November, with his priority mandate being the restoration of the 24 hour cover for the 15,000 people living in the north of the Island.

In accepting the invitation, he assured the people of Ramsey, that of course if elected, he would fully represent the people, in all matters, as he had done before when elected to the House.

The Diabetic thanks, and is very grateful to Mr Singer for agreeing to put his points of view on the matter to *The Diabetic*.

The Diabetic also extends sincere condolences to Mr Singer and his family on the loss of his son.

The Friends of the Manx Diabetes Centre will be holding a Coffee Morning during the month of December.

We shall notify you of the event on Press and Radio and in our December Newsletter.

The No Shows

When you go to your surgery to visit your doctor, you have probably seen on their electronic board a notice that says how many people have not attended for their appointments during the previous month, with a request saying, “Please ring if you can’t make your appointment so that your appointment can be given to someone else”.

The Friends of the Manx Diabetes Centre have conducted a survey of eleven Practices on the Isle of Man, and the collective “No Shows” at these Practices during the month of July has been a total of **823 people**.

These are people that have been given appointments by their surgeries, but that don’t bother to turn up, and just leave their doctors waiting with no possibility of giving the appointment to another more worthy patient. A complete and utter disgrace.

The surgeries told us that this was a relative easy month because of the holidays.

However it was intimated that on non holiday periods this figure can rise by as much as **33%**.

This is a deplorable state of affairs, it is not fair on our doctors, it is not fair on the Patients, and it is not fair on the DHSS. One can only presume that these people do not need to see a doctor, so why make the appointment in the first place and waste everyone’s time

Were we to take this **823 no shows** figure for the month of July, then at an appointment allocation rate of **10 minutes per appointment** per patient, this would represent a total of **8,230 minutes of consultations time lost just**

for the month of July, or to put it another way the equivalent of 137 hours of consultation time lost for July, conservatively 12.5 daylight days between all our surgeries.

This is really atrocious.

If we don't take the increase in figures of 33% but just extrapolate July we are looking at a minimum of **1,644 hours per year (137 daylight days lost between all our surgeries)**, which could be used by other patients from all over the Island who are in real need to see their Doctor, but that there are no immediate appointments available for them.

The Friends of the Manx Diabetes Centre believe that it is incumbent on the DHSS to do something to circumvent this disgraceful and selfish state of affairs to help our GP Practices and the real patients they have to look after.

In the private sector, if you go to a dental surgery, make an appointment and don't turn up, they may charge anything up to £20 per half hour penalty for not attending without notice.

Similarly in the private medical profession if you don't turn up they charge you a penalty.

Is it not about time that these people (that don't turn up without notice being given), are fined? If they were fined, there would be no more "No Shows", they would make sure that when an appointment was made they attend, or gave notice that they cannot make it.

The DHSS under the Act is there to provide free medical treatment, but it is certainly not there for these people to take the mickey of the free facilities provided. All of us have a responsibility to get behind this and stamp it out.

Let us wake up and confront this disgrace. We wonder who pays for the

Doctors time for these "No Shows", the DHSS?

It is certainly not the "No Shows" and it is about time that we hit their pockets, and not let them think that the DHSS owes them something and they can trample over everybody else.

Entitlement cards will not be compulsory, but everyone will have to have one.

Deputy Prime Minister Mr John Prescott

36 Diabetic Children on the Isle of Man and rising. Over six are under 5 years old

36 Children between the ages of 2 and 17 are now being cared for with diabetes at the Children's Ward on the Isle of Man, and more are being diagnosed. . Over six newly diagnosed each year, with 3 so far this year.

Of these 36 children over 6 are under 5 years of age.

Once they reach the age of seventeen they are then taken over full time by the Manx Diabetes Centre.

The Diabetic spoke with Mrs Pam Unsworth the part time paediatric diabetes nurse at the Manx Diabetes Centre.



Mrs Pam Unsworth

Pam was a staff nurse at the Children's Ward a post she held since 1990.

From 1994 diabetic children have been looked after at Noble's Children's Ward, and since the advent of the Manx Diabetic Centre, the Centre has been used for consultation when appropriate.

Although Pam's office is in the Diabetes Centre there is no input from the centre as the children are looked after by Dr Kurien the Paediatrician at the Children's Ward, and clinics are held there only with the older young people 14yrs +, but still seen by the paediatric team until transfer to Dr Khan.

However in 2003, because the numbers of children suffering from diabetes had been increasing, Pam was seconded to the Centre and is now a part time Paediatric diabetic nurse based at the Manx Diabetes Centre, for 19 hours per week, she holds clinics and generally operates from there She also is over and above these times at the Children's Ward.

This was created by the need for the children and their families to be supported in a specialist environment which the Manx Diabetes Centre is capable of providing, with its multi-disciplinary team of specialists.

Pam sees her job as taking the child from when newly diagnosed, supporting the family, education, and trying to keep their admission into hospital to a minimum but if admitted, trying to get them back home within 24 hours.

This however means said Pam, that she is having to make herself available for home support. Having to support them at home at injection times, and taking the parents through the education process of what living with a child with diabetes entails.

This involves from six to ten home visits per child, to get them through the essential information they would need to safely look after their child.

Teaching the family what they require to know about insulin etc and getting them involved with dieticians, as diet is an essential part of diabetes management.

Pam also does school visits to get the children back to school almost immediately, or as early as possible after diagnosis. This she aims to try to do within two days of diagnosis so that means she also needs to do school visits.

She praised the teachers for their wonderful help and understanding of the problems of young diabetics attending schools.

"We want the children back to school as soon as possible after diagnosis", she said, "and we again visit whenever they change teachers, and when they are starting at a different school."

Pam also provides telephone support that involves parents ringing for advice, also she needs to be kept up to date on the situation, not only at home but also at school. What she calls. "trouble shooting" to try to find what is really going on.

This telephone support is to help families when the children are ill, to try to circumvent their problems and keep them out of hospital.

In this connection they might ring three or four times in a day, and she works closely with Dr Kurien at the Children's Ward, so that she is aware when a child is not well, and she organises admissions if she thinks it is necessary for an overnight stay, but a lot of the children they keep out of hospital.

Whereas years ago they would ring to say that a child that had diabetes was not well and would automatically bring them in for a couple of days.

As regards education, Pam said, that she did a couple of visits a year, and that is for ongoing education and to check

that that they have not got into bad habits.

She pointed out that she probably has six or seven at a time or maybe up to ten, that are having some problems for a little while and she may have to put extra efforts on the little ones, and then things settle down and drop off, and they get back to normal.

Most of the children are on multiple daily injections which requires additional support.

She also provides travel support especially when they are going to Disneyland in Florida and of course other destinations.

The children also use the Glucose monitor which for the children is a good educational tool.

Pam would not attribute the high incidence in diabetes to the Isle of Man, as she felt that this was now a global problem, and sometimes none of the parents of those children diagnosed with Diabetes were themselves diabetic.

She was of the opinion that in the old days, ten years ago there were some twenty thousand less people living on the Island than they do today, and then there were only about ten kids with diabetes compared to 36 today. .

Nonetheless she pointed out “we now seem to be getting a lot of young ones in the past few years”.

Ten years ago she sadly said, the youngest she had was six, but that now, she had about half a dozen under fives.

She praised the team system in dealing with the children which she said was invaluable.

We are most grateful to Pam Unsworth our paediatric diabetic nurse based at the Manx Diabetes Centre, for her comprehensive work with diabetic children of all ages.

We also thank Dr Kurien and all the Staff at the Children’s Ward for their wonderful support in looking after our diabetic children.

We appreciate Pam giving us a little of her precious and valuable time to talk to *The Diabetic*.

Our Children are in good hands and we wish Pam and all the staff at the Children’s Ward all the best in trying to keep one step ahead of the problems of all our diabetic children.

The Prosthetic and Orthotic Audit

The long awaited report on the Prosthesis and Orthotic Departments has just been published.

Its outcome is no surprise to the Friends of the Manx Diabetes Centre

The report has not as yet been dissected by us, but at first glance it leaves much to be desired and we are pressing the DHSS for answers before we write to them formally with our views.

The authors of the report claim that they sent out 64 questionnaires and received back 34, on which the report is based.

We have therefore written to Mr Norman McGregor Edwards The Director of Health Strategy and Performance Health Services Division of the Department of Health and Social Services and asked him for information on the following: -

1) We cannot understand why the report is based on 34 questionnaires being returned from the 64 sent out. How is this possible when there are some 90 amputees on the Island using the Service, and hundreds use the Orthotic Clinic.

a) Why only 64 sent out when The Chairman has spoken with other patients

and members of the Group using the Prosthetic and Orthotic Clinics that did not receive questionnaires. They have been completely ignored, not only are they aggrieved at not being consulted but they feel most strongly, that having experienced the problems first hand, that there should be an Orthotic and Prosthetic Clinics on the Island full time.

2) What was the input of the Podiatrists professional personnel that met with the Audit people, no mention appears to be made of them in the report. Why was their input ignored?

3) What was the input of Dr Khan who has been fighting for the Prosthetic and Orthotic clinics to be held on the Island on a weekly basis, and who has had more than one meeting, and corresponded with the hospital management on this issue. Why were his views ignored in the Audit.

4) What has been the input of the Chronically Sick and Disabled Persons Committee who have been fighting for this to come about over the past year with many written interventions. Why were they ignored,

5) What was the input of the Friends of the Manx Diabetes Centre, who have been fighting for this for the past three years, with our members who have lived with these complications and have knowledge of the Orthotic and Prosthetic problems. Why were we all ignored?

a) In fact how can the DHSS ignore all these people and produce a report from just 34 patients that answered the questions. Questions set by the DHSS modelled from UK sources, not orientated to the Isle of Man problems, and which the most important straight questions are not even set down in the UK based questionnaire, Which should have been geared to the Isle of Man. Namely: -

DO YOU WANT THE PROSTHETIC AND ORTHOTIC PERSONNEL TO HOLD CLINICS EVERY WEEK ON THE ISLAND?YES.....NO

DO YOU WANT THESE CLINIC PERSONNEL TO BE ON THE ISLAND FULL TIME.....YES.....NO.

We believe that the DHSS didn't want these 34 patients answering these direct questions, that is why they have been omitted.

It must be realised that with any statistic, or referenda it is all dependant as to how the questions are couched and how crucial questions are omitted, in order to arrive at a desired result. You can make statistics stand up and beg.

6) We also asked for the report on the audit of the Orthotic service which is conspicuous by its absence from the report that the DHSS has sent us

So apart from the Questionnaire that they did send out to a select few, as not even all the hundreds of users of the Prosthetic and Orthotic services have been consulted, who else has been consulted and what was their input?

The whole audit is taken from 34 people answering the DHSS preset UK based questions, which in reality dealt with semantics and not the glaring issues. Again an internal audit does not live up to expectations.

At this rate let us hope that our own Diabetes Audit will not follow the same path.

We shall deal in detail with this audit report in our December Newsletter.

In the meantime we await with avid interest the replies to our questions.

Once again the report is based on UK practices when we are a

Nation and an Island and need our own facilities not those of the UK.

Donations

On the evening of the 7th August the Friends of the Manx Diabetes Centre were presented by the Isle of Man Karate Club with the sum of £1,000.

This money was raised by them during a sponsored 1 hour Karate Techniques at their Glencrutchery Gymnasium during normal training sessions.



The Presentation by Mr John Kennish to the Chairman

Prior to the presentation Mr John Houghton MHK explained to all those present what diabetes was, what it did to people, the complications that arise if not properly cared for, and why the Isle of Man diabetic patient needed a multi-disciplinary team of specialists at our Manx Diabetes Centre. He emphasised that; "Diabetes was a Chronic incurable condition which requires complex and specialist management".

After the presentation was made to the Chairman by Mr John Kennish, the Chairman thanked those present for their wonderful effort and assured them that the money would be spent, as was their wish, on the Island for the benefit of the Isle of Man Diabetic and their medical

carers and that not one penny would be sent off Island.



The Treasurer Mr Jerry Ludford-Brooks presents certificate to Mr John Kennish

The Treasurer Mr Jerry Ludford-Brooks then presented the Karate Club with a framed receipt Certificate in appreciation of their Donation. He explained that the Group made a presentation of these certificates to groups, offices, shops and private individuals that make donations to the Friends of the Manx Diabetes Centre in the sum of £50 pounds or over.

Miss Linda Rooney who had with children and friends collected the sum of £325.10p approached the Chairman with a view of donating the Collected Monies for exclusive use on the Isle of Man.

She was most insistent that she wanted the monies to be used for the Manx Diabetes Centre, hence her approach.

The Chairman was most grateful for the donation and once again assured her that no monies would be sent off Island.



Miss Linda Rooney with her Mother making the presentation

We are once again talking to the Manx Diabetes Centre with a view to seeing what they might need this

DHSS in efforts to “prioritise” finds allies

The DHSS in its quest to “prioritize” its services at Noble’s Hospital finds allies in the Healthcare Commission of the United Kingdom, whom the DHSS got to write a report on our Noble’s Hospital services.

At the time of going to press, the Friends of the Manx Diabetes Centre have as yet not seen a report even though they have asked for one, but have heard comments from members.

The report as the DHSS once again required is written with a UK mindset.

It is not really directed to the Manx requirements but rather to an assimilation of what is going on in the UK.

Consequently it appears to fall in line with the “prioritising” agenda of the DHSS, We appear to have to many facilities as compared to a similar size population in the UK..

For the record, once again we must make it abundantly clear to the DHSS that the Isle of Man is a Nation and also an Island, and we have to be self

sufficient and not fall into the U.K. trap. WE ARE NOT IN THE UK.

Just to show how U.K. orientated this report is they have it available in,

GUJARATI;

PUNJABI;

HINDI;

SOMALI;

GREEK;

ARABIC;

URDU;

CHINESE-SIMPLIFIED;

CHINESE-TRADITIONAL;

BENGALI;

TURKISH;

VIETNAMESE;

ITALIAN;

POLISH;

And of course ENGLISH

BUT NOT IN THE MANX LANGUAGE, for after all the report is supposed to be geared to the Isle of Man not UK.

This just shows us that the report is more orientated to UK. practices where they need all these languages, than to the requirements of the Isle of Man.

The civil servants at the DHSS may be delighted with all the languages that it is available in for our Island, but we are not.

So at the suggestion of the Chairman, and in his presence, a member of the Group rang the Healthcare Commission in the UK and asked for a report in **Manx, (trouble making once again).**

We were told they did not have one, However we were adamant and insisted that if the report was supposed to be for the Isle of Man, we wanted one in **Manx.**

To cut a long story short and after considerable arguments, they said they would look into it and if possible have one for us in a couple of weeks.

If and when we receive it, we shall send a copy to Mr Norman McGregor Edwards the Director of Health Strategy and Performance. Health Services Division of the Department of Health and Social Services, for his perusal. And to remind those at the DHSS from the Minister down, that the Manx people are proud of their hospital facilities and that they don't want them in any way diminished to follow U.K. practices for our Manx people.

The above shows how ridiculous and expensive the whole matter is as it appears to have been done without the depth of knowledge required for the Isle of Man services, its topography and the Manx people, but with a UK slant.

The report has been done in all the languages required for the UK market but not for us, even though we still firmly believe we are not yet part of the UK.

However as things are going, we might as well throw in the towel as we shall eventual be taken over by the UK, as everything the UK does we automatically adopt.

Let us buck up our ideas, we are a Nation let us keep it that way.

We cannot loose any of the services at Noble's that we have today in order that the DHSS "prioritizes". It does not matter who says so. It does not compute.

The Elections are round the corner, make sure you insist on this issue, and if your prospective MHK cannot give you a pledge that he or she will resign if there is any tampering or sacrificing any of any of our hospital services to "prioritize" then don't vote for them.

You have a vote, use it.

Incidentally we were not asked for our views or invited to participate in any of these events, or workshops, probably because the DHSS did not want the

Friends of the Manx Diabetes Centre to ask the pertinent and awkward questions.

We shall however comment in detail on the report in our December newsletter.

The Audiology Department

A member of the Group informs us that on 2nd February 2006, they attended the Audiology Department at Noble's Hospital.

Tests and a casts were made for a hearing aid and they were told it would take 20 weeks for it to be supplied.

They have just been asked to attend on 22nd August 2006 (six months and some twenty days later), for it to be fitted.

If this is the waiting time for hearing aids to be supplied at our top of the art Hospital, then all *The Diabetic* can say is:

"There must be a lot of deaf or partially deaf people walking about on the Isle of Man".

Diabetes Management in Primary Care.

The Diabetic spoke with Julie Maddrell following the successful course undertaken by members of the Manx Diabetes Centre.

Those taking the course were Mrs Julie Maddrell (podiatrist), Amy-Louise Harris (Podiatrist), Josie Baxter (Dietician), and Dr Amutha Krishnan.

The Course was a Post graduate training course over a duration of 6 months combining long distance learning and study days, it was accredited by the University of Huddersfield.

The diploma was aimed at health professionals who hold a relevant qualification in healthcare eg. GP, Nurse, Podiatrist, Dietician, Pharmacist

and is related to clinical practice and those working with patients who have diabetes.

The course progresses through Diabetes in a logical manner from diagnosis through to treatment (including insulin and insulin conversion) to monitoring for and management of complications.

The course work enhances this at each section of the course and is aimed at improving patient care.

The course enables the student to work at their own pace.

The course was divided into modules,

- Setting the scene – discusses glucose metabolism and the effects that occur when this process is dysfunctional.
- Type 1 and 2 diabetes and impaired glucose tolerance is also covered as is tests undertaken and levels for diagnosis identified.
- Healthy Living – discusses all aspects including diet, exercise, smoking cessation, BP control, and lipid control.
- Treatment – all aspects covered in depth including oral medication, short and long acting insulin and blood glucose monitoring.
- Future developments also briefly looked at e.g. inhaled insulin.
- Complications – shows the relationship between risk factors and the complications of diabetes. Prevention and treatment discussed in detail.
- Specialist Section – this will be for the candidate and their profession e.g. Podiatry, GP, Nurse, Dietician etc.

All the modules encourage participants to “shadow” local services

and a networking of meetings. Other professional dealings with diabetic patients is an excellent way of improving patient care.

Each module cumulates in 1/2 pieces of reflective coursework which as a participant they say they all found very useful.

For example:

They had to pretend to be diabetic for 3 days and their medication was “smarties” and they had to keep a blood glucose monitoring diary at various times of the day.

They also had to try and exercise 30 minutes per day, look at their food diary and take all the other medication used for prevention e.g.. lipid control, aspirins etc.

They found the whole module a nightmare as not really being diabetic, for the first 2 days some forgot to check their blood sugars before breakfast and take their medication 20 minutes before they ate, and they felt like they had failed miserably but found the experience of finger pricking that it is an art – one that they just about mastered after the 3rd day (much to the dismay of their sore fingers) The fact that this module was also at Christmas/New year made it very difficult to comply – it has certainly given them strength to maintain the encouragement that patients require to keep on track.

After the “finger pricking” difficulties they dreaded having to inject themselves in the tummy, but surprisingly, they claim that this was painless. Incidentally it was nothing lethal that they gave them.

Some of the modules encouraged the participant to reflect on their own patients that perhaps they had difficulties with, and how they could look at challenging ways to improve their patient management.

This finally led to an exam which was probably the most daunting part of the course, as there was a lot to do in a short time.

They say that the whole experience has improved their knowledge in the management of a diabetic patient, and in particular the reasoning behind why certain medications are used for different patients, or why medications are stopped due to increasing risk factors.

Julie and Amy-Louise being podiatrists say they tend to focus on the complications of the feet, but this course has increased their knowledge of overall risk of complications that diabetic patients face.

This enables them to support other professionals in ensuring that they are giving the same advice that is levels of exercise, and blood pressure control.

Clinically they feel more confident when patients discuss their blood glucose tests to encourage them to seek advice if it is apparent that they need “better control”.

The course has also raised the importance of Podiatry and the role that they play within the multi-disciplinary team and clinically it has raised the importance of recognising and knowing where to seek and access specialist services with regards to feet.

Direct referrals from staff who were on the course have ensured those patients with “At Risk” feet or active problems access the podiatry services as soon as possible.

This certainly has improved the management of these patients.

Our thanks go to Julie for talking to us about this all important course undertaken by four members of the Manx Diabetes Centre.

The Hospital Chapel



Cannon Brendon Alger, Rev. Phillip Frear, Rev. Leslie Cuthrie.

The Hospital Chapel is situated through the hospital main entrance, turning left on to the main corridor, a few yards on left hand side.

Although furnished as a Christian place of worship, the chapel is open around the clock for the use of staff, patients and visitors of all faiths and those of none. Please feel welcome to use it as a place of prayer, reflection or simply somewhere to be quiet.

There are three hospital chaplains who can be contacted at any time, either through the hospital switchboard or on the following numbers:

Cannon Brendon Alger (Roman Catholic) 675509

Rev Phillip Frear (Church of England) 675523

Rev Leslie Guthrie (Free Churches) 626494

On the bookshelf in the Chapel entrance is a selection of pastoral cards and other helpful literature. Please help yourself to anything which may assist you.

There is a short inter-denominational service in the chapel every Wednesday afternoon at 2.30pm taken by one of the chaplains. All are welcome to come along and join us.

The above article was supplied by courtesy of “In touch” Magazine a DHSS newsletter publication.

Updates

Stockings for Leg Ulcers

A technology has been developed by researchers at Manchester University's William Lee Innovation Centre which could represent a major advance on existing ulcer treatments for patients with conditions such as diabetes and vascular disease.

The have invented a scanner that produces made to measure compression stockings that could transform the treatment of leg ulcers for thousand of patients.

The 3D scanner maps the outline of the patient's leg and sends the data to a computer knitting machine.

Within 24 hours the machine produces high-tech stockings that fit perfectly.

Doctors can even tell the machine exactly how much pressure they want applied and to what part of the leg, in order to speed up healing.

UK NHS Waste by Numbers,

£2.8bn Pay bill for army of managers and bureaucrats.

£1.75bn Cost of three layers of unnecessary bureaucracy, according to public review last year.

£600m Deficit built up over last year.

£578m Increase in managers' pay in two years

£300m Extra cost in new GP contract.

£9m `` The total budget for 'art' spent by the NHS

72% Increase in cost of building hospitals in first three years of the Private Finance Initiative.

45% Rise in the number of burocrats since Labour came to power in 1997

17% Rise in the Number of nurses since 1997

33% Proportion of extra spending used for higher pay next year.

Incidentally our DHSS budget for **Administration charges** only, for the period **2004-2005 was £2,711,046**, but the Estimate under the same heading for **2006-2007 is now £ 4,401,400**.

I leave you to work out the differences in this and the other heads of expenditure in the budget for yourselves, so that we can really learn how to "prioritise".

Teardrop Test for Diabetics.

Test that uses teardrops to measure blood glucose could herald the end of finger pricking for diabetic patients.

These tests are being developed in the University of Central Florida in America. This type of tests could even be used to screen patients for diabetes well before they may contract the disease.

The prototype that has been created by the scientist working in Florida needs just one teardrop to analyse blood sugar levels.

If they are normal a solution in the device turns pink. If they are too high then it turns dark red.

We hope that this device will come to fruition and be widely used in the not too distant future

**"There is no list,
and Syria isn't on it"**

Mr Jack Straw British Foreign Minister

Falls Prevention Project Worker



Sandra Pressley, Elaine Hayes and Chris Jackson at last years falls prevention awareness day.

Elaine Hayes says: “I have been involved in the National Service Framework falls group since its outset in 2002 during which time we have, amongst other things devised the hospital falls risk assessment tool, corporate falls prevention guide book, collated data on local falls and have undertaken several health promotion activities.

To further facilitate initiatives, six months ago I was able to develop hours within my current role as part of a two year project, aims and objectives including:

STRATEGIC AIM:

To devise an Island wide policy for the prevention and management of falls.

OBJECTIVES:

- To improve the collection and analysis of falls data/information.
- Ensure a safer hospital environment.
- Identification of older people who have fallen or are at risk of falling.
- All over 65's at risk of falling are offered appropriate interventions to reduce risk.
- Encouraging active healthy lifestyles in older people.

Falls represent the most frequent and serious type of accident in the over 65's, they destroy confidence, increase isolation and reduce independence. The

after-effects of even the most minor fall can be devastating for an older person's physical and mental health.

Data for the Island shows that more than 1,000 people over the age of 65 attend Noble's Accident and Emergency Department each year following a fall, these being only a small percentage of those whose fall goes unreported.

Developments are currently underway to look at: Community assessments to identify those at risk of falls including a falls user information pathway, incorporating a series of information leaflets on reducing risk factors for falls and appropriate referral system. Addressing the problem of in-patient falls through auditing use of the 'falls risk assessment tool' to then identify training and educational needs and, in conjunction with the health promotion team, expanding exercise provision in the community for the older age group starting with training key people in the provision of chair exercises for the more frail elderly and then cascading this training.

The Help the Aged second National Falls Awareness Day takes place this year on June 27th.

The aim of this year's event is to raise awareness of: the risk of falling as we age, the conditions that increase the chances of falling and the practical changes that can be made to reduce the risk.

It is hoped that some of these developments will form the basis of a local media promotion on this day.

For more information regarding the project or to discuss issues within your area please feel free to contact me.

Elaine Hayes Tel: 650912

Falls Prevention Project worker

Newlands Building, Noble's Hospital"

E mail: elaine.hayes@gov.im

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

The Last Laugh

A man walks into his friend's house and finds him swatting flies.

"What on earth are you doing?" he asks.

"Because of the hot weather, I am trying to get rid of these pests" says his friend.

"Have you had any success?"

"Yes, I have killed five, three males and two females".

"My, you must be getting proficient, how can you sex them?"

"No problem, three were on the beer and two were on the phone".

JOIN

THE FRIENDS OF THE MANX DIABETES CENTRE

**ALL MONIES COLLECTED ARE
GUARANTEED TO BE SPENT ON THE
ISLE OF MAN FOR THE BENEFIT OF
DIABETICS AND THEIR MEDICAL
CARERS**

NO MONIES ARE SENT ACROSS

**WE ARE THE SUPPORT GROUP OF THE
MANX DIABETES CENTRE**

TO JOIN

**RING JAN
ON TELEPHONE (01624) 613702
OR E-MAIL HER AT
secretary@diabetes.org.im**

JOIN US TODAY

**WE LOOK AFTER THE INTERESTS
OF ALL DIABETICS ON THE ISLE OF
MAN**