

IAN MCDERMOTT



Describe your role in 50 words?

I work in Leeds as a GP, with a special interest within the Leeds community diabetes team, where I am the medical lead for that service. I also work in the hospital diabetes service, doing one clinic per week. I am the clinical lead for diabetes at Leeds CCG.

How did you develop an interest in diabetes?

I used to be a GP partner. When I gave up the partnership, I initially worked part time so I had more time to develop specialist skills. I realised that neither my diabetes nor palliative care knowledge were as good as I felt they should be, so I started working for a local hospice and I approached a diabetes consultant to ask if I could sit in and shadow diabetes clinics. Eventually I was offered a job in the hospital diabetes service and my diabetes career took off from that moment in 2003.

What are the challenges of your role? What would you find the most rewarding?

To keep clinically up to date as a GP and in a specialist diabetes role is extremely demanding and for this reason I eventually gave up my hospice work after more than 10 years. My time is split between four different NHS employers and some weeks all four jobs will be particularly busy at the same time which means I have to be an expert at times

juggling different demands and prioritising work.

Working within primary care, the community service and the hospital service, has enabled me to see the relative strengths and problems within all our services and helps me to guide other people when assessing and amending services and when planning a patient's journey through the different services.

I feel privileged to be in an unusual diabetes role working for so many employers and this has been of enormous help to me and the patients that I care for, when their needs are complex and not easily managed by a single service.

What have you achieved recently in diabetes care that you are excited about and keeps you motivated?

I approached Diabetes UK some time ago to ask if we could jointly develop a document for people who are treated with insulin that would act as a resource and aide memoire, and which would describe the minimum standards of care that they should expect to receive when on insulin treatment. Diabetes UK had already produced the excellent resource, which provides guidance as to the basic standards of care that any person with diabetes should expect. Sitting in clinic one day, it struck me the people treated

with insulin needed something similar. I am incredibly excited that this work has led to the development of the Diabetes UK **Insulin Essentials leaflet** and that we are now ready to roll this leaflet out nationwide to help support people to access improved healthcare.

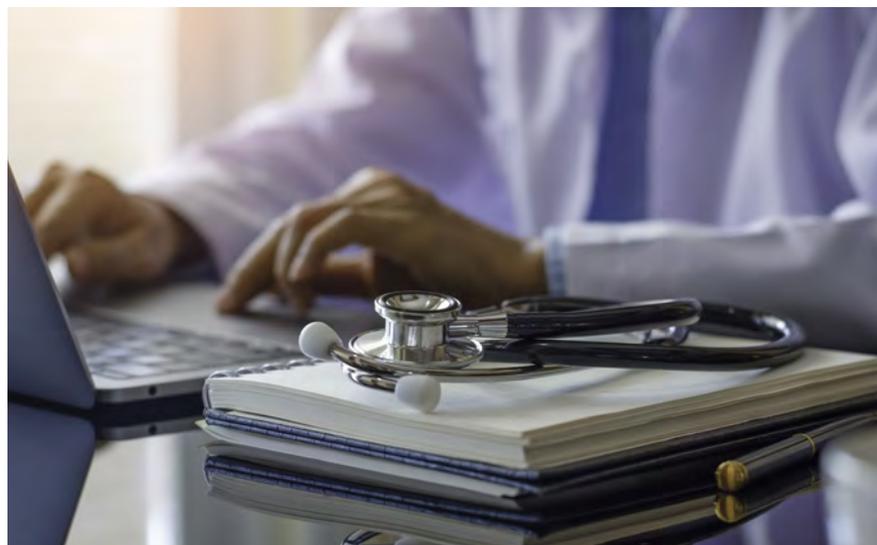
What's coming up next for you at work?

I am sure we are all tired of hearing of COVID-19, but the impact of COVID on healthcare systems has been particularly felt within diabetes services and we are facing a huge challenge to tackle waiting times and adapt the service that we are delivering whilst trying to both maintain and improve quality of care.

In the community diabetes team, we are running a pilot, to enable people with diabetes to more easily send us their blood glucose data from their glucometers using a phone app and which uses a bespoke IT solution to help assess blood glucose trends. If successful, this will help people to have remote reviews of their blood glucose data by specialist teams and thus these teams could then provide remote support to GP practices.

What do you think is the most exciting thing on the horizon for diabetes care?

The greater use of technology has undoubtedly been of enormous use



“ It is ESSENTIAL that people treated with insulin should be informed of the minimum standards of care to expect from their diabetes teams. ”

to people with type 1 diabetes and this continues to develop and will improve care. Freestyle Libre transforms care for some people. For people with type 2 diabetes, a class of drugs known as SGLT2 inhibitors, which were developed to treat diabetes, have been shown in specific groups of patients to also have heart and kidneys benefits as well as treating their diabetes. It is a challenge to ensure all those who should be offered these medications receive them, and in Leeds and Yorkshire we are working on how to make this happen.

Compose a Tweet-style comment for us about the one thing that could improve diabetes care in the NHS.

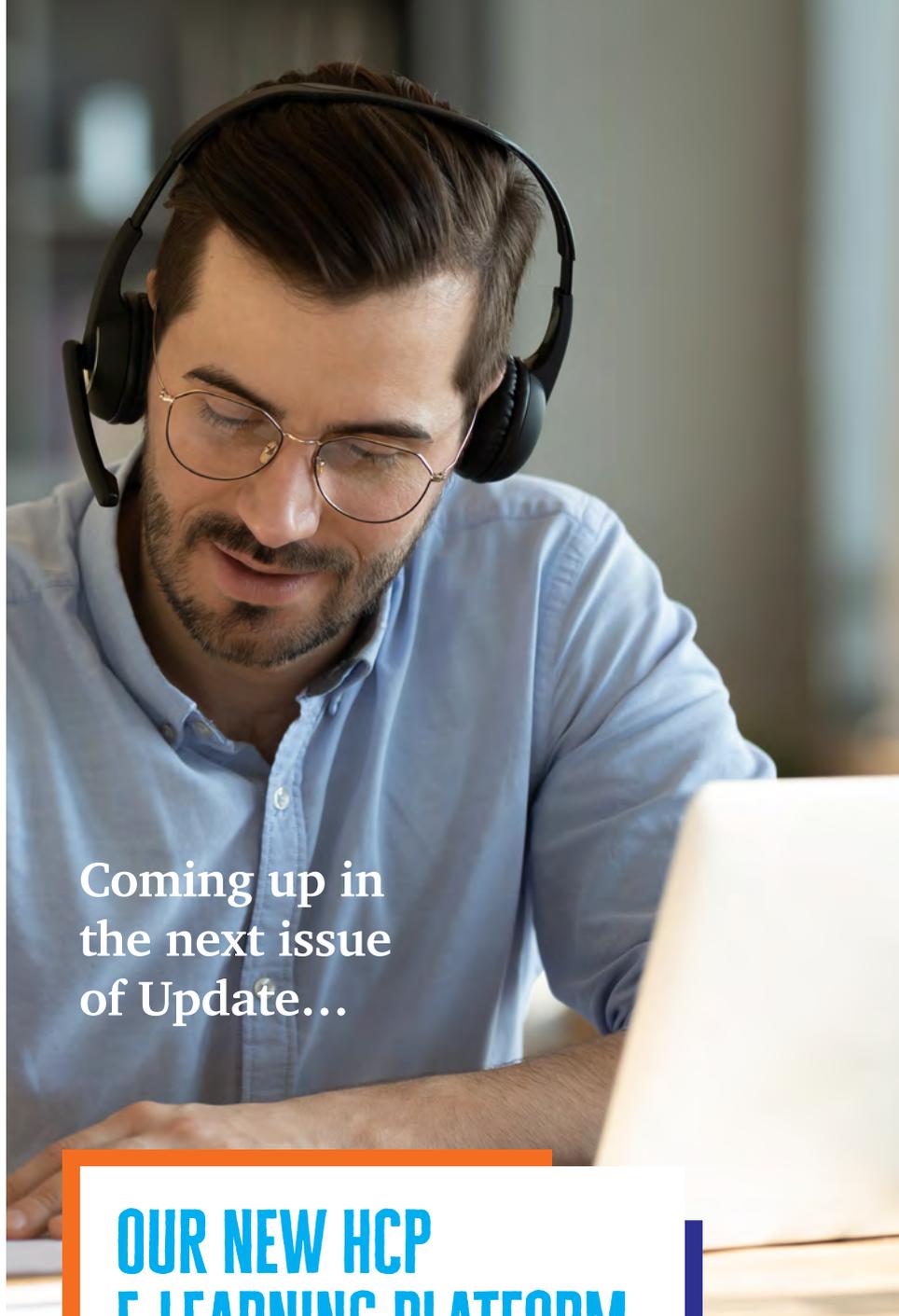
Insulin Essentials. It is ESSENTIAL that people treated with insulin should be informed of the minimum standards of care to expect from their diabetes teams.

And, finally, what do you do to relax outside of work?

I enjoy cycling, walking and music. I play the guitar badly, and my singing is even worse according to my “friends”!

The North of England team at Diabetes UK are so proud of Ian’s tenacity to make the Insulin Essentials happen, seeing them though from his first thoughts to this final creation, co-created with the diabetes community. His passion for standards of care, patient safety and experience are to be admired. We hope Ian will continue to be a great friend of Diabetes UK.

You can read about the work in the North at: diabetes.org.uk/up-yorkshire-care



Coming up in the next issue of Update...

OUR NEW HCP E-LEARNING PLATFORM

Plus

- Round up of our Diabetes in pregnancy conference 2021
- Musculoskeletal complications of diabetes and hyperglycaemia

Out March 2022