

PE1404/L

NHS Greater Glasgow and Clyde Letter of 17 December 2012

Ken Robertson, John Hinnie and I continue to provide cover for the Western Isles Health Board, as set out by the terms and conditions of the Obligate Network agreement between NHS Western Isles and NHS Greater Glasgow & Clyde.

A few developments have occurred since last we spoke:

1. The Consultant Physician with an interest in Diabetes has resigned from his post in the Western Isles and has not been replaced, as yet, due to recruitment difficulties.

This leaves the issue of day to day management of potentially tricky Diabetes Patients within the remit of my Diabetes Specialist Nurse (DSN) and Primary Care (General Practitioner) colleagues which is not ideal, particularly in terms of the paediatric subgroup. I'm aware the Medical Director is attempting to address this however recruitment to remote and rural communities is a huge issue.

2. The senior DSN is going to retire within the next year (if not sooner) and needs to be replaced with 2 whole-time equivalents.

I am led to believe succession planning is in place, pending an appropriate business case is drawn up.

My colleagues and I will continue to provide cover as per the Obligate Network stipulation however it has been made clear that we **do not run** the Diabetes Service in the Western Isles, we merely provide back up support when required.

The service can only continue to survive if the excellent GP input, currently in place, continues; appropriate DSN succession planning comes to fruition; appointment of a secondary care clinician with an interest in Diabetes - the latter is unlikely I fear.

Pumps are on the radar in NHS Western Isles, however they are most certainly not a priority as far as us clinicians are concerned. More pressing matter need addressing first.

Andrew Gallagher
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