

Primary care should be seen and heard



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You are probably aware that the most recent incarnation of the Australian National Diabetes Strategy 2016–2020 was launched on World Diabetes Day in November 2015. It can be downloaded and read at <http://bit.ly/1XmWkGT> (accessed 12.05.16). The strategy aims to outline Australia's national response to diabetes and inform how to best use the existing limited health care resources.

The strategy was developed by representations from the Australian Health Ministers' Advisory Council and the Council of Australian Governments (COAG) Health Council, and was informed by expert advice from the National Diabetes Strategy Advisory Group and key stakeholders. The Advisory Group was set up in 2014, and comprised research leaders, emeritus directors, presidents of national diabetes associations and Chief Executive Officers. After 18 months of consultation, they produced a report that identified areas for action to improve diabetes prevention and care (National Diabetes Strategy Advisory Group, 2015).

However, since the publication of the final National Diabetes strategy for 2016–2020, Professor Paul Zimmet, co-chair of the National Diabetes Strategy Advisory Group, and Professor Stephen Colagiuri, one of the other members of the Advisory Group, have raised concerns in the *Sunday Morning Herald* (<http://bit.ly/27gzEwj>; accessed 12.05.16). Both raise concerns at the alleged lack of response by government to implement the recommendations of the Advisory Group, and that there was "considerable evidence of selective editing out of the experts' considered advice."

If this is true, diluting the recommendations or delaying the implementation of this report will adversely affect our ability to address the burgeoning deleterious impact of diabetes on the nation's collective wellbeing and bank account. It would be very disappointing if the current review, expensive in time, effort and

dollars, does not see the light of day, a fate that befell the Diabetes Strategy Report for 2000–2004 (Commonwealth of Australia, 2000).

Primary care unseen and unheard

Primary health practitioners involved in caring for people with diabetes often feel unheard and unseen by Government despite significantly outnumbering specialist colleagues and managing the majority of people with diabetes. In fact, the National Advisory Group, who developed the National Diabetes Strategy, included no GPs and only one diabetes educator. This is at the same time that primary health practitioners are expected to continue to bear the brunt of delivering the care, under-resourced and poorly supported.

The PCDSA was formed out of recognition for the need for a united, collaborative approach to managing diabetes care and advocating for people with diabetes in the primary care environment. We would cherish the opportunity to work with Government and our esteemed colleagues to implement this strategy, and to contribute to ongoing strategies to prevent and manage diabetes in our society.

We believe that if all health practitioners caring for people with diabetes are able to stand united in developing and implementing the raft of measures required to manage this enormous national priority, we will achieve far more than if we all continue to work in our existing fragmented and siloed environments. ■

Commonwealth of Australia (1999) *National Diabetes Strategy 2000–2004*. Commonwealth Department of Health and Aged Care. Canberra, ACT. Available at: <http://bit.ly/29gOyxO> (accessed 12.05.16)

National Diabetes Strategy Advisory Group (2015) *A Strategic Framework for Action: Advice to Government on the Development of the Australian National Diabetes Strategy 2016–2020*. Department of Health, Canberra, ACT