
Preface

Why a book on integrated diabetes care? Over the last 20–30 years, there have been a plethora of projects and policies putatively designed to bring together all the different health workers and health services for defined groups of people with diabetes. Some have sat behind grandiose broader integrated care initiatives. Others have sat within a single health service. Over this time, there have been enormous improvements in the way we can manage type 1 and type 2 diabetes. There has been the growing recognition of the importance of personalised medicine including the ability to diagnose rare forms of diabetes (such as monogenic diabetes). Behind this diabetes clinical evolution has been, perhaps, an even greater revolution in the work behind the scenes, especially in the way we handle health data and clinical governance, and in our understanding that there is a chasm behind what we can do and what is actually happening. Why is care not as good as we know it can be? Why do avoidable complications still happen? It is clear that there is much more that can be done to facilitate and enable those with diabetes: right care, right time, and right place.

This book came about to provide greater depth than possible in academic publications on what worked and what did not from the clinicians' and developers' points of view. This in turn can inform future developers, managers, and clinicians on how best to structure their next attempt to move towards a more united and seamless approach to the way that those with diabetes receive their care.

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