



Chairman's report

Challenges for integrated care

After nearly six months of the new NHS England how is diabetes care shaping up in England? I suspect that readers in Scotland, Ireland and Wales must be slightly bemused by all the chatter about changes; and if you are a diabetologist in England you would be forgiven for having retreated into a bunker wondering apprehensively as to how the new system will look once the dust has settled and how all the new bodies and structures will interrelate.

Certainly the attainment of integrated care as espoused by 'Best Practice in Commissioning Diabetes Services – an integrated care framework' the commissioning document produced just before the demise of NHS Diabetes, to which ABCD had major input, looks vastly more difficult to deliver given the spaghetti junction like map of the NHS in England. In Wales, in contrast, a diagram of the services is divinely simple with local health boards at the centre of everything and few other structures.

On a personal level I have dipped my toe into the waters of NHS England after being appointed as a diabetes specific lead within the Yorkshire and Humber Cardiovascular Strategic Clinical Network where I hope the lessons learnt while working for ABCD can be put to good use.

Role of the ABCD in the new world

How is ABCD as an organisation responding to the new world? As Chair I meet and talk regularly with Jonathan Valabji, National Clinical Director for Diabetes and with Barbara Young and Bridget Turner, Chief Executive and Director of Policy at Diabetes UK respectively, to discuss the evolving picture and how we can mutually and individually support the development of high quality care. Bridget and myself recently did a joint presentation at the commissioning show highlighting the challenges of commissioning for diabetes and promoting the 'Best Practice In Commissioning...' document and the ABCD type 1 campaign.

Productive collaborations for ABCD

One important collaboration between ABCD and Diabetes UK continues to be the Joint British Diabetes Societies (JBDS) Inpatient Group which is co-funded by the two organisations. Autumn will see the publishing of the Admissions Avoidance document which will provide a comprehensive review of admissions avoidance strategies for diabetes and include recommendations for commissioners.

On 4 September I was accompanied by Prof Mike Sampson, Chair of the Joint British Diabetes Societies Inpatient Group to a meeting with the chief executive of the Care Quality Commission to discuss inpatient care. Also present were Professor Alan Sinclair to raise the findings of the National Diabetes in Care Homes Audit, a project co-chaired by the Institute of Diabetes in Older People (IDOP) and ABCD, which will be published in the autumn.

Wearing a different hat Alan Sinclair as Chair of the ABCD Academic Committee, Richard Greenwood Chair of Trustees and myself have had discussions with JDRF. Included

in those discussions, among other issues relating to promoting research, was the opportunity that is presented by the network of diabetologists that is ABCD working with JDRF on JDRF funded type 1 projects.

Current ABCD projects

There are many others to thank for their work on ABCD projects but I will mention a few. Dev Singh for his work on the mentorship scheme which is bearing fruit as the project is now oversubscribed. Bob Ryder's work with the website committee has transformed the website, and Andy Macklin is enthusiastically developing our social media activities. The work of the ABCD research fellow Piya Sen Gupta with Bob Ryder has seen the DIABESITY study enroll its first subject with the insertion of an Endobarrier. I would also like to welcome new committee members Ali Chakera (who represents YDEF on the committee), Umesh Dashora, Stella George, and Thozhurath Sathyapalan (academic within 10 years of appointment).

Active role required from ABCD members

In many ways ABCD is currently at a crossroads. We have developed an effective platform from which to speak and act as diabetologists but the activity generated is barely supportable by our current infrastructure and is still growing. The executive will therefore be looking at proposals in the autumn to beef up the infrastructure of support for the executive and committee.

Meanwhile ABCD needs the support of its membership to deliver the various workstreams. For those of you struggling to find time to work national projects I think it is worth repeating to your Trusts the words of Sir Bruce Keogh taken from his recent review into the quality of care and treatment provided by 14 hospital trusts in England: 'Ambition 5. No hospital, however big, small or remote, will be an island unto itself. Professional, academic and managerial isolation will be a thing of the past. The trusts reviewed tended to be isolated in terms of access to the latest clinical, academic and management thinking. We found many examples of clinical staff not following the latest best practice and being 'behind the curve'. They – and other trusts not included in this process – need to be helped to develop a culture of professional and academic ambition.

- NHS England should ensure that the 14 hospitals covered by this review are incorporated early into the emerging Academic Health Science Networks. We know that the best treatment is delivered by those clinicians who are engaged in research and innovation.
- Providers should actively release staff to support improvement across the wider NHS, including future hospital inspections, peer review and education and training activities, including those of the Royal Colleges. Leading hospitals recognise the benefits this will bring to improving quality in their own organisations. Monitor and the NHS Trust Development Authority should consider how they can facilitate this.'

Chris Walton, Chairman

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