



Chair's Bulletin, December 2014

The mirror on the up escalator

Although there is a great deal more to ABCD than conferences and position statements, they are at the heart of what it offers. Those who attended the autumn meeting at RCP London agreed that it was a great success. It showcased two inspirational, innovative services (it could easily have been more), and challenged members to open their minds to the potential of using big data for the benefit of patients.

Members can view the presentation slides at:

https://www.diabetologists.org.uk/general_member/Presentations_Autumn2014.pdf

Congratulations to Russell Drummond whose first programme was highly evaluated. The spring meeting (April 23-24, 2015) in Cardiff on St George's day (!) with the Welsh Endocrinology and Diabetes Society is sure to be a winner, so get your study leave request in early.

I had the privilege of attending the first part of the ABCD SpR meeting, the 13th organised by Gerry Rayman, and judging the research presentations. All four were of high quality, which bodes well for the future of academic diabetology in the UK. The joint winners of the award, who shared the £1000 prize were: Dr Joanne Morling, University of Edinburgh, *The burden and development of clinically significant chronic liver disease in older people with type 2 diabetes*, and Dr Sanjeev Sharma, The Ipswich Hospital NHS Trust, *Small fibre dysfunction in hypothyroidism*.

Quality in Care Awards

ABCD members made an impact at the recent QiC Awards evening – Peter Winocour's team won the best Inpatient Care Initiative, and Bob Ryder's team won the best Primary/Community initiative. See:

http://www.qualityincare.org/awards/diabetes/qic_diabetes_results/qic_diabetes_2014_results

Andy Macklin was on the judging panel and kept us updated on the night via Twitter.

Working collaboratively to good effect: Diabetes and CQC

ABCD is unashamedly uni-professional, but that does not mean it always acts in isolation. ABCD provides leadership, guidance and influence through its interactions with national professional and patient bodies, that are interested in, or should be interested in how to provide high quality care for people with diabetes, wherever they live. The National Clinical Director for Obesity and Diabetes, like his predecessor, is a member of the association and we collaborate on several projects. A major achievement has been the incorporation of diabetes-specific elements into CQC inspections of Acute Trusts. Furthermore the commitment by CQC to diabetes thematic inspections in 2015 will put the whole diabetes pathway – primary care, community care, acute care, mental health services and adult social care – under the microscope for the first time to produce benchmarked reports. This will be a catalyst for diabetes specialists to work with CCGs and local authorities to transform services in their localities to achieve better coverage and integration.

Commissioning in England

For models of diabetes services one size does not fit all, something recognised in the Five Year Forward View, and the NHS is no longer a top down command and control organisation. Local CCGs have greater autonomy to make commissioning decisions. Quite rightly they are challenging provider organisations over

variations in outcome, insisting that the views of patients about education, support and consultation style are taken seriously, proposing novel contractual arrangements, and generally demanding excellence and innovation. This is music to the ears of ABCD members, who have been engaging with their commissioners, using the materials produced in conjunction with Diabetes UK, PCDS and NHS Diabetes to press the case for change. In some places the scale and pace of change required has been breath-taking and even early-adopter flagship services have been asked to up their game. The decision by S Derbyshire CCG not to renew the contract with *Intercare* prompted ABCD to seek clarification, which has been provided, along with a six month contract extension to allow the parties time for positive engagement to facilitate a better understanding of how to meet the needs of the expanded population.

It's Tough at the Coal Face – Survival Skills

ABCD recognises the challenges faced by its members, those in established consultant posts who are changing how and where they work for the sake of the patients in their locality, and those still in training posts, who are rightly apprehensive about what model of care they will be delivering when they complete their training. Key attributes of ABCD members are flexibility, about where and how they practise, and an ability to exploit opportunities that arise to drive service improvements for their speciality. Recognising the emergency pressures and working with trusts on solutions have enabled diabetes departments across the UK to expand consultant numbers; Wolverhampton and East & North Hertfordshire spring to mind. The ABCD Consultant Mentorship Scheme has been very successful in supporting new consultants facing unforeseen challenges in the workplace. See:

<http://www.diabetologists-abcd.org.uk/NDCMP.htm>

It is clear that ABCD members need a range of skills to make them more effective leaders for diabetes in their localities. The King's Fund Leadership and Management Course has delivered such skills to cohorts of consultants and SpRs over several years. The new ABCD education strategy acknowledges that individual SpRs and consultants will develop differently and at different rates, and we will provide more flexible learning opportunities in the future. Ali Chakera is the SpR representative on the ABCD committee, and his involvement, along with YDEF colleagues Kelly Cheer and Stuart Little, is essential to ensure that the needs of trainees are addressed by the strategy.

ABCD is working with RCP London on the Future Hospital Commission, to support specialist trainees in diabetes and endocrinology, who carry a disproportionate share of medical on-call rotas compared with other medical specialties, and whose specialty education and training experience suffers as a result. Would-be trainees cite this as the major reason for choosing other specialties. ABCD representatives on the SAC are addressing the need for better exposure to and training in community diabetes.

Manpower Survey

In my experience medical work force planning has proved as unreliable as economic forecasting, but both require accurate data. In our specialty the annual Manpower Survey, funded by ABCD jointly with Diabetes UK and SfE, has delivered the goods. The Co-ordinator, Dinesh Nagi is stepping down after 5 years service, and we are in the process of identifying a successor. They will manage the transition to an electronic version of the survey.

Driving

Members need to know that DVLA has proposed extending the current 3 year cycle of driving approval for group 1 licence holders taking insulin to 10 years. Ian Gallen, our representative on the panel, explained that the available data do not allow any prediction of hypoglycaemia-associated incidents. The ABCD committee unanimously supported the status quo. We recognise this puts us at odds with patient groups.

Social Media

ABCD has been active on Twitter @ABCDiab (<https://twitter.com/ABCDiab>), with same information available in Facebook (<https://www.facebook.com/ABCDiab>). We hosted a Tweetchat for the Diabetes Online Community #OurD last month in which we asked for their reactions to our three work streams – Type 1 diabetes, Diabetes and Kidney Disease, and Diabetes and Mental Health. We were encouraged by positive

comments, particularly about the third topic. Our early experience confirms the need to manage ABCD information and communications effectively and efficiently. The committee supported the establishment of a sub-committee led by Andy Macklin to manage information, website development, and communication with the membership and with the outside world.

Political Engagement

ABCD is invited to contribute to several parliamentary forums – All Party Parliamentary Group for Diabetes, Diabetes Think Tank, National Diabetes Commissioning Assembly - investigating different aspects of diabetes care, most recently education (better access to better quality) and care planning (offering the prospect of seamless care if done well). ABCD has suggested people should have a legal entitlement to time off work to attend approved educational activities on self-management, which is aligned to NHS England's prevention agenda. It remains to be seen whether this recommendation will feature in the APPG's final report. There is a determination by the Long Term Conditions Domain to embed care planning, which has the strong support of patient groups. For this to succeed all elements of the House of Care need to be put in place to the benefit of all concerned. Diabetologists will need access to training in care planning. Although we will not be doing it from scratch, we will encounter 'Care Planning Positive' patients in clinics and in the emergency setting, who will expect us to have the skills to address the elements of care planning that need attention, in a patient-centred style.

BJDVD

Well we've done it! Four quality issues as Journal of ABCD. See:

<http://www.bjdvd.com>

Thanks to Paul Grant, Editor, and his team. We owe a debt of thanks to Caroline Day and Cliff Bailey who will be stepping down as editors and directors at the end of the year, having ensured a seamless transition to the new owner (ABCD).

Doctors and Industry

Ken Shaw attended a meeting as ABCD Ambassador on the sensitive topic of the relationship between the medical profession and the pharmaceutical industry; he has agreed to join the working group. From 2015 all doctors will be expected to keep a register of payments received from companies, and companies will be expected to publish all payments made to doctors for the sake of transparency. ABCD supports transparency, and values the unrestricted grants and meeting support it receives from pharma.

Diabetes Care Trust

This charitable trust owns ABCD and has responsibility for seeing that it is run in accordance with the charity's principles. The current chairman is Dr Richard Greenwood, who has announced his intention to retire after the spring meeting. The trustees are in the process of identifying a suitable successor. I would like to thank Richard for his tremendous contribution to ABCD since its foundation.

ABCD Secretary

I have delayed requesting nominations for the post of Hon General Secretary, but I am now sufficiently confident that we will be able to fill the impending vacancy to circulate details. Please look out for this.

Reminders and dates for the diary

Events are added to the website as we are notified and/or notified on Twitter.

Mortality and Morbidity in Diabetic Inpatients Project

Please remember to submit your completed templates by 9th January 2015. See:

http://www.diabetologists-abcd.org.uk/Documents/diabetes_MandM_project.pdf

There will be a national meeting to discuss themes and examples of good practice on 13 February 2014 in London. It will also feature in the Diabetes UK PC, and at our spring meeting.

Nationwide Audits

We want your data for patients using Dapagliflozin, Degludec, and Exenatide QW. See:

http://www.diabetologists-abcd.org.uk/n3/live_audits.htm

4th National Diabetes Inpatient Event

28th January 2015, Royal Society of Medicine. Organiser: Gerry Rayman. See:

http://www.diabetologists-abcd.org.uk/Documents/National_Inpatient_Event_London2014.pdf

And Finally

ABCD is on the up escalator and I have tried to reflect for the membership some of what is going on at the moment. I am sure there are things I will have failed to mention. If so please let me know and I will do what I can to get the message out. Perhaps that is something we could be better at. Is there a course on auto-trumpet blowing? Thank you all for your support and for being leaders for the specialty in your localities.

Finally may I take this opportunity to send you the Compliments of the Season, and my best wishes for a Happy and Healthy New Year?

Rob Gregory
Leicester.