



Chair's Advent Bulletin

Will you read all the 'windows' at once or make it last until the big day?

1

John was made redundant in 2008, a casualty of the financial crisis. Aged 55, he had been diagnosed with 'insulin-dependent diabetes' 40 years previously, but his practice nurse has finally corrected his diagnosis to 'type 1'. He had done well on animal insulins that he mixed freely and injected twice daily with a syringe and needle, in that he was free of significant microvascular complications and scored maximum QoF points for his practice. A brief conversion to human insulin in the 1980s had not gone well, and he had reverted to pork.

2

A nasty RTA had brought him to my attention; he had developed hypoglycaemia unawareness and could not drive. He carried on working, travelling around the country by train.

3

Redundancy created an opportunity to attend a DAFNE course, and John made the transition to a basal-bolus regimen. He applied successfully for a driving licence. Things were looking up! He then received the offer of a job which required him to travel widely in England, often staying in hotels. All was going well until....

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....one Friday afternoon he checked into his hotel and realised he had forgotten to pack his insulin pens. He decided to visit the A&E department at St Elsewhere and ask for an emergency prescription for insulin. By the time he was seen (strictly in order of arrival), he was overdue his basal injection. Unsurprisingly his capillary blood glucose reading was higher than desirable and his urine contained a moderate amount of ketones. John was told he could not possibly leave the hospital and was 'treated' with a VRII, but no basal insulin. The following morning he persuaded the A&E consultant to prescribe him the insulin he knew he needed and to set him free.

5

John recounted the story at our last meeting, and I reflected that I could not guarantee he would have been managed differently in my own hospital, as there is no 7-day specialist diabetes service available. Had there been such a service it would have prevented an unnecessary overnight admission that could easily have extended into a weekend stay. I am making the case for 7-day diabetes specialist services in the context of the campaign by the current (correct at the time of writing) Health Secretary for a '7-day NHS', and have called on Diabetes UK and others to support me. Watch out for more news in early 2016.

6

APPG for Diabetes

I was invited to a 'round table discussion for consultants and GPs'. We heard from parliamentarians who were dissatisfied with the service provided by their own GP surgeries. It will come as no surprise that they were able to access a product that was more to their satisfaction elsewhere, but what about the less well-informed, articulate and assertive? While it is clear that some practices offer excellent care, this is not universally the case. Diabetes around the country is done by practice nurses with varying amounts of training, referred to by patients as 'The Diabetes Nurse', when he or she is not being 'The Flu Nurse' or 'The Asthma Nurse' etc.. I have expressed my concern at the time allocated routinely to people with diabetes in general practices that are under immense pressure. You cannot do the job on 10 minutes per person per year. Care planning has been implemented in some places, but is far from universal. Furthermore diabetes care is too important to be the province of one individual. What happens when they leave? New models of care for diabetes are urgently needed and I hope that the NHSE Vanguard sites are addressing this. It is hard to get information from Vanguards at the moment and I would love to hear from members who are involved in schemes about their own experiences.

7

IT Support for Diabetes

I highlighted at the APPG the need for better integration of IT to support effective and cost-effective diabetes care. I compared England unfavourably with Scotland, where SciDiabetes has been a beacon. Sam Rice explained that Wales had been poised to purchase SciDiabetes for its population, only for it to be blocked as disease-specific systems are frowned upon! If you have cracked this problem please let me know.

8

Patient View

Those of you who work alongside nephrologists will know that in some centres their patients can access their own results by way of preparing for appointments using 'Renal Patient View'. I heard its inventor, Professor Neil Turner, talk about it recently and he subsequently revealed that it had been adapted for use by people with diabetes by Bob Young and was working in Salford. If you want it too, you should email Neil neil.turner@ed.ac.uk, who will send you details of how to implement it, and the price. You will need the co-operation of your trust's IT department.

9

National Audit Office Report and Public Accounts Committee Hearing

Having been interviewed at length by the National Audit Office auditors I was keen to read the progress review, a follow-on from the 2012 review of the management of adult diabetes services in the NHS. <https://www.nao.org.uk/report/the-management-of-adult-diabetes-services-in-the-nhs-progress-review/> The original review led to a particularly uncomfortable grilling (definitely not frying) of the then CEO of the NHS in England by the Public Accounts Committee. This time there was enough positivity in the report – improvements in outcomes, a reduction in premature mortality sufficient to take us to the top of the world – to enable Simon Stevens and Jonathan Valabhji to keep smiling through the criticism of static indicators of process ('The QoF has achieved what it can'), and anticipate the fruits of the NHS type 2 diabetes prevention programme. I am pleased the NAO highlighted the lack of specialist time allocated to inpatients with diabetes, also the fact that current funding models do not support integrated models of diabetes care. The considerable variation in quality of care and outcomes revealed by consecutive audits prompted discussion about the accountability of commissioners. This has been included in the consultation on the.....

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NHS Mandate to 2020

ABCD broadly supports the mandate. http://www.diabetologists-abcd.org.uk/Documents/final_consultation.pdf You can read our responses on the website. I hope that making commissioners accountable for outcomes will create the environment in which conversations

can take place between specialists who know what needs to be done to improve diabetes services and commissioners who want better outcomes for their population. Our final comment requesting up-front investment of the promised £8 billion obviously convinced George Osborne. [http://www.diabetologists-abcd.org.uk/Documents/Mandate Reponse ABCD.pdf](http://www.diabetologists-abcd.org.uk/Documents/Mandate_Reponse_ABCD.pdf)

11

Credentialling

I can confirm that no procedure has been offered as suitable for credentialling by diabetes. Asif Ali, the Chair of the Specialty Advisory Committee, and I met as planned. Endocrinology is offering Bariatric Medicine as a possible credential, but we shall see whether it gets taken up by the GMC.

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Medical Care

ABCD is writing the material for the diabetes section of the specialty chapter of the RCPL's web-based guide to medical specialties aimed at medical directors and the like. While it is not a wish list for the specialty it is an opportunity to define the elements of a high quality diabetes service. Dinesh Nagi is leading on this, but if he asks you for help please respond promptly as there is a very tight deadline to meet.

14

NICE

The long-delayed updated Guideline for the management of adults with type 2 diabetes (CG28) has just been published, along with a large template listing the stakeholder comments and the guideline development group's responses. After two consultations on earlier drafts the final version carries a complicated blood glucose management algorithm that is less controversial than previously. The emphasis on individualised care is welcome, but ABCD's suggestion to prioritise research into pharmacogenetic factors determining response to and side effects from different pharmaceutical agents was not accepted. I hope NICE will now appoint a standing committee to review data on newer agents as it becomes available and modify the guidance promptly according to the evidence.

15

RCP Council

Dinesh Nagi has now completed his term on RCPL Council as representative for Endocrinology and Diabetes. I would like to thank him for his contribution in this role. He took over as ABCD Secretary for a rest! The three specialist societies, ABCD, the Society for Endocrinology and Diabetes UK, have agreed that the next councillor will be Professor John Wilding, Professor of Medicine at the University of Liverpool. My thanks to John for agreeing to take on this role. Our specialty should be well represented as Adrian Jennings and Rowan Hillson are elected councillors.

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IPN-UK

The ABCD-hosted Insulin Pump Network-UK will hold its inaugural conference on 21st April in Manchester, immediately before the ABCD spring conference. Membership of the network is free of charge and is open to any health care professional working as part of a pump team. There will be a small registration charge to attend the conference. Details will hopefully be on the website by the time you receive this bulletin. I hope members will consider attending both conferences and staying to dinner on the Thursday.

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Rowan Hillson Award

In case you have missed it we are inviting you to submit entries to this competition to find the Best UK Inpatient Hypoglycaemia Avoidance Initiative. Click the link to the entry form; the closing date is 1 February 2016.

http://www.diabetologists-abcd.org.uk/JBDS/JBDS_RH_insulin_safety_competition_2015.pdf

18

Autumn meeting 2015

My thanks to Russell Drummond for organising yet another musically-themed conference at RCP London. This was very highly evaluated. Members have pointed out the calendar congestion that might affect attendance, and there is a feeling we may have outgrown the venue. Perhaps we ought to be able to display more than 10 posters! See 'window' 23.

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ABCD Consultant Development Programme

The first of the new style offering in Birmingham last month was a tremendous success. Thanks to Dev Singh and his team for all their hard work, and for the generous support of Boehringer Ingelheim. Have a look at what they were getting up to on Twitter #ABCDCDP. In future the content will be delivered as single day events that combine to make up a truly substantial offering. There will be topics suitable for diabetes specialists at various stages of their careers, even those approaching retirement!

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18th February 2016 ABCD-RCPL conference 'Managing Complex Long-term Conditions and Multimorbidity' at the college.

Peter Winocour and I proposed this when it was verboten to talk about specific chronic diseases, and the only game in town was 'long term conditions'. The pendulum is swinging back again, and it is now politically correct to talk about diabetes, but we need to acknowledge that type 2 diabetes in particular seldom exists in diagnostic isolation and the conference will help us to think innovatively about how to address this. <https://www.rcplondon.ac.uk/managing-complex-long-term-conditions-ltc-and-multi-morbidity>

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21-22 April 2016 ABCD Spring Meeting in Manchester

Russell Drummond has prepared yet another mouthwatering offering for the spring conference, immediately after the IPN-UK conference, where we will be joined by the NW Endocrine Society.

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Date for Diary 23 June 2016 'ABCD Clinical and Commissioning – Live' event

This will stream live interactive content from a hub event to 5 or 6 convenient satellite locations around the UK. After content based on the international conferences, there will be presentations by award-winning clinical teams showcasing best practice to inspire us. Finally there will be the opportunity for you to meet with your locality teams to discuss service developments with your commissioners according to your own agendas. Look out for details early in the new year.

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Autumn Meeting 2016

Our overtures to the Society for Endocrinology about a joint meeting in the autumn have been received favourably and Russell will be looking at the practicalities of this as a trial arrangement for one year initially. The idea is that members can conveniently attend both meetings if they so wish.

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ABCD Nationwide and Worldwide Audit Of New Diabetes Therapies Programme

With a presentation musically themed by Russell Drummond to Elton John's "Your Song", the Autumn meeting saw Bob Ryder summarising what we had learned so far from the ABCD nationwide audit programme regarding GLP-1 receptor agonists (11 published papers, 23 abstracts and 13 oral presentations, all with all contributors acknowledged). Top contributors become co-authors of papers as is well demonstrated in this month's BJDVD which sees publication of the 12th paper:

<http://bjdvd.co.uk/index.php/bjdvd/article/view/105/226>

Bob demonstrated how easy it was for any Centre to add its own data and analyse its own data and he appealed for members to join in with the current audits so that we may learn similarly with the current new therapies.

<http://www.diabetologists-abcd.org.uk/YourSongABCDAudits.pdf>

At the meeting the first presentations of data from the ABCD nationwide dapagliflozin audit were made:

<http://www.diabetologists-abcd.org.uk/SGLT2/DapaOutput/AuditOutputDapagliflozin.htm>

The degludec data collection continues and in the new year we hope to launch canagliflozin and then empagliflozin nationwide audits.

A deadline has been set of 23.59 on December 24 for more dapagliflozin data submission with a view to abstracts for submission to the ADA. We encourage all members to contribute.

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

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May I take this opportunity to thank the officers, the trustees, the secretariat and everyone who has been part of the ABCD experience this year. I hope you all have just the sort of Christmas you want and that 2016 will be a memorable year personally and professionally.

Rob Gregory
Leicester