



Association of British Clinical Diabetologists

Chair's Bulletin December 2016

By popular demand herewith my festive bulletin in the form of an Advent calendar that you can read a day at a time or open all the windows at once. No treats behind each paragraph, just the warm yule glow of having been kept informed.



'Tis not so sweet now as it was before. The manufacturer of Lucozade® has announced its intention to slash the glucose concentration of the 'energy drink', beloved of hospital visitors. This is important to us for two reasons – first the volume of Lucozade® for a 75 gram OGTT will change, and second the volume recommended to treat hypoglycaemia will need to be revised. The exact changes have yet to be confirmed, and ABCD will send the detail as soon as possible. An unforeseen consequence of the sugar tax!



2. Give us the money, please. I gave you the heads up about the £40 million pa for two years that was being made available for projects to improve care and reduce unacceptable variation in diabetes in CCGs in England. Bids are invited from CCGs to address the four priorities – achieving the three treatment targets, improving access to structured education, improving foot care and improving inpatient care. Go ahead and apply. What have you got to lose? Even if your bid is unsuccessful you will have raised the profile of diabetes with the commissioners.



I did like to be beside the seaside. The autumn meeting in Brighton was excellent and a credit to Russell Drummond our Meetings Secretary. No song titles, but universally high quality and entertaining presentations. The ABCD debate returned refreshed after its rest, and Amanda Adler's robust rebuttal (including totally justified expletives) of Miles Fisher's proposition that the 'NICE T2 Guideline is out of date, lacks patient focus and is unfit for purpose' won over some of the audience, although the majority still supported the motion. A meeting report will feature in BJD, but congratulations to Samiul Mostafa, winner of the £1000 Research Travel Award for the best abstract 'Estimating the potential risk reduction of Type 2 diabetes mellitus (T2DM) complications if systolic blood pressure (SBP) targets were to be lowered'



We must do this again. I took advantage of the discounted registration offered to ABCD members and attended the final day of the BES conference on the eve of our own conference. It was a convenient and stimulating way to get my endocrinology CPD. This trial arrangement did not dramatically swell our numbers, although Brighton is not the easiest place to reach for people based north of London. My thanks to Russell Drummond (again) and to Simon Pearce, Chair of the BES Organising Committee for making the arrangements. Although we will not be linking up our meetings in 2017, there is a case for doing so every two or three years.



A seasonal quiz. On the subject of endocrinology Fahmy Hanna is keen to know how we all manage adrenal incidentalomas (a growing problem). If you can spare the time to complete this short survey he would be very grateful. The results will feature in his presentation at our spring meeting. Click [HERE](#).



Specialise in Diabetes and Endocrinology – you won't regret it. We all recognise that our beloved specialty is not as attractive a career option as it once was, and we could all probably agree why. The RCP spotlight is on our specialty in January and Peter Winocour is starring in an inspirational video to tempt young doctors to follow in our footsteps. Muna Nwokolo (Chair of YDEF) and I wrote to Derek Gallen, Director of UKFPO, commending diabetes as an excellent specialty for foundation doctors, offering experience in primary, community and secondary care. He has agreed to forward our suggestion to Foundation School Directors who have flexibility to change posts in programmes if they wish. Feel free to lobby your local FSD if you could create an appealing diabetes post.



A special offer. The ABCD committee has approved a special offer of a year's free membership for all **NEW** SpRs joining the association in 2017. This is a saving of £40 currently. Contact us [HERE](#) for more information



It's never too soon. ABCD is pleased to sponsor the 2nd National Undergraduate Endocrinology Conference organised by the Edinburgh University Endocrinology Society to be held on 28 January 2017. In return I have suggested they consider changing their name to the Edinburgh University **Diabetes** and Endocrinology Society.



Community of Practice. Asif Ali (Chair of the SAC) has been working his way through the specialist curriculum and has reached community diabetes. If you feel you have ideas about what this element of the curriculum should contain and how it should be taught, Asif would be pleased to hear from you.



Financial disincentives embedded for two years. The statutory consultation on the NHS Tariff 2017-19 has now closed. The ABCD response to the earlier stakeholder consultation is included under JSC Endocrinology and Diabetes, RCP London in the documents now in the public domain. Our strong opposition to the original proposal for a single price for all out patient new and follow-up appointments led to a revised, but probably even worse proposal that adds 20% to the price of a new diabetes out-patient episode, paid for by a reduced price for follow-ups. It could have been worse as the initial suggestion was for a 30% 'enhancement'. The motivation is said to be to reduce inappropriate follow-up appointments, but I believe it will both deter appropriate new referrals, and encourage complex and expensive cases to be discharged inappropriately. This should encourage you to negotiate local payment systems for diabetes, with capitation based payments or year of care payments as examples. As for the rest of the document, it seems the innovation tariff will not help improve access to CGM



Situations vacant. The RCP London relies on a network of Regional Specialty Advisors (RSAs) to scrutinise job descriptions for consultant posts, assist with appointments advisory committees, and contribute to the process of appointing Fellows. I am pleased that ABCD is the first point of contact for nominating new RSAs, and this has worked reasonably well, but there are some vacancies now and in the near future as present incumbents retire. Our secretary, Dinesh Nagi, will be sending information separately about opportunities across England, but I would urge members to volunteer for these important roles.



Where do we stand on....? The latest ABCD position statement is on... 'the risk of DKA associated with the use of SGLT-2 inhibitors'. Thanks to Umesh Dashora and co-authors for this practical summary.

Click [HERE](#) to access the position statement



Just grow up! While on the subject of DKA I have been contacted by a member expressing concern that when 16-18 yr olds require admission they go to an adult medical unit, but guidance recommends their DKA is managed according to the BSPED paediatric DKA protocol. Is this justified and safe, as adult physicians (you know what I mean) are familiar with the adult DKA protocol, but generally not with the paediatric protocol? We have decided to convene a meeting soon to thrash this out and hopefully to produce clarification and advice on this matter.



'(Off) to Parliament he shall go'. I attended two parliamentary receptions last month. The first was in honour of ABCD stalwart Alan Sinclair who spoke about the work of his organisation Diabetes Frail, and the particular needs of elderly frail people with diabetes, who often have multiple co-morbidities. I am pleased that Alan is representing us on a multi-stakeholder group that will produce guidance on this topic. The second was the launch of the APPG for Diabetes Report - *Levelling up: reducing variation in diabetes care*. ABCD was represented at several of the meetings held to collect evidence for the report. I was particularly pleased to see the recommendations for integrated IT systems, timely referrals for specialist support, and for clear pathways for improving access to technologies such as CGM and FGM. More info [HERE](#)



Nothing succeeds like succession. Please look out for nomination papers for ABCD Officer elections. Your current chair will step down at the spring meeting, and it would be good to have someone to pass the baton to!



Sustainability and Transformation Plans. Those of you working in England should know what your local STP 'footprint' is planning for your area, but do you? If not it might be because it is still confidential. The King's Fund is keeping a close eye on STPs as they develop and is publishing regular papers on the subject. A good introduction is available [HERE](#)



The author's name was Carter... I refer of course to the independent report *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations*. 'That will gather dust on the bookshelf' I hear you cry, but no, NHS Improvement has started to go after the estimated £5bn of efficiency savings identified by his lordship. Medical specialties are about to come under the microscope. If this sort of thing inspires you, look out for an advertisement in the new year for a consultant to be the national Quality and Efficiency Lead for our specialty. There is potentially some cross-over with other planned work streams such as out-patients.



Attention Santa's Helpers. Stella George, Workforce Co-ordinator, has moved mountains to transform the annual specialty workforce survey from the traditional paper-based form to an electronic version. If you haven't already done so, please complete yours via the link [HERE](#)



Pump priming. To round off a successful first year, the ABCD IPN-UK is putting on two basic educational days for insulin pump teams, one in Derby on 6th January and one in London on 10th January. Both are now fully booked, but a standby list for cancellations is still open.



Patient safety again. I would like ABCD members to reinforce in their own hospitals the recent Patient Safety Alert about the risks of drawing insulin from insulin pens and pen cartridges into syringes before administration. The increasing use of high strength insulins will add to the risk.



I've only got to look at a mince pie.... Bob Ryder, Clinical Lead, ABCD Endobarrier Research Project, gave a brief presentation at our recent Brighton meeting entitled "Why Not Consider Establishing An NHS Endobarrier Service At Your Hospital?" Bob argued that Consultant colleagues would find this extremely rewarding and as part of his presentation he showed pictorial examples of the very impressive effect of endobarrier on his patients, which could be easily emulated in any hospital in the country. He showed the before and after data on the first 25 NHS patients treated in his clinic – the presentation can be seen [HERE](#)



Has anyone seen Santa? (real world experience of new therapies). The ABCD Nationwide iDegLira audit is about to launch and members are encouraged to make a note of their iDegLira treated patients and contributed them to the audit as soon as it launches. You are also encouraged to contribute your patients to the ongoing Degludec, Canagliflozin and Dapagliflozin audits and make a note of any Empagliflozin treated patients for the soon to be launched Empagliflozin Nationwide audit. Links to join these audits can be found through the following webpage <http://www.diabetologists-abcd.org.uk/n3/n3.htm>



Dates. Not the fruits that, like satsumas, make a special appearance at this season, but the diary variety. I look forward to seeing you at some of all of the following:

- Third ABCD- Renal Association Meeting, Birmingham, 28th February 2017
- ABCD IPN-UK meeting Belfast, 10th May 2017
- ABCD spring meeting, Belfast, 10-11th May 2017
- ABCD Clinical & Commissioning News- Live - various locations – 6th July 2017



Type 1 diabetes – breaking news! Finally, you will know that I made promoting the quality of care for people with type 1 diabetes a clinical priority for my chairmanship. I am pleased to say that there are some promising developments. First the ABCD position statement on standards of care for adults with type 1 diabetes has been taken by Right Care that has been asked to create an optimal pathway for type 1 diabetes that can be used to help CCGs where data suggests improvement is needed. Second members of the ABCD type 1 clinical work stream have met twice with Diabetes UK to align our efforts. As a result I have decided that ABCD will host a UK-wide Type 1 diabetes clinical network for health care professionals starting in 2017. There seems to be tremendous support for this idea from within ABCD and the trustees, as well as from Diabetes UK, NHS England and colleagues in Scotland Wales and Northern Ireland. The plan is to have a clinical lead for type 1 diabetes in every department in the UK, and to produce standards that can be audited to facilitate data sharing and benchmarking on a voluntary basis initially. The Scottish experience is that this seems to have resulted in worthwhile improvements. We can develop resources for HCPs that can be accessed from the ABCD website. We will base the network on the framework established for ABCD IPN-UK in the first instance. I plan to assemble a meeting of a core group of interested parties at Diabetes UK PC in Manchester. There will be more detail in forthcoming bulletins, but I wanted members to know as soon as possible.

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Merry Christmas. Have a lovely break if you are fortunate to have some time off over the holiday period. Either way, I hope 2017 brings health, peace and a sense of fulfilment to you all.

MERRY XMAS

Rob Gregory
The Grotto, Leicester.