



Association of British Clinical Diabetologists

## Chair's Bulletin February 2016

### **Wet and Windy Winter**

I hope you are enjoying what looks set to be one of the mildest winters on record. Although normally this would have been a cause for celebration no-one seems to have told the patients that there ought to be no excuse for flocking to A&E – no icy roads and pavements, and little by way of influenza or norovirus - yet as our Clinical Director, a diabetologist, told the BBC the numbers have 'rocketed'. Discharge rates have almost kept up with admissions, but it is so nice in our hospital that some people come back again.... and again. The fact that many of us contribute to the GIM workload of acute trusts as well as to the specialty can give the impression that specialist diabetologists can only work in acute hospitals, which is manifestly not true. Many of us work exclusively or largely in the community, so we are not defined by our place of work or by our employing institution.

### **NDA results 2013-14 and 2014-15**

The publication of the National Diabetes Audits for England and Wales showed a depressing downward trend for the percentage of people with diabetes receiving the 8 care processes; this was particularly the case for young adults, who we know to be those at greatest risk. Furthermore participation in the audit by general practices fell sharply from 70 to 57%, with considerable variation in the results between CCGs. Diabetologists need to be talking to their local commissioners about how to improve the quality of diabetes care in their own patch. I hear how difficult it has been for some to enter into meaningful dialogue. This should be about to change as the NHS Mandate for NHS England 2016-17 sets out to address unacceptable variation in care by making CCGs accountable for improving it.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/486674/nhse-mandate16-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486674/nhse-mandate16-17.pdf) By the summer CCGs will be expected to have produced plans setting out how they intend to do this, so now is a good time to send a helpful email and set up a meeting.

### **Keep saving the date: Thursday 23<sup>rd</sup> June.**

No, not for the 'In-Out' referendum, but for a new-style event I hope to bring to the ABCD meetings calendar, which should help to get us talking to our commissioners. In partnership with Diabetes UK, and the Diabetes Leads of various Clinical and Academic Health Science Networks we hope to provide a full day of educational updates from international speakers (for those of you who can't get to the ADA), inspirational examples of innovative care, a timely commissioning update from those in the know, and the opportunity for you to meet with your local commissioners to discuss your own agendas.

### **Type 1 Diabetes**

ABCD is particularly concerned about the services available to people with type 1 diabetes, many of whom still do not receive the 8 care processes annually, and too many of whom develop preventable complications. We advocate access to specialist care for everyone with type 1 diabetes, but the fact that some young people with type 1 diabetes do not engage with specialist care means that they either do not

like what we offer or cannot easily access it. We need to define a gold standard service for type 1 diabetes and involve patients in designing how best to deliver it. Last month Partha Kar assembled a group of enthusiasts, including people with type 1 diabetes to do this and ABCD committee's representative, Marc Atkin has agreed to join the Type 1 diabetes work stream to produce the much needed document that members will be able to refer to in their talks with commissioners.

### **Transition Service Specification published**

Susannah Rowles and Peter Winocour have represented ABCD on an expert reference group that has set out for commissioners and providers a best practice specification for commissioning diabetes services for young people aged up to 25, recognising this requires full engagement with both paediatric and adult specialist diabetes services to enable implementation.

<https://www.england.nhs.uk/wp-content/uploads/2016/01/diabetes-transition-service-specification.pdf>

### **Meetings**

Register now to attend our spring offering in Manchester on 21<sup>st</sup> April, although I have been told to stay away after Leicester City's recent victory at the Etihad. We kick off (sorry!) with the inaugural meeting of the Insulin Pump Network-UK. This is open to consultants, SpRs and non-medical members of the multi-professional pump team. Just sign up to join IPN-UK free on the website and register to attend the meeting, but hurry, we can only accommodate 100 people. An ABCD Pump Symposium is open to delegates attending either the IPN-UK or ABCD conferences. ABCD's AGM follows and is your chance to hold the officers to account. Dr Rowan Hillson will be presenting the prize to the winner of the second of her Insulin Safety Awards before a drink and dinner. Russell Drummond has mustered an impressive array of speakers for the ABCD conference, with a nice mixture of diabetes and endocrinology topics, a good proportion of which will be delivered by experts from the Manchester area. We are grateful to the NWES for publicising the meeting and suggesting speakers for the programme. Discounted registration rates apply to members of NWES as well as ABCD.

We are working on the autumn conference programme and pursuing an option to co-locate with the BES meeting in Brighton in November, with the ABCD meeting starting on the Thursday after a programme of mutual interest in the Wednesday.

The spring meeting in 2017 will be in Belfast to complete our UK tour in recent years.

### **Corporate Support for 2016**

I am delighted to announce that all our Gold pharma supporters for 2015 have taken up the new gold packages for 2016 – Sanofi, NovoNordisk, Janssen, Takeda and MSD. Lilly and Boehringer-Ingelheim are silver supporters, each being a gold education member in recognition of their exclusive support for the ABCD Consultant Mentorship Scheme and the SpR Meeting, and the Leadership and Management Course respectively. Astra-Zeneca are supporting at bronze level. The new scheme for Pump and Device companies has attracted support from CellNovo, Roche and Diasend (Gold), Abbott and Medtronic (Silver), which will get the IPN-UK off to an excellent start.

All the packages include an element of support for the association's journal, BJD, yes we've finally got rid of the VD. Thanks to all our corporate supporters.

### **British Journal of Diabetes**

On the subject of BJD, our submissions editor, Dr Mike Gwilt stepped down at the end of 2015. The directors are very grateful to him for his contribution and wish him well for the future. It made us think how best to organise the journal and we have decided not to appoint a new submissions editor at the moment. Instead our editor-in-chief, Paul Grant, has recruited a team of very capable associate editors who will handle the manuscripts between them. We are poised to launch an on-line submissions process that will help keep track of things for us and for authors, so test it out and send us your manuscripts.

## **APPG for Diabetes**

I attended an International Diabetes Conference hosted at the Palace of Westminster by the APPG for Diabetes. There is a lot of diabetes in the world and a lot more on the way... unless we change the behaviour of our populations. We heard about the Mexican experience of introducing a tax on sugar, which it is hoped will contribute to a reduction in the prevalence of obesity and to type 2 diabetes. In contrast sugar production is subsidised in Tunisia, whose ambassador said "In Tunisia when someone is obese we say he is in good health". We must not underestimate cultural factors when seeking to change behaviour. Another theme was the provision and uptake of structured education for people with diabetes. When I talk to people with type 1 diabetes about DAFNE courses I am often told that they cannot get time off work to attend and that courses are not always available during holiday seasons. I have previously suggested it could be made a legal requirement for employers to give patients leave to attend approved structured education. This suggestion provoked an exchange of views on Twitter. Just for the record I did not say that attendance at a structured education course should be legally enforced! Some employers have seen the light and do release their employees. I think the NHS should set an example and agree to give all its employees leave to attend.

## **ABCD at Diabetes UK Professional Conference – Volunteers sought**

If you are planning to go to Glasgow next month look out for the ABCD/BJD stand. Consider using it as a place to meet for your networking activities. I am trying to assemble a rota to ensure the stand is manned at each break in the programme. If anyone can offer some time please let me know. The Consultant and SpR PIG (unfortunate acronym) is on Wednesday 2<sup>nd</sup> March 12.40-13.40. Come and hear the latest workforce data. I would commend the Diabetes Mortality and Morbidity Project session at 15.35 the same day.

## **ABCD Nationwide Audits of New Therapies**

Bob Ryder's team has been collecting data for dapagliflozin and now canagliflozin [http://www.diabetologists-abcd.org.uk/n3/Canagliflozin\\_Audit.htm](http://www.diabetologists-abcd.org.uk/n3/Canagliflozin_Audit.htm) and is confident that an empagliflozin audit will be up and running very soon. You know how to do this by now, but just in case this link will show you <http://www.diabetologists-abcd.org.uk/YourSongABCDAudits.pdf>  
We appreciate your contributions.

## **Congratulations**

.....to Professor Melanie Davies who received a CBE in the New Years Honours list for services to diabetes research.

Rob Gregory  
Leicester