



## Chair's Bulletin October 2016

### Opportunity Knocks

I realise it is only a month since my last bulletin, but I need to impart some information about recent developments.

NHS England has published its planning guidance for 2017-2019. See [HERE](#) This contains unexpectedly good news for diabetes. Having made diabetes a national priority, and defined the categories for improvement – achieving the three treatment targets, access to structured education, foot care and inpatient care – the Diabetes Programme Board has announced targeted investment of £40 million recurrent (for at least two years). Bids will be invited for money to support transformation in the above categories that will bring a return on that investment by the end of the current 5 Year Forward View. Since addressing unacceptable variation is a priority, bids from CCGs that are underperforming in particular categories are likely to be prioritised. We are still waiting for instructions about how to apply, but I suggest that members make sure their CCGs are aware of the opportunity and start preparing business cases for additional investment in one or more of the four categories. The first round of CCGIAF results has been released and submission of data to the NDA is disappointingly low in many CCGs. Although making NDA participation mandatory has been ruled out, I have suggested that the award of new money for diabetes transformation should be conditional on participation in the NDA.

### It's all about the money

ABCD responded to an early draft of the proposed national tariff, which will run in parallel with the planning guidance for two years. This is supposed to offer certainty to providers and commissioners, but where problems are identified we will have to live with them for longer. NHS England will adopt HRG4+ phase 3 for admitted patients, which is more sensitive to the cost of providing care for more complex patients with the same primary diagnosis. Getting a fair payment will depend on accurate coding of co-morbidities. Tariff changes have been suggested as 'incentives to reduce inappropriate outpatient follow-ups'. I objected to the first proposal that would have removed nationally-mandated prices for all outpatient follow-ups and replaced them with a locally-negotiated single price for all follow-ups irrespective of specialty. I believed this would have resulted in appropriate complex diabetes patients being denied access to specialist care, as providers would regard

them as too expensive to be seen. This proposal has been dropped, but the revised scheme to bundle an additional 30% for a new patient appointment at the expense of the follow-up outpatient price does not adequately address the objection. However there is encouragement for local health economies to agree alternative payment models. ABCD has offered to work with NHS Improvement and others on developing such models to support whole system diabetes care. Insulin pumps and consumables remains on the list of 'high cost therapies', so members should have the confidence to invest in pump services in line with NICE predictions. The best practice tariff for diabetic ketoacidosis and hypoglycaemia has been retained, so I would advise you to organise your service to take advantage of this enhanced payment if you have not already done so. The Paediatric Diabetes Year of Care BPT will continue, and I have called for an extension of the upper age limit to 25 years to incentivise best transition practice for people with type 1 diabetes. An Innovation and Technology Tariff has been announced, but whether this will accelerate the introduction of continuous glucose monitoring and sensor-augmented pumps remains to be seen.

## **Type 1 Diabetes**

Following a very productive meeting with Diabetes UK to discuss how to work together to achieve improvements in care and outcomes for people with type 1 diabetes, it was agreed to recommend the 2016 ABCD Position Statement, Standards of Care for Management of Adults with Type 1 Diabetes, along with the London Clinical Network's Service Specification for Type 1 Diabetes to NHS Right Care as the basis for an 'optimal pathway', that will be offered as guidance to health economies with suboptimal care processes and outcomes. We expect to have an opportunity to comment on the draft. Although the emphasis has been on the NHS in England for reasons described in the previous section, Russell Drummond gave an account of the Scottish approach to quality improvement for type 1 diabetes. The value of an integrated national diabetes IT system (Sci Diabetes) cannot be overstated, but it seems unlikely that the other nations of the UK will be allowed to use it. The network of specialist services in Scotland contributing data for benchmarking purposes seems to be a powerful tool for quality improvement. This may well be worth replicating UK-wide.

## **T1 Resources**

Sophie Harris, a clinical research fellow at King's College Hospital, has founded a website See [HERE](#) in a welcome attempt to support better self -management by providing quality-assured material for patients and carers under one roof. However good it is, not every patient attends a DAFNE course, and there is a need for alternative and complementary information. If you haven't had a look yet I suggest you register and explore the website.

## **Volunteers required**

Continuing the theme of accreditation of educational materials, NICE and the London AHSN are collaborating in a project to create standards for apps on the subject of Diabetes Prevention. Yinka Makinde is looking for volunteers from ABCD to review and score at least two apps. This is important as the approach may be rolled out to diabetes apps in due course. Please click [HERE](#) for more information and to sign up.

## What I've been up to

I have been invited to join the Endocrinology Clinical Reference Group as an affiliate member representing ABCD. This is an influential group chaired by John Wass that gives advice about centrally commissioned endocrinology services. Luckily for me diabetes does not feature prominently.

I am a member of a Diabetes UK Council of Healthcare Professionals Working Group that is designing a Diabetes Framework from first principles. By the end of the year we should have a document that will help providers and commissioners to have meaningful conversations about aspects of the integrated diabetes service in their locality, hopefully without ripping everything up (good as well as bad) and importing a model from elsewhere.

## BJD

Marie-France Kong is now hard at work producing the final issue for 2016. Keep your submissions coming in, and don't forget to let Umesh Dashora have titbits of news for this popular section of the journal.

## Endobarrier

### **Research**

There has been a flurry of activity over the summer with regard to the ABCD Endobarrier studies with presentation of our one year results at the ADA See [HERE](#) and EASD [HERE](#) a BBC news item triggered by these results [HERE](#) and a follow up BBC news item triggered by the first patient entered into the ABCD Endobarrier in diabetes and obstructive sleep apnoea study [HERE](#) .

### **Worldwide Endobarrier registry under the auspices of ABCD**

Over 3000 patients worldwide have received Endobarrier. Using the same technology which has served us so well for the ABCD nationwide audits, an independent worldwide registry has been built to collect safety and efficacy data on Endobarrier treated patients worldwide. In the UK it means ABCD members who start up small NHS Endobarrier services may formally monitor the progress of their own patients and also be part of a national registry

### **Are you interested in starting up a small NHS Endobarrier service in your area?**

If you do this you will find very grateful and transformed patients which is very rewarding. Examples of some of Bob Ryder's patients treated with Endobarrier can be viewed [HERE](#). The requirements are:

- enthusiasm and an entrepreneurial spirit on your part and a determination to doggedly overcome the obstacles that hospital middle management tend to put in the way of innovation within the NHS
- some friendly endoscopists who would be interested in being involved in something worthwhile and innovative
- a need to persuade the local CCG to sign up to supporting a small service – Bob Ryder has sorted out the appropriate funding arrangement that needs to be agreed with the CCG

Having overcome all the obstacles and set up a small but thriving service in his hospital, Bob Ryder is well placed to give individual advice to anyone interested in pursuing this. If you are interested contact [bob.ryder@nhs.net](mailto:bob.ryder@nhs.net)

## **ABCD nationwide audit programme**

The Nationwide Dapagliflozin audit now has a number of interesting abstracts, posters and presentations which can be viewed [HERE](#) .

Please contribute your patients to the Canagliflozin and Degludec audits. Please also make a note of your Empagliflozin and IDegLira treated patients so that you can enter them into those audits once they launch.

## **Biosimilars survey**

We have been invited to help an interesting research project being undertaken by Mohammed Aladul under the supervision of Prof. Stephen Chapman in the School of Pharmacy at Keele University. To access the survey online, please go [HERE](#) and follow the online survey instructions. If you do not have access to the internet, or prefer to answer the questionnaire on paper, you may request a paper survey by sending an e-mail to [m.i.m.aladul@keele.ac.uk](mailto:m.i.m.aladul@keele.ac.uk) or calling 01782 734131.

## **ABCD website(s)**

The ABCD committee approved a piece of work to migrate the wealth of material from [www.diabetologists-abcd.org.uk](http://www.diabetologists-abcd.org.uk) to <https://abcd.care> . Bob Ryder has agreed to undertake this sizeable task in conjunction with the Info and Comms sub-committee.

## **Social Media**

Andy Macklin would like to hear from members who would be interested in contributing to the ABCD Twitter feed, as he has virtually single-handedly been the Twitter presence of ABCD since we opened our account. Members who would like to get involved should first contact Andy for a brief chat. They will then need to sign the Social Media policy before receiving account details.

## **IPN-UK**

The day courses for November and December have been rearranged for 6<sup>th</sup> and 10<sup>th</sup> January in London, to avoid a clash with the planned junior doctors' strikes that have since been suspended.

## **Promoting the specialty**

At the recent ABCD committee meeting I was mandated to write a letter jointly with Muna Nwokolo, Chair of YDEF, to the Director of UKFPO asking for foundation programmes to include a better, and wider, experience of diabetes during foundation training as part of our campaign to attract people into the specialty. I will share the reply in a future bulletin.

## **QiC Awards**

ABCD is proud to support these awards, and I wish members who are in the running for an award the best of luck.

## **Tax Returns**

I thought that would get your attention. Tony Robinson wanted me to tell you that he has persuaded HMRC to treat the membership subscription for ABCD as an allowable expense from April 2015, so if you have not already completed your tax return you can include it.

## **Opportunity Knocks... again**

The ABCD executive team is in its third year with the exception of Dinesh Nagi, Hon Secretary, who has another year to serve. He will be contacting members in due course with more information about vacancies and the nomination process. Your Chair has indicated that they do not intend to stand for re-election, so for those of you who have been thinking they could do a better job, this is your chance to have a go!

## **Meeting dates (details on the website)**

- BES joint day with ABCD, Brighton 9th November
- ABCD autumn meeting, Brighton, 10th November
- SpR Meeting, Brighton, 10-11th November
- IPN Team Education Days, 6<sup>th</sup> January 2017 in Derby and 10<sup>th</sup> January 2017 in London
- 3rd ABCD- Renal Association Meeting, Birmingham, 28th February 2017
- ABCD IPN-UK meeting Belfast, 10th May 2017
- ABCD spring meeting, Belfast, 10-11th May 2017

## **Save the date**

ABCD Clinical & Commissioning News- Live - various locations – 6th July 2017

Rob Gregory, Chair ABCD Committee  
Leicester