

Quality in Care Awards 2014

The Quality in Care Awards “recognise, reward and share good practice and collaboration between the NHS, patient groups and the industry in specific therapy areas”. Peter Winocour’s team won the best inpatient care initiative (for their holistic care of diabetes inpatients via the ‘Diabetes Outreach Team’) and Bob Ryder’s team won the best primary/community initiative (for the Smethwick Pathfinder Project). See www.qualityincare.org for further details.

Diabetes and the Care Quality Commission

ABCD and JBDS-IP have advised the CQC on the incorporation of diabetes-specific elements into their inspections from 2015, as featured in ‘Care Quality Commission: The State of Healthcare and Adult Social Care in England 2013-14’. This will hopefully improve care of patients with diabetes in all possible settings including primary care, community care, acute care, mental health services and adult social care. Since the CQC relies heavily on data from NaDIA, it is essential that this audit is repeated in 2015.

Mortality and morbidity in diabetes

The NDA has published its Complications and Mortality Report for 2012–13. Members in England and Wales can access data for their local population and use it to make the case for improvements to care. Heart failure features as the second most common diabetes complication and a major reason for admission to hospital.

ABCD and social media

ABCD has been quite active in widening its interaction through social media. A sub-committee led by Andy Macklin manages information, website development and communication with the membership and the outside world. Follow us on Twitter (@ABCDiab) and Facebook (<https://www.facebook.com/ABCDiab>).

Political engagement of ABCD

The ABCD Chairman and committee members actively engage with several parliamentary forums, the APPG for Diabetes, Diabetes Think Tank, and National Diabetes Commissioning Assembly etc. As part of its evidence to the APPG investigation into diabetes education, ABCD has suggested that people should have legal entitlement to paid leave to attend approved educational activities on self-management. This is in line with NHS England’s prevention strategy (see editorial elsewhere in this issue).

Doctors and industry

Professor Ken Shaw attended a meeting on the relationship between doctors and the pharmaceutical industry as a representative of ABCD, and he has agreed to join the working group on this subject. From 2015, all doctors will be expected to keep a register of payments from industry to maintain full transparency.

Diabetes Mortality and Morbidity project update

ABCD is collaborating on the Diabetes Mortality and Morbidity (M&M) project which aims to reduce serious harm to inpatients with diabetes. There will be a national meeting to discuss themes and examples of good practice on 13th February 2015 in London. <http://www.diabetes.org.uk/Professionals/Service-improvement/National-Diabetes-Audit/Diabetes-Mortality-and-Morbidity-project/>. If you cannot attend, do not worry as there will be a presentation at the ABCD spring meeting.

Nationwide audits supported by ABCD

National audits continue on dapagliflozin, degludec and exenatide QW (see <http://www.diabetologists-abcd.org.uk>). Data collection by Ketan Dhataria for the adult DKA survey has now finished. Thanks to everyone who has submitted data. Ketan

Abbreviations and acronyms

ABCD	Association of British Clinical Diabetologists
APPG	All Party Parliamentary Group
CQC	Care Quality Commission
DoH	Department of Health
DKA	diabetic ketoacidosis
FDA	Food and Drug Administration
HSCIC	Health and Social Care Information Centre
JBDS-IP	Joint British Diabetes Societies for Inpatient Care
NaDIA	National Diabetes Inpatient Audit
NDA	National Diabetes Audit
NHS	National Health Service
NIC	net ingredient cost
NICE	National Institute for Health and Care Excellence

received about 350 forms in total and about 75 hospitals have submitted their institutional data. He will present the data at the inpatient diabetes session at the Diabetes UK Professional Conference in March. The survey on adolescents for paediatric teams also continues.

NICE guidelines: VibraTip for testing vibration sensation

The new NICE guidelines on the use of VibraTip for testing vibration perception to detect diabetic peripheral nerve neuropathy are now published on the NICE website (<https://www.nice.org.uk/guidance/mtg22>). Umesh Dashora represented ABCD as lead expert advisor in the development of these guidelines.

NICE consultations

Four NICE guidelines are currently out to consultation, all of which close on 4th March 2015: Type 1 Diabetes, Type 2 Diabetes, Foot Care and Children and Young People (<http://www.nice.org.uk/guidance/indevelopment/gid-cgwave0612>). ABCD is a registered stakeholder and members can feed their comments to the General Secretary, who will produce our responses.

Liraglutide for obesity

The US FDA has approved liraglutide for the

management of obesity. The drug will be marketed as Saxenda®, at a dose of 3 mg.

NHS programme for diabetes prevention

NHS England has announced that it will establish a national type 2 Diabetes Prevention Programme in partnership with Diabetes UK and Public Health England, in line with its Five Year Forward View. Local groups who have made significant progress in developing programmes for the prevention of type 2 diabetes are invited to register their interest with the scheme. Find more details on www.diabetes.org.uk and <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>.

NHS outcome framework: long-term conditions

The DoH has made changes to the NHS outcome framework. The indicators that have been included in the new document include 'health related quality of life for people with three or more long-term conditions', which may affect many people with diabetes. See <https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>.

Public health outcome framework: obesity and type 2 diabetes

The DoH has also revised the public health outcome framework, with emphasis on issues such as 'reducing obesity and improving diet', noting that most people in England are overweight or obese (61.9% of adults), with high risk of type 2 diabetes, heart disease and certain cancers. Food and drink labelling and collective pledges for businesses are examples of actions to be taken. See <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>.

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HSCIC publication on health survey for England, 2013: high cost of diabetes medications

This publication (from December 2014) showed that in 2013 prescriptions to treat diabetes accounted for the largest NIC for the sixth consecutive year in primary care, with a cost of £794 million. Prescriptions related to diabetes accounted for 4.4% of the total items prescribed and 9.5% of the total cost of prescribing in 2013–2014. Further details can be found at: <http://www.HSCIC.gov.uk/catalogue/PUB16076> (Chapter 5, Prescribed medicines).

UK medicine usage compared with other high income countries

The UK is 9th out of 13 high income countries in the use of medicines, according to a new Office of Health Economics (OHE) report. Also, the UK tends to use older medicines for diabetes, rather than the latest medicines. See: <https://www.ohe.org/news/recently-published-new-report-comparing-usage-medicines-uk-other-countries>.

Dalton Review: the need to address variations in care

A recent review discussed the organisational changes required to translate the NHS Five Year Forward View into reality. The review supported quicker transformational and transactional changes, with a recommendation for clinical commissioning groups to address variations of standards of care, among other things. Further details can be found at: <https://www.gov.uk/government/publications/dalton-review-options-for-providers-of-nhs-care>.

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Diabetes improvement plan in Scotland

The Scottish government has identified a number of priorities for patients with diabetes in its diabetes improvement plan. These include prevention and early detection of diabetes and its complications, type 1 diabetes, person centred care, equality of access, supporting and developing staff, inpatient diabetes care, and improving information and innovation. Additional needs are described under each heading: for type 1 diabetes, for example, these include an early glycaemic intensification strategy and a national improvement programme to increase the proportion of people with optimal glycaemic control (including access to insulin pumps). Further details are at: http://diabetesinscotland.org.uk/Publications/Diabetes_Improvement_Plan_2014.PDF

European audit of diabetes

This audit report noted that 8.5% of the population in Europe (56.3 million people) have diabetes. It also notes that the UK has a national diabetes plan accompanied by a strong political will, although concerns have been raised about the availability of resources to deliver this plan. Further details can be found on: <http://www.idf.org/sites/default/files/EU-diabetes-policy-audit-2008%20-2nd%20edition.pdf>.

Variations in the treatment of diabetes

Public Health England has highlighted variation in the treatment of diabetes and high blood pressure. Data specific to clinical commissioning groups and practices can be found for national comparisons. Further details on: <http://healthierlives.phe.org.uk/topic>



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YDEF NEWS



The latter half of 2014 proved very eventful for the YDEF. We had an exciting YDEF Wales and would like to thank Dr. Andrew Lansdown for all his hard work. We were also able to organise the ever popular King's Fund management course with the help of the ABCD. New consultants and senior registrars were able to explore leadership and management with the support from leaders in healthcare which will stand them well in their future careers. Both events were well received and delivered high quality talks from many established speakers.



It is a time for renewal and change in the YDEF committee – the new members of the committee are getting up to speed with their roles and looking to take things forward.

Sadly we say goodbye to a few members of our team: Gus Brooks helped YDEF reach new heights and will be sorely missed as he takes on an equally challenging role as a consultant. We also say goodbye to Rebecca Lee who helped develop the Society for Endocrinology careers leaflet and will be moving on in her training. We wish them all the best!

Stuart Little will be stepping down as chair after leading us over

the last year, but fortunately is not ready to say goodbye and will remain on the committee for the forthcoming year. We welcome Ali Chakera who will take over the role as chair when duties are formally handed over at this year's YDEF Annual Day. With this in mind, we are on the look out for new members to join our committee to drive us further forward. Applications are open and the process closes on the 25th January with interviews due to be held at the Diabetes UK 2015 conference.

As mentioned, YDEF Annual Day, our flagship event, is almost upon us and this year promises to deliver once again. We have workshops delivered by leaders in the field including Robert Semple, Bob Young and Professor Valabhji, to name a few, with a variety of talks from insulin resistance to 'the diabetic foot' and the future of the diabetologist in the NHS. We will also see the return of the debate, which this year centres on type 1 diabetes and technology and should provide a lot of heated discussion!

Also returning for late spring/early summer will be the YDEF community and pump courses which will be advertised shortly and promise to continue the educational and interactive tones of previous years.

New for 2015, we plan to run the ABC of D and E course (formerly YDEF Foundation course). This is aimed at trainees new to our specialty (ideally in their first 2 years of training) to provide them with an insight into the commonly encountered aspects of our specialty and of course build up their enthusiasm!

With all this in store, 2015 will be another eventful and busy time for the YDEF committee, but we look forward to the upcoming challenges and would not have it any other way!

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YDEF Wales MEETING REPORT

In November 2014, around 25–30 delegates met in Swansea, South Wales, for the 4th annual YDEF Wales meeting. Following the format of previous years, the meeting commenced on Friday afternoon with generic workshops on revalidation (given by the GMC) and motivational interviewing. Prior to dinner, we enjoyed a lively and informative debate on 'This house believes patients with hypothyroidism should be treated with T3 and T4 therapy' led by Prof Colin Dayan and Dr Ldke Premawardhana (Cardiff).

Saturday morning took the form of four workshops, with delegates split into smaller groups: Diabetes and sport (Dr Richard Bracken, Swansea University), Transitional care (Dr Helena Gleeson, Leicester), Acute coronary syndrome and hyperglycaemia (Dr Clive Weston, Swansea) and Diabetic Nephropathy (Dr Stephen Thomas, London). Again, feedback was very positive

and there was much interaction and engagement with the speakers throughout the morning sessions.

Following lunch, we were privileged to close the meeting with a keynote lecture delivered by Dr Stephen Thomas on Diabetes and the Kidney.

Each year YDEF Wales has been growing in numbers and popularity (and this year was our largest yet), with delegates enjoying both the informal atmosphere of the meeting and also the high standard of educational content consistently delivered. We are grateful to all the speakers who took time out to make the meeting a success, and to Sanofi for supporting the meeting for yet another year.'

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To find out more on the above topics and the work of the YDEF and get involved go to www.youngdiabetologists.org