

DIABETES THINK TANK
Wednesday 12th December 2013
4.30pm – 6.00pm
Meeting Room Q, Portcullis House

**Discussion with Professor Jonathan Valabhji,
National Clinical Director for Obesity and Diabetes**

Meeting Report

Introduction

The Think Tank met for the final time for 2013 in December, welcoming back Professor Jonathan Valabhji, the National Clinical Director for Obesity and Diabetes, for a Q&A session with attendees. Prior to the Q&A, he covered his role, the initiatives he has already become involved in and the changes to the wider NHS landscape. Following the session, the Think Tank made a number of recommendations which covered a broad range of topics. The following report provides a summary of Professor Valabhji's presentation as well as the key points from the discussion.

Professor Jonathan Valabhji: Presentation Overview

NHS reform and its impact on diabetes services

Professor Valabhji noted that through the creation of the independent NHS England, the ability of the Department of Health to impact on the day-to-day running of the health service has been significantly constrained. The fact that the Government's role in NHS policy-setting has been reduced to an annual update of the NHS Mandate provides NHS leadership with a guarantee of stability and long-term consistency of objectives.

He further pointed out that the NHS reforms signalled a deliberate move away from disease specificity to a domain-based system of working. As a result of the change in emphasis away from particular diseases to a more generic model, NHS Diabetes was absorbed by the newly established NHS Improving Quality body, which no longer focuses solely on diabetes. The abolition of NHS Diabetes represents a challenge for the diabetes community as it also signifies the loss of a £5-6m budget allocation, which used to be available for investment into diabetes infrastructure.

It was highlighted that the Health and Social Care Act 2012 relies on the concept of localism as the means of ensuring that services are responsive to local population health needs. He acknowledged that some have raised concerns about localism contributing towards the increasing of variation in care and health inequalities. However, he also noted that this principle allows for the tailoring of services to the local population's needs.

Professor Valabhji pointed out the importance of clinical leadership in the new NHS. He described several ways in which diabetes clinicians can get involved in the shaping of local diabetes services. The CCGs are made up, in large part, of local primary care practitioners and provide local GPs with the opportunity to get involved in the commissioning of diabetes care. While secondary care practitioners are unable to become members of their local CCGs, there are other ways in which they can provide clinical leadership. Specifically, Professor Valabhji highlighted the opportunities

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open to secondary care professionals to participate in the diabetes and obesity focussed NHS England Clinical Reference Groups for specialised commissioning, although he emphasised the fact that almost all of the commissioning responsibilities for diabetes fall to CCGs rather than to NHS England's specialised commissioning. Finally, Professor Valabhji discussed the important role of the Cardiovascular Strategic Clinical Networks (SCNs) and Clinical Senates in providing local clinical leadership. He was encouraged by the fact many of the 12 SCNs have already appointed their designated diabetes leads.

Priorities and current workstreams

Having outlined the basic principles of the new NHS and their impact on diabetes care, Professor Valabhji provided the attendees with an insight into his priorities and described some of the workstreams that he has been involved in since assuming his post.

He identified the following areas as his priorities:

- **Tackling obesity through a multi-agency approach including Public Health England and local authorities, Department of Health, industry, and, of course, CCGs and NHS England;**
- **Provision of structured patient education;**
- **Delivery of the eight NICE-recommended care processes;**
- **Management of diabetes-related complications through the emerging theme of multi-morbidity;**
- **Facilitating diabetes service integration;**
- **Highlighting the specific care needs of people with Type 1 diabetes;**
- **Focusing on transition from paediatric to adult services;**
- **Focusing on inpatient diabetes care and,**
- **Providing psychology support to people with diabetes in line with the parity of esteem between mental and physical health agenda.**

He confirmed that NHS England will be publishing the *Action for Diabetes* strategy document shortly. The production of this strategy has been called for following the publication of the National Audit Office and Public Accounts Committee reports into the management of diabetes in the NHS and the document is expected to set out the strategic direction for commissioning and commissioning support in England related to diabetes. Professor Valabhji noted that a draft of this strategy was developed by stakeholders prior to the NHS restructure of April 2013. However, following the system reorganisation, NHS England assumed responsibility for the publication of the *Action for Diabetes* document. Significant changes have been made to the version of the strategy originally produced by the stakeholders to bring it in line with NHS England's current direction of travel. Professor Valabhji noted that while NHS England will be publishing the official *Action for Diabetes*, Diabetes UK are actively exploring the possibility of publishing the version of the document originally prepared by the stakeholders.

Professor Valabhji is also currently involved in the production and piloting of a diabetes service specification. He remarked that while NHS England cannot be prescriptive in its dealings with CCGs, it can produce commissioning resources, such as service specifications, which the CCGs may make use of should they wish to do so. The diabetes service specification, which is being piloted by NHS England as an example of a service specification that meets NICE Quality Standards in a disease area where NICE Quality Standards already exist.

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Finally, Professor Valabhji highlighted the work of a cross-system working group, bringing together local authorities, CCGs, NHS England, Public Health England, NICE and other stakeholders, to consider solutions to the issue around the commissioning of the various tiers of obesity services for the prevention and management of obesity across England. The group has now concluded its discussions and will be publishing its report shortly. The report is intended to provide clarity around the primary commissioning responsibilities of the various tiers, in particular tier 3, which involves physician-led multidisciplinary care for obese individuals.

Summary of Recommendations

Recommendation 1:

The release of the *Action for Diabetes* document by NHS England should be accompanied by the publication of the original version of the document prepared by stakeholders prior to April 2013.

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Recommendation 2:

The diabetes service specification, which has been piloted by NHS England, should be used by CCGs to guarantee access to a specialist for every person with diabetes who requires it.

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Recommendation 3:

A cross-party consensus on the importance of diabetes prevention and management should be developed alongside a commitment to a long-term diabetes strategy spanning several Parliamentary terms.

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Recommendation 4:

The NICE compliance mechanism should be strengthened to ensure that people with diabetes have access to NICE-recommended technologies, such as insulin pumps.

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Recommendation 5:

Healthcare professionals should be provided with further educational support in the use of insulin pumps in order to optimise their use throughout the NHS.

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Q&A Summary

Professor Valabhji's presentation was followed by a Q&A session and a roundtable discussion. The topics raised during the Q&A session are captured below.

Action for Diabetes

There was broad support amongst the attendees for the publication of both versions of the *Action for Diabetes* strategy, with Diabetes UK being seen as the appropriate agent to release the first document. While the NHS England document focusses on the strategy that NHS leadership will

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adopt in driving improvements in diabetes care, the original version sets out the broad vision of what diabetes services ought to look like in more general terms.

Recommendation 1:

The release of the *Action for Diabetes* document by NHS England should be accompanied by the publication of the original version of the document prepared by stakeholders prior to April 2013.

Professor Valabhji assured the attendees that the *Action for Diabetes* strategy includes an emphasis on person empowerment through care planning and structured education. Structured education is an area in which the Think Tank has been consistently calling for greater investment. Furthermore, it was indicated that the *Action for Diabetes* document will address the issue of integrated IT systems and better patient record sharing across different care settings in order to achieve more joined-up working of healthcare professionals across the patient pathway.

Diabetes Service Specification

Following on from Professor Valabhji's mention of the diabetes service specification pilot during his presentation, the attendees took the opportunity to explore the potential of this commissioning lever further. It was proposed that the service specification should be used to guarantee access to a specialist for every person with diabetes who requires it. It was agreed that while NHS England is not in a position to mandate CCGs to use the service specification, it will represent a valuable tool for clinical commissioners aspiring to designing local services that meet the quality statements set out in the NICE Quality Standard.

Recommendation 2:

Diabetes service specification, which has been piloted by NHS England, should be used by CCGs to guarantee access to a specialist for every person with diabetes who requires it.

Paediatric Diabetes Best Practice Tariff

The attendees noted that the introduction of the paediatric diabetes best practice tariff resulted in considerable improvements in care for young people with diabetes. Given the potential of the best practice tariff to revolutionise clinical practice, the attendees enquired about the possibility of instituting such a tariff in the area of Type 1 diabetes management. While there was an agreement that such a measure would be effective in incentivising improvements, it was noted that the financial resources necessary to introduce such a payment mechanism are not available at the moment.

Cross-party agreement on the management of long-term conditions

It was pointed out that the delivery of high quality diabetes care has been hampered in the past by the frequent changes in Government policy and the lack of a consistent long-term strategy. While it was acknowledged that the ability of Governments to interfere with NHS policy has been significantly circumscribed by the passage of the Health and Social Care Act 2012, a cross-party consensus on the importance of diabetes prevention and management alongside a commitment to a long-term strategy spanning several Parliamentary terms would be welcome by the diabetes community.

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Recommendation 3:

A cross-party consensus on the importance of diabetes prevention and management should be developed alongside a commitment to a long-term diabetes strategy spanning several Parliamentary terms.

Insulin pumps

Several attendees expressed concerns about patient access to insulin pumps. Despite this technology being recommended by NICE for use in the NHS, patients in many areas appear to be denied access on the grounds of cost. It was pointed out that in some cases, even patients seeking a replacement for their existing pump have experienced difficulty in having their request approved. The attendees noted that there seems to be a system-wide lack of clarity on who can hold CCGs to account for their failure to implement NICE guidance.

Recommendation 4:

The NICE compliance mechanism should be better enforced to ensure that people with diabetes have access to NICE-recommended technologies, such as insulin pumps.

It was commented that there appears to be a lack of awareness of best practice in the use of insulin pumps amongst healthcare professionals, representing a barrier to patient access to this technology. In addition, a large number of Diabetes Specialist Nurses (DSNs), well versed in the use of insulin pumps, are approaching retirement, which has the potential to further increase the current knowledge gap. To compensate for this loss of expertise the Think Tank would recommend that more educational support is provided to healthcare professionals on the use of insulin pumps in the future.

Recommendation 5:

Healthcare professionals should be provided with further educational support in the use of insulin pumps in order to optimise their use throughout the NHS.

It was agreed that Adrian Sanders MP, the Chair of the Think Tank, will attempt to secure a half-hour end of day adjournment debate to raise awareness of the issues surrounding the use of insulin pumps in the NHS amongst Parliamentarians.

List of Attendees

Adrian Sanders MP	Chair <i>Diabetes Think Tank and All-Party Parliamentary Group for Diabetes</i>
Dr Gary Adams	Associate Professor in Diabetes Health and Therapeutics <i>University of Nottingham School of Health Sciences, Insulin Dependent Diabetes Trust</i>
Louise Brant	Government Affairs Manager <i>Sanofi</i>

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Debbie Cook	Nurse Consultant, Vice-Chair <i>National Obesity Forum</i>
Professor Roger Gadsby	Associate Clinical Professor <i>Warwick Medical School</i>
Laura Halpin	Policy Adviser <i>Input Diabetes</i>
Dr David Haslam	Chair <i>National Obesity Forum</i>
Dr Rowan Hillson	Former National Clinical Director for Diabetes
Dr David Hopkins	Clinical Director, ACLN <i>King's College Hospital</i>
Katy Ingleby	Public Affairs Coordinator <i>JDRF</i>
Lesley Jordan	Chief Executive <i>Input Diabetes</i>
Nikki Joule	Senior Policy Officer <i>Diabetes UK</i>
Jan Maly	Secretariat <i>Insight PA</i>
Ben Moody	Senior Public Affairs Manager <i>JDRF</i>
Siobhan Pender	Senior Diabetes Specialist Nurse <i>Royal College of Nursing</i>
Professor Jonathan Valabhji	National Clinical Director for Obesity and Diabetes <i>NHS England</i>
Lyndi Wiltshire	Head of Diabetes Care <i>Birmingham and Solihull Mental Health Foundation Trust</i>

About the Diabetes Think Tank

The Diabetes Think Tank has been meeting in Westminster since 2008. It brings together policy makers, patient group representatives and healthcare professionals from across the diabetes patient pathway and provides them with a platform to engage in an open discussion of current issues affecting care for people with diabetes.

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