

Minutes of the Cross Party Group on Diabetes

Tuesday 14 October 2014

Conference Room 21, Ty Hywel, National Assembly for Wales

Attendees

Jenny Rathbone AM (Chair)
Jeff Cuthbert AM
John Griffiths (lay Member)
Angela Magny (Roche Diabetes Care)
Penny Griffiths (Diabetes Peer Support)
Kinsey Jones (Clinical Advocate)
Julia Platts (National Clinical Lead)
Jason Harding (Diabetes UK Cymru)
Dr Lindsay George (Clinical Lead, Diabetes, Llandough Hospital)
Robert Koya Rawlinson (Novo Nordisk)
Lesley Jordan (Input)
Ben Everard (Sanofi)
Paul Coker (Input Patient Advocacy)
Helen Nicholls (British Dietetic Association)
Greg Titley (Lay Member)
Scott Cawley (All Wales Podiatry)
David Chapman (Representing Medtronic)
Ros Meek (Medtronic)
Robert Wright (Lay Member)
Helen Cunningham (Office of Jenny Rathbone AM)
Mirriam Dupree (Office of Jenny Rathbone AM)
Dai Williams (Diabetes UK)

Apologies

Mohammad Asghar AM
Wendy Gane (Diabetes Peer Support)
Hugh Thomas (Community Pharmacy Wales)
David Miller – Jones (PCDS)
Yvonne Johns
Jonathan Hudson (Astrazeneca)
Sarah Davies (Woodlands Medical Centre, Cardiff)
Pip Ford (CSP)

The cross party group would like to thank the following organisations for their support:



Introductions

Jenny Rathbone welcomed attendees to the tenth meeting of the group in the fourth Assembly. A card for Wendy Gane was circulated to wish her a speedy recovery.

1. Minutes of last meeting

The group agreed the accuracy of the minutes of the previous meeting.

Matters arising

a) Powys Health Board Delivery Plan

Robert Wright advised members of an initial negative CHC response as late as September. Powys HB. However, following a meeting arranged by Russell George AM, between Dai Williams and Robert with two managers from Powys LHB, their stance changed dramatically and it was agreed to re-instate the Diabetes Planning and Delivery Group (DPDG) and the Diabetes Patient Reference Group (PRG). Bob advised members he had presented the Petitions Committee with a petition today calling on Powys LHB to re-instate the DPDG and PRG. The Group welcomed the revised position of the HB.

2. Delivering on Diabetes – Dr Julia Platts; National Clinical Lead for Diabetes

Jenny welcomed Julia Platts to her new role and to the meeting. Julia gave an outline of recent developments and set the scene for the priorities in the first year. At present the All Wales Implementation Groups (AWIG) is pulling together recommended standards from the Diabetes Delivery Plan (DDP) and will have actions to recommend to all Health Board Chief Executives. The DDP has four key areas:

a) Children and Young People

A paediatric network has been established and a clinical lead and admin posts have been advertised. The standards implemented in England are working well and will be implemented in Wales. A review will take place in November / December and any deficiencies will go into the action plan. Transitional Care from children's to adult services will be a future DDP priority.

b) Preventing Diabetes

The focus will be on detecting people at high risk of developing diabetes. A "flagging" system will help GPs identify patients to be tested and offered changes in lifestyle to prevent the onset of diabetes. Screening of patients will also take place in pharmacies.

c) Effective Care

The last National Diabetes Audit report saw nearly 100% participation from GP surgeries in Wales. Only 3 practices have opted out so far, 2 due to software incompatibility issues which are being rectified. The software can be personalised to suit individual practices and run audit reports on progress in each practice. Decisions relating to initiation of the SCI-DC patient

management database for to allow better information sharing and collaboration between hospital and GP surgeries across Wales has been delayed. A way forward will be agreed early in 2015

d) Inpatient Care: This has been given a higher priority following several high profile media reports. Action has begun on hospital action plans. The need for more staff training in diabetes awareness has been identified. A Mortality & Morbidity root cause analysis is taking place across England and Wales which will shine a light on inadequate care. The findings of the analysis will inform future health board inpatient work. Six of eighteen hospitals in Wales have implemented Think Glucose, with plans for an all Wales roll out in 2015

e) Patient Empowerment

All Health Boards will offer DAFNE (Dosage Adjustment for Normal Eating). This is instead of DAFYDD (Dose Adjustment for Your Daily Diet) as only DAFNE has a rigorous evidence base. The main cost of offering DAFNE relates to staff time during training. The target is 50% of all newly diagnosed type 1 diabetics to complete the DAFNE course. Type 2 newly diagnosed diabetics will complete the X-PERT course. The target is 20% in year 1, 40% in year 2 and 50% in year 3.

Julia advised members that Health Boards will be reporting twice yearly on progress on these recommendations and she will report back to the CPG.

Lesley raised access to test strips as an ongoing issue with inconsistencies in the amount of strips prescribed by GPs with some only supplying enough for two weeks' testing. Julia agreed that this was a cause for concern. She agreed to report back to the next meeting on test strips and the roll out of Think Glucose.

3. All Wales Diabetes Implementation Group

Jason advised members that all Health Boards are aware of priorities and are looking at implementation.

4. Sub group updates

Inpatient Care

Diabetes UK advised members that Healthcare Inspectorate Wales has developed a new tool to monitor inpatient diabetes. The tool can be found at <http://www.hiw.org.uk/opendoc/249864>. It is a comprehensive tool which monitors if people are looked after appropriately. In time all hospitals will get inspected using this tool. The first 2-3 reports will be made public soon, which will provide hard facts and can be used as a basis for discussion of any issues by the Group.

Members discussed how to move forward with the inpatient care sub group since Julia has agreed to report back on this aspect of the All Wales Implementation Group's work to the CPG. It was agreed that to avoid any duplication of work, Julia would report to the sub group and the sub group would report to the CPG.

It was agreed that the sub group would have to have a patient focus and members discussed how they could capture patient experiences. Julia commented that the in-patient audit had captured three years of patient experience already, and this data could be used. Jason agreed that Diabetes UK would look into how they can capture patient experiences.

Insulin Pumps

Dai Williams gave an update from the sub group with the following actions and recommendations.

- Adam Cairns, the Chair of the All Wales Diabetes Implementation Group (AWDIG) has agreed that CSII/Insulin Pump provision should be one of three areas of focus for the second year of the Diabetes Delivery Plan.
- The New Diabetes Clinical Lead, Julia Platts, will chair a working group for the National Service Advisory Group (NSAG), whilst it is still in existence, to forward plan for the work of the AWDIG to improve pump services in Wales.
- We should aim for full NICE compliance. To this end, a new audit is required and an ongoing update/register would be helpful until SCI Diabetes is up and running.
- We should have an all Wales pump service to guide and coordinate Health Boards. A possible recognition & extension of the WEDS? work?
- The numbers of DSNs and PDSNs need to be reviewed, as they are central to an effective pump service. The current Welsh Government audit (mentioned by Chris Dawson at the CPG on 4th March 2014) has yet to report and may need to be revisited. This is on the agenda of the AWDIG & RCN.
- The three major pump providers (Medtronic, Roche & Animas/J & J) should be included in the proposed solutions. It is worthy of note that insulin pump companies are currently involved in aspects of direct patient care such as initiating insulin pump therapy and reviewing patients.
- Insulin pump skills are lacking within many diabetes teams themselves. Betsi Cadwaladr Health Board send complex cases to Liverpool's Specialist Centre to receive their pump service.

5. Any Other Business

Date of next meeting: **Tuesday 10 February 2015**