

Diabetes Mellitus Network - East of England

The HSJ Regional Network meetings are initiated and organised by Wilmington Healthcare. This event is supported by MSD through the provision of sponsorship. Other companies may have also paid to attend. These companies have had no input into the design or content of the agenda but will be present on the day.

Date: 5 February

Venue: Holiday Inn Cambridge CB24 9PH

Chair: Professor Ian Macdonald - Professor of Metabolic Physiology, University of Nottingham; NHS Ethics Committee Researcher; Joint Editor of the International Journal of Obesity; International Union of Nutritional Sciences Fellow; Royal Society of Biology Fellow; Association for Nutrition Fellow; UK Scientific Advisory Committee on Nutrition Member

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| 12.15pm | Registration and buffet lunch | 2.25pm | Feedback/Panel Q&A: speakers |
| 1pm | Aims and Objectives: Paul Midgley – Director of NHS Insight and HSJ Regional Networks, Wilmington Healthcare | 2.45pm | Break |
| 1.05pm | Chair Introduction: Prof Macdonald | 3pm | Local outcome data: Paul Midgley |
| 1.15pm | RightCare implementation: Joan Skeggs – RightCare delivery partner, NHS England | Session Two: Transforming Management of T2D | |
| Session One: Transforming Prevention of T2D | | 3.10pm | Remission from T2D – what's possible: Prof Macdonald |
| 1.30pm | Putting the DPP into practice: Cheryl Thorne - Interim QIPP Project Manager, West Norfolk CCG; Dr Clare Hambling – GP and STP Diabetes Clinical Lead, West Norfolk CCG and Freddy Sadeghi – Project Support Officer, NDPP | 3.30pm | Reducing variations in diabetes care, outcomes and safety: Katy Davenport - Lead Diabetes Nurse, The Cambridge Diabetes Education Programme (CDEP) |
| 2pm | Directed table discussions: <ul style="list-style-type: none"> • <i>How has the uptake of DPP changed in your area in the last 6 months for patients at highest risk of developing T2D?</i> • <i>What have you done in the last 6 months to improve access for those in this high-risk group for whom the DPP format/time commitment isn't suitable?</i> • <i>How are the positive health behaviour changes made after an individual has completed the initial DPP programme being sustained thereafter?</i> • <i>Who else beyond primary care needs to be able to refer into DPP and how do we engage them as part of the wide STP/ICS diabetes plan?</i> | 3.45pm | Directed table discussions: <ul style="list-style-type: none"> • <i>What is your experience of initiating diabetes reversal/remission therapy?</i> • <i>In your local area, do you have recently updated clinical guidelines for managing T2D? How well monitored are they for adherence? Could this be improved, if so how? What would the benefits be for patients and the local NHS?</i> • <i>What ideas or innovations could you adopt/adapt to improve patient outcomes and reduce the cost of T2D?</i> |
| | | 4.05pm | Feedback/Panel Q&A: speakers |
| | | 4.20pm | Summary and key learning points: Prof Macdonald |
| | | 4.30pm | Close |



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Presentation Overviews

Chair Introduction

Professor Ian Macdonald will give an introduction to the research evidence behind obesity, diet and movement and the link to type 2 diabetes, and ongoing work in this area and how this may predict future policy around diabetes prevention strategies.

RightCare implementation

Joan Skeggs and Jody Deacon will give an introduction to the RightCare approach in general and provide some examples of how the RightCare Team in the East are working with national and regional colleagues to support systems improve patient outcomes in relation to Diabetes. They will outline the RightCare delivery plan process followed by local systems and update on the RightCare offer for 2018/19 and 2019/20

Putting the DPP into practice

In this presentation, Clare Hambling (Diabetes Primary Care Lead & GP), Cheryl Thorne (Diabetes Lead Commissioner) and Freddy Sadeghi (Project Support Officer) will be talking about the implementation, operation and management of the National Diabetes Prevention Programme (NDPP) in Norfolk & Waveney.

They will be providing:

- A clinical rationale for the programme
- An outline of the programme
- Progress within Norfolk & Waveney (ie current referral numbers)
- Key challenges with managing the programme and actions they're taking to combat these.

They look forward to answering any questions you have in the Q&A session.

Local outcome data

Paul will cover local East of England's providers' data, analysed under licence from NHS Digital, looking at the burden of diabetes related hospital admissions. This covers where diabetes is a patient's primary diagnosis, and the impact of diabetes on other admissions where it is a relevant secondary condition, e.g. on length of stay. This will help to frame the table discussions around what more needs to be done to optimise diabetes management and symptom control.

Update on reversing T2D

Professor Ian Macdonald will give an introduction to the research evidence behind reversal of type 2 diabetes, and ongoing work in this area and how this may impact on optimal scenarios around type 2 diabetes management.

Reducing variations in diabetes care, outcomes and safety

Diabetes management can be complex, requiring high levels of knowledge and skills in order to provide high-quality and safe care.

The provision of safe, quality care lies within the foundations of healthcare education, continuing professional development and evidence-based practice, which are inseparable and part of a continuum

during the career of any HCP. Sound education provides the launch pad for effective clinical management and positive patient experiences.

CDEP (www.cdep.org.uk) is an online diabetes competency-based platform that utilises the UK diabetes *competency* frameworks to support healthcare staff of all levels demonstrate their diabetes competencies relevant for their role.

Supporting healthcare practitioners obtain a minimum level of diabetes skills across the NHS will reduce the huge burden of diabetes both on the person and their family living with diabetes, but also on the financial status of the NHS and the wider economy.

Over 11,800 CDEP topics have been completed to date at the current rate of approximately 20 topics per day (7days a week). On average, people report an improvement in their competency, confidence and diabetes guideline familiarity as a result of undertaking CDEP.

40% of CCGs in England, including Cambridgeshire and Peterborough CCG, offer CDEP to staff as a free diabetes e-learning tool. Other CCGs as well as Wales are in the process of procuring CDEP for their staff.

About Wilmington Healthcare

Wilmington Healthcare brings together the well-established healthcare insight and networking capabilities of Binley's, NHiS, Wellards and HSJ to create an unrivalled healthcare data, education and information resource with outstanding analytics capability to help you better understand and deal with your challenges.

About HSJ Regional Networks

Recently rebranded to fall under the established and respected HSJ events portfolio, the Networks series are free to attend meetings for NHS and associated healthcare professionals. Aligned to the development of integrated care systems, they provide a unique networking and learning environment across the health economy. Involving a broad reach of stakeholders, the meetings enable delegates to hear from specialist speakers and to address local challenges and priorities, which will help support better working arrangements and service change.