

Proposal for SfE Council regarding the future of endocrinology: Restoring current services and rethinking the future provision of endocrine care across the UK

Professor Stephanie Baldeweg, *Chair of Clinical Committee*
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Expectation: For information

Background

Jointly with the Association of British Clinical Diabetologists (ABCD) we, on behalf of SfE, recently submitted a paper to the RCP, which was in turn included in the RCP response to NHS England about the future challenges for medical specialties: *ELECTIVE CARE FOR DIABETES AND ENDOCRINOLOGY – DURING COVID EPIDEMIC AND BEYOND - Recommendations from ABCD and SfE on behalf of the RCPL JSC for Diabetes and Endocrinology* (April 2020).

We have widely consulted with the members of the Clinical Committee, Ian Russell, CEO and Professor Raj Thakker, President of SfE, and the wider endocrine community. With a tight deadline over 30 endocrinologists generously offered their thoughts and vision on the future of endocrinology with new concepts and a consensus emerging. We have worked closely with representatives of ABCD, who are developing their vision for the future of diabetes care.

Here is the executive summary of that paper:

- **Focus on maintenance of vital elective care (coded or not)**

The maintenance of safe care of patients with diabetes and endocrine disease has undoubtedly been seriously compromised with less presentations, less access to investigations (including initial face to face investigations) and a major reduction in medical and nursing capacity to deliver care. There has also been a serious impact on specialist medical training.

- **Begin to plan the launch of medical services following the disruption**

All sub-specialist services in endocrinology and diabetes will need to relaunch; key messages from GIRFT visits will need implementation; the major backlog of case management will require substantial additional specialist medical and nursing time devoted to catch up care; trust clinic administration will need to be freed up and devoted to working with endocrine and diabetes leads to relaunch appropriate clinical services at pace.

- **Have front of mind innovation and change to shape the post-COVID NHS**

There has been a unanimous response from ABCD and SfE that current service models for both endocrinology and diabetes need radical change including more use of tele- and video-consultations; new service models; streamlined referral and better integration with primary care.

We realise that when the provision of care has been 'rebooted' there will be a once in a lifetime opportunity to have a 'reset' of how endocrine services are run – fit for 21st century medicine and future proof. Arguably, little if anything should continue as before. The NHS needs to accept that

COVID 19 may well have marked a watershed moment in its history and most if not all aspects of the service may never look the same again. This represents an important opportunity for innovation.

A large number of endocrine units already have excellent remote and nurse-led follow-up facilities and have changed their way of working beyond going mainly digital with great enthusiasm and creativity. If we have learnt anything in the past few weeks, it is the power of collaboration and creativity.

The clinical committee has been leading the way and developed an innovative SfE online resource to enable sharing guidance and innovative practices across the UK. This has provided clinical advice as well as support to colleagues and patients and allowed the community to come together during this challenging time and to exchange ideas and concerns very rapidly and efficiently. We need to build on this momentum.

This is clearly a complex task and it is important that we get the approach and outcomes right. We must therefore ensure that all stakeholders are involved. We are in the fortunate position to be able to build on the data and recommendations of GIRFT (expertly led by Prof John Wass), the peer review process (Dr Antonia Brooke) as well as our close working relationships with the Clinical Reference Group (Prof John Newell-Price, Prof Neil Gittoes) as part of NHS England. We have strong representation of trainers and trainees on our committees, a wealth of expertise of clinical endocrine nurse care, secondary and tertiary care and clinical academia. The Society has close working relationships with patient support groups. Through the Joint Specialty Committee (Prof Stephanie Baldeweg) we have solid links with the RCP and the RCGPs.

Whilst this proposal is clinically focused we are acutely aware that the research community also face enormous challenges and we understand that SfE is looking at another stream of work to address the needs of researchers.

The basis of our entire handling of this challenge must be accurate and will be based on comprehensive data that have been gathered from a number of sources including GIRFT, SfE's peer review programme, and input and advice from colleagues. We must make extensive use of NHS data and information services and we must plan and be innovative in meeting this challenge. We will need to embrace new approaches, technologies and working practices and we must not allow inherent professional conservatism to hinder the adoption of such approaches.

Proposal

The work to remodel future endocrine services should be led by a senior clinician with experience of clinical service leadership supported by a Working Group of experts to address these challenges in a structured, coordinated way at a national level. The work should be undertaken by a small core group, which can draw on the expertise of wider stakeholders. It is envisaged that the membership for the group will be as listed below. However, the actual lead may wish to adjust this. The Working Group will report to the Chair of the Clinical Committee.

We must respond swiftly and in order to balance the competing objectives of setting up the Working Group rapidly while operating in an inclusive, open and transparent manner we propose the following process to select members of the Working Group:

Clinically active members of the Society will be invited by e-mail to express an interest in joining the Working Group. Volunteers identified in this way will be combined with suggestions arising from consultation with the Clinical Committee and other colleagues. The members of the Working Group will be selected by the Chair of the Clinical Committee in consultation with the Clinical Committee and Council. It will be ensured that members of the Working Group cover all sub-specialties of the discipline having regard to diversity and representation across the country. The Working Group will consist of:

Core group

- Lead senior clinician with experience of clinical service leadership
- Representative of endocrinology in the DGHs x2
- Representative of endocrinology in tertiary care x2
- Clinical academic
- Clinical nurse specialist x2
- Representative of trainers
- Trainee representative x2

Wider membership to consult when required

- ABCD/ DUK/Royal Colleges
- Paediatric endocrinology
- Expertise of peer review
- Expertise of CRG / NHSE
- Expertise of GIRFT
- Expertise of data use and information services
- Patient Support Group (we will ask Patient Support Groups to come together to nominate one representative to serve on the wider consultation group and report back on progress)
- Primary care
- Representatives of the devolved nations
- Expertise of tariffs/ commissioning
- Involve regional networks
- Involve SfE networks
- NIHR link
- Representation of all endocrine subspecialties including thyroid, pituitary, bone, endocrine cancers, endocrine surgery, radiology, reproductive, and women's health
- Representatives of postgraduate and undergraduate sub-Deans involved in training/ teaching of endocrinology
- Representatives of relevant National institutes e.g National institute of Innovation

Features of future services will likely include extensive adoption of new working practices with innovative solutions. Here are some of the thoughts and ideas raised:

- Electronic patient records
- Use of endocrine databases and links to the NIHR supported databases
- Protocolised service delivery for some groups of presentations
- Expanded use of specialist nurse delivered clinics
- One-stop clinics
- Evening and weekend clinics
- Expanded use of telemedicine, after thorough assessment of efficiency gains , with consideration of governance and commissioning
- A rigorous referral management with extensive use of rejection and advice + guidance letters
- In and out criteria for secondary and specialist referrals
- Shared care protocols with primary care
- Agree follow up protocols in secondary and specialist hospitals
- Expansion of capacity and workforce planning
- Greater use of self service for patients presenting with some common presentations
- "Patient driven care" for appropriate patient groups

- Finding an appropriate commissioning model
- Catalyse the development of 'hubs and spokes'
- Creative, joined up working to address multi-morbidity (eg A pathway for primary and secondary care for non-endocrine patients on potentially adrenally suppressive doses of glucocorticoids)
- Sharing innovative practice within endocrinology between institutions
- New ways of training and deciding what is essential for our trainees
- Virtual MDTs – local, national for rarer conditions with a view to 'pool' NHS resources (i.e. radiological/surgical expertise; access to therapies etc.).
- Establishing key links and communication amongst UK centres could be facilitated via SfE special interest groups
- Digital technology to enable remote and non-invasive clinical monitoring
- Remote biochemical monitoring
- Engaging with patient support groups to better understand the impact of the pandemic and to identify at risk individuals who may require support

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Prof Kristien Boelaert, Professor of Endocrinology and Consultant Endocrinologist, Birmingham

Dr Antonia Brooke, Clinical Lead in Diabetes and Endocrinology, Royal Devon and Exeter Hospital

Dr Chloe Broughton, Consultant Endocrinologist, Bath

Dr Ruth Casey, Consultant Endocrinologist, Cambridge

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Prof John Wass, Consultant Endocrinologist, GIRFT lead

Dr Peter Winocour, Consultant Diabetologist, East and North Hertfordshire NHS Trust

Appendix I – Remit of the Working Group

Mission Statement

To seize new opportunities to ensure world-class care for patients with endocrine disorders in the UK by harnessing research, education, and new ways of working

Purpose

To transform clinical care, bringing together UK-wide expertise across clinical endocrinology to define the most effective, future focussed endocrinology service models and recommend how these are best implemented and sustained within the NHS post-COVID-19

Chair A senior clinician with experience of clinical service leadership

Members to include

- Representative of endocrinology in the DGHs x2
- Representative of endocrinology in tertiary care x2
- Clinical academic
- Clinical nurse specialist x2
- Representative of trainers
- Trainee representative x2

All members of the working group must be current SfE members and currently in NHS clinical practice. Membership of the group will be diverse in terms of geography (including devolved nations), gender, interest and experience to represent the SfE membership and make this group fit for purpose.

External advisors:

Additional expertise may be sought from other professionals as required. These will include:

- ABCD/ DUK/Royal Colleges
- Paediatric endocrinology
- Expertise of peer review
- Expertise of CRG/NHSE
- Expertise of GIRFT
- Expertise of data use and information services
- Patient support group
- Primary care
- Representatives of the devolved nations
- Expertise of tariffs/ commissioning
- Regional networks
- SfE networks
- NIHR link
- Representation of all endocrine subspecialties including thyroid, pituitary, bone, endocrine cancers, endocrine surgery, radiology, reproductive, women's health
- Representatives of postgraduate and undergraduate sub-Deans involved in training/ teaching of endocrinology
- Representatives of relevant National institutes e.g National institute of Innovation

Reporting

The group will report to SfE's clinical committee. Updates will be provided to Council via the Chair of Clinical Committee.

Remit

The group should address the following areas:

- Recreation of specialist and sub-specialist services
- How best to manage the backlog of case management
- Use of tele-medicine and remote monitoring
- Implementation of endocrine and bases
- Streamlining of patient referrals
- Patient initiated care and advice
- Better integration of primary, secondary and tertiary care
- Most effective service models
- Tools for sharing best practice
- How the impact of any changes should be assessed
- Training of Specialist Registrars and Nurse specialists

The group will need to consider how to incorporate the recommendations from GIRFT and how data should be managed to support any recommendations.

Expected outputs and outcomes

Draft report containing recommendations for consultation to SfE members. Final report to be circulated to the medical Royal Colleges, ABCD, the NHS, Patient Support Groups, Chief Executives of all NHS Trusts and lead endocrinologists within each institution.

Intermediary recommendations may be made ahead of publication of final report, if there are felt to be 'quick wins' that need to be implemented rapidly.

Duration

A final report that incorporates feedback from consultation should be ready by December 2020

Secretariat

Director of Membership Engagement, SfE

Research and Professional Practice Manager, SfE