

**ABCD Committee Meeting**  
**Monday 11<sup>th</sup> March 2024: 2:00pm – 5:00pm**  
**MINUTES**

**Present**

Richard Chudleigh (RC)  
Ketan Dhatariya (KD)  
George Farah (GF)  
Kate Fayers (KF)  
Stella George (SG)  
Claire Harris (CH)

Alexandros Leonidas (AL)  
Shivani Misra (SM)  
Dipesh Patel (DP)  
Hermione Price (HP)  
Bob Ryder (BR)  
Jeffrey Stephens (JS)  
Emma Wilmot (EW)

**Apologies:**

Rob Andrews (RA)  
Moulinath Banerjee (MB)  
Russell Drummond (RD)  
Marie France-Kong (MFK)

Clare Hambling (CH)  
Vijay Jayagopal (VJ)  
Alistair Lumb (AL)  
Koteshwara Muralidhara (KM)

**1. General Business**

**1.1 Welcome**

KD welcomed all to the meeting and apologies were noted. KD reported that the executive meets once a week to talk about national concerns and issues and how ABCD might contribute to them. Additionally, he has a weekly meeting with Tricia Bryant (PMB) Red Hot Irons (RHI) Operations Manager. He asked the committee to let him, or one of the executives know if there is anything they feel ABCD should be involved in. KD advised that he is in regular contact with Clare Hambling the new National Clinical Director for Diabetes and Obesity and she has been co-opted onto the committee although she had sent her apologies for the meeting.

**1.2 Minutes of previous meeting and matters arising**

The minutes from the last meeting held on 4<sup>th</sup> September 2023 were approved as being an accurate and true reflection of the proceedings. There were no matters arising discussed.

**1.3 Declarations of new conflicts of interest not declared on the annual statement.**

CH advised the annual conflicts of interests form had been circulated to the committee and reminded the them to complete the form as soon as possible.

Item	Responsible	Action	Timeline
1.1	All	Let KD, or one of the executives know of anything you feel that ABCD should get involved with	Ongoing
1.3	All	If you have not already done so, please complete your <a href="#">annual conflicts of interest form</a>	5 <sup>th</sup> April 2024

**2. Core Items for Discussion**

**2.1 Committee Representation report**

KD requested all committee members to ensure that they complete and return the representation form by the specified deadline before each meeting as many committee members as this form will allow the organisation to understand what all committee members are doing. He stressed the importance of everyone being active committee members. He asked if any committee member would like to represent ABCD in a specific area to please let him know and he would value committee members' opinions and areas of interest. EW suggested that the form is amended to list areas that need representation so that committee members could volunteer if it is an area of interest. CH confirmed that she would amend the form before the next meeting.

**2.2 Eclipse Update**

KD reminded the committee of the Eclipse database which has been developed by Julian Brown and provides primary care data on 26 million people, Ian Gallen's work with Dr Brown to develop a data extraction tool and concerns over GDPR which had previously stopped development. KD reported that legal advice has now been sought and Tom Crabtree has since been appointed as the research fellow employed by Eclipse on a zero-hour contract. He advised that the next step is to consider the questions to ask the database. It was suggested that the database could be tested by a question already asked of the ABCD audit project to ensure that Eclipse will provide the same real-world audit data. It was agreed that a small subcommittee would be created to investigate potential questions and this subcommittee would also involve the academic subcommittee. SM asked what the difference was between Eclipse and other national databases such as CPRD. KD to write to Bob Ryder / Ian Gallen for further clarification.

### **2.3 Working with DUK on workforce strategy.**

KD reported on a meeting at the Diabetes UK conference last year with Diabetes UK, PCDS and ABCD to discuss how the three organisations could work in collaboration on workforce issues specific to diabetes in primary, secondary and community care. He advised that each organisation has invested in commissioning a company called Kaleidoscope to support this work and several meetings have taken place with key stakeholders over the past nine months. KD explained that Kaleidoscope has developed a series of recommendations to be presented at a workforce session he is chairing with Nicky Milne from PCDS on Friday 19<sup>th</sup> April at 9:35am at the Diabetes UK conference. He encouraged committee members to attend and support discussions where possible. KD shared the Diabetes Workforce Transformation slides with the committee and it was agreed that this is a nebulous approach and not a practical strategy which needed more direction to make a difference to diabetes care.

### **2.4 Consultant leadership and management courses**

KD confirmed that the executive has been discussing whether the consultant leadership development programme is providing value for money. It was noted that the programme has been handled by a sole contractor since 2015. KD commented that the attendees always provide good feedback on the course, and it has been agreed that the course will run again in October this year. KD suggested that ABCD start looking at alternative providers to see if there is anything better to offer members with six organisations investigated so far and outlined in paper 4. The committee debated this subject, concerns were raised about succession planning with a sole contractor running the course and it was suggested the ABCD investigate working with BMJ. It was concluded that a more consolidated approach rather than one off course at start of consultant training maybe a more attractive offering, and a clear tender process should be used to secure a new provider. It was suggested that a training package could be developed for use in the UK and for export overseas. KD confirmed that he would start preliminary investigations and report back to the committee at the next meeting, but that he had also approached Diabetes UK to see if they would be interested in collaborating on a joint management course given that the target audience was the same.

### **2.5 Diabetes Clinical Update feedback**

KD announced that from this 3-day programme with 121 trainees in attendance received universally positive feedback and ABCD organisers Dimitris Papamargaritis and Aisha Saqib were congratulated.

### **2.6 Audit Lead Job Description**

KD recognised BR and EW's fantastic audit work, but consideration needed to be given to succession planning for someone else to be able to pick up work if needed. It was decided that BR would provide a list of tasks and responsibilities for his audit role for a job description to be created.

### **2.7 Audit Report**

BR presented an update on the progress of the audit programme to the committee. He reported on spending allocated for audit project and highlighted the agreement with Novo Nordisk not to include the names of any medications. BR advised that he will provide a report to Novo Nordisk at the end of the first year. BR advised that the Freestyle Libre audit has published 12 papers and

numerous abstracts in collaboration with PCDS to involve primary care. BR reported that the ABCD and NHS England closed loop pilot was successful with results published in diabetes care and the full closed loop audit is now open to all. BR confirmed that the Omnipod audit is now completed, and the testosterone audit was presented a EASD and showed that replacing testosterone in those with a deficiency led to improvement in HbA<sub>1c</sub>. BR reported that the first abstract from the Nationwide Oral Semaglutide audit was presented at ADA, but more data is required. BR advised that the COVID-19 audit has published nine papers, and an incredible amount has been learned on this subject. BR asked committee members contribute to the audits where appropriate. BR announced that the application for funding for Omnipod 5 audit is in the pipeline. KD suggested an update on the audit programme be provided in the newsletter to keep the members informed of this work.

## **2.8 Website upgrade and move of audit data.**

BR confirmed that all audit data from the old website is being moved across to the new one.

## **2.9 Retinopathy and HCL/new therapies**

With HCL being rolled out next month, KD reminded the committee of the semaglutide outcome study (SUSTAIN 6) which identified that rate of retinopathy was twice as high with active treatment compared to those on a placebo which was thought to be due to early worsening because of rapidly improved HbA<sub>1c</sub> and so patients with retinopathy have been an exclusion for subsequent trials. He reported on an ongoing safety study with semaglutide called FOCUS, a five-year trial to see whether this increases the risk of early worsening. KD explained that there will be the same issues with HCL and added that that concerns have been raised but the only data to support these dates from the DCCT published in 1997 where the risk of retinopathy were thought to be minimal. In addition, a lot of the eye screening across the UK is now being carried out by private companies who are only delivering what is included in their specification. KD advised that he contacted Partha Kar to develop a small working group to establish what rapid improvement actually is, and the group has been taken over by NHS England who are working on communications to be circulated to all providers about how to do this. He stressed the importance of ensuring that this communication on early worsening is distributed as widely as possible. KD confirmed that he has written to National Screening Programme to formally express concerns. It was suggested that this could be a question for the Eclipse database. KD suggested that ABCD should think about how to collect data for early worsening. It was agreed that EW and SM would investigate this further.

## **2.10 Development of a Conference Subcommittee**

KD reported on KF's involvement the webinar series and conference and regional meetings organisation and wondered whether a conference subcommittee would be a good to come up with ideas for speakers support KF with the meetings. HP highlighted the need to be clear with roles and responsibilities of the subcommittee. GF and JS volunteered to join the subcommittee.

<b>Item</b>	<b>Responsible</b>	<b>Action</b>	<b>Timeline</b>
2.1	All	Please ensure that you complete and return the representation forms by the specified before each meeting	Ongoing
2.1.1	All	If any committee member would like to represent ABCD in a specific area to please let KD know.	Ongoing
2.1.2	CH	Amend the representation form to list areas that need representation so that committee members could volunteer if it is an area of interest.	11 <sup>th</sup> April 2024
2.2	All	Please let KD know if you are interested in joining an Eclipse subcommittee	26 <sup>th</sup> April 2024
2.3	All	If you are able, please attend the workforce session at the Diabetes UK conference chaired by KD and Nicky Milne from PCD on Friday 19 <sup>th</sup> April 9:35am and support discussions	19 <sup>th</sup> April 024

2.4	KD	Investigate if BMJ or Diabetes UK offer any diabetes focussed courses	26 <sup>th</sup> April 2024
2.4.1	KD	start preliminary investigations into a potential new provider for the Consultant Development Programme for ABCD	26 <sup>th</sup> April 2024
2.4.2	KD	Report back on preliminary investigations into a potential new provider for the Consultant Development Programme for ABCD at the next meeting	28 <sup>th</sup> June 2024
2.6	BR	Provide a list of tasks and responsibilities for his audit role	26 <sup>th</sup> April 2024
2.6.1	CH	Develop an Audit Lead Job Description using BR's list of tasks and responsibilities	24 <sup>th</sup> May 2024
2.7	All	Please contribute the audits where appropriate	Ongoing
2.7.1	BR	Contact Becky at RHI to arrange for an update on the audit work to be included in the newsletter	11 <sup>th</sup> April 2024
2.9	EW and SM	Investigate collect data for early worsening	26 <sup>th</sup> April 2024

### 3. Governance

HP reported on improvements to record keeping and review of processes including development of DTN role descriptions, evaluating subcontractor's services, and ensuring these services are secured through a transparent tender process. KD added that a tender for new accountants is currently underway. CH advised that for good governance of an organisation, it is recommended that its policies, terms of reference and role descriptions are reviewed every three years. It was acknowledged that the following documents are due for committee review:

- Policies
  1. [Updated Membership Policy](#)
- Terms of Reference
  1. [Appointment to External Committee](#)
  2. [Committee Members](#)
  3. [Executive Committee](#)
- Job Descriptions
  1. [Honorary Secretary and Treasurer](#)

KD asked all committee members to review these documents and feedback any queries, concerns, or issues to CH by Monday 25<sup>th</sup> March 2024, after this date it will be assumed that they have been approved by the committee.

Item	Responsible	Action	Timeline
3	All	Please review the documents and feedback any queries, concerns, or issues to CH	25 <sup>th</sup> March 2024
3.1	CH	Update policies and prepare for trustee approval	27 <sup>th</sup> March 2024

### 4. Any other Business

#### 4.1 Donate now button

BR requested committee assistance to source a picture and appropriate wording for the "donate now" webpage. KD and DP confirmed that they would work with BR on this.

#### 4.2 NHS England Patient Safety Team

GF advised that NHS England Patient Safety Team are looking for feedback on its *Never Event consultation* and asked the committee to review and provide feedback. It was decided that GF would write a short piece with a link to the document to be shared with the membership and KD and GF would work together to produce a formal reply from ABCD to the RCP.

#### 4.3 Physician Associate Survey

HP reported that ABCD has been invited by the RCP to contribute and provide an opinion on the Career Development Framework for Physician Associates. She advised that a survey was sent to the membership to gauge their views on the use of physician associates and where they fit into the MDT, and she will write up the results for publication in BJD. She summarised that the results showed very few examples of a clear role for a physician associate within diabetes teams and most people had used a physician associate when unable to source a dietician or a DSN. She highlighted that the BMA document role of physician associates within different specialities the example in diabetes and endocrinology was short synacthen tests. The committee debated the role of the Physician Associate within an MDT setting. It was agreed that ABCD should develop a document outlining the role of a Physician Associate in Diabetes Care and consider a competency framework for this role. AL advised he would speak to YDEF to seek input from trainees for feedback on the Physician Associate role at a meeting he was attending the next day.

#### 4.4 Bariatric Services Guidelines

JS reported that, as part of his involvement with bariatric services, he has been asked to develop some guidelines for succession planning activities and he has identified the lack of written recommendations on this. He suggested that a guidance on managing pre and post operation bariatric surgery patients with type 1 diabetes should be produced. KD reported that the Obesity Management Collaborative-UK has been tasked to collate all tier 3 obesity services across the UK with their finances housed with ABCD. KD announced that discussions are underway for Obesity Management Collaborative-UK to become part of ABCD. He suggested that ABCD works with Obesity Management Collaborative-UK, BOMMS and JBDS to produce some bariatric services guidelines. JS volunteered to be involved with this work.

Item	Responsible	Action	Timeline
4.1	KD and DP	Work with BR to source a picture and appropriate wording for the “donate now” webpage.	26 <sup>th</sup> April 2024
4.2	All	Review and provide feedback on the NHS England Patient Safety Team’s <i>Never Event <a href="#">consultation</a></i>	11 <sup>th</sup> April 2024
4.2.1	GF	write a short piece with a link to the document to be shared with the membership	11 <sup>th</sup> April 2024
4.2.2	KD and GF	work together to produce a formal reply from ABCD to the RCP.	11 <sup>th</sup> April 2024
4.2.3	AL	YDEF to seek input from trainees for feedback on the Physician Associate role	12 <sup>th</sup> March 2024
4.4	JS	Consider working with Obesity Management Collaborative-UK ,BOMMS and JBDS to produce some bariatric services guidelines.	26 <sup>th</sup> April 2024

#### 5 Dates of future meetings:

- Friday 28<sup>th</sup> June 2024: Committee and Gold Sponsors Meeting: 10:00am - 3:30pm – London
- Tuesday 3<sup>rd</sup> September 2024: Committee Meeting 4:00pm – 7:00pm – Bristol  
(Day before ABCD/DTN conferences)

KD asked all committee members to make every effort to attend the Gold Sponsors meeting and stressed the importance of meeting with the Gold Sponsors and providing them with an update on the activities of ABCD.

Item	Responsible	Action	Timeline
5	All	Please make every effect to attend the Committee Meeting and Gold Sponsors Meeting on 28 <sup>th</sup> June 2024	28 <sup>th</sup> June 2024