DTN Committee Meeting: Monday 22nd April 2024
09:00am – 12:00pm
MINUTES

Present:

Shaun Carpenter (SC)   Claire Harris, RHI (CH)
Iain Cranston (IC)   Peter Hammond (PH)
Ketan Dhatariya (KD)   Sufyan Hussain (SH)
Jackie Elliott (JE)   Amy Jolley (AJ)
Mark Evans (ME)   Alistair Lumb (AL)
Geraldine Gallen (GG)   Eleanor Scott (ES)
Fraser Gibb (FG)   Hannah Sutton (HS)
Una Graham (UG)

Apologies:

Pratik Choudhury (PC)
Anne Marie Frohock (AF)
Julia Platts (JP)
Tim Street (TS)

1. **Welcome and Apologies.**
   AL welcomed all to the meeting and apologies were noted. AL announced that AF has had to step down from committee due to numerous other commitments but was still available to offer support where needed.

2. **Minutes from previous meeting and review of actions.**
   The minutes of the meeting held on 20th October 2023 were approved as being an accurate and true reflection of the proceedings.

   2.1 Review of Actions
   AL advised that a lot of the actions have actions changed since last meeting and updates will be discussed throughout the meeting.

   2.1.1 Prioritisation.
   AL confirmed that he has written the document supporting how the young people group should be moved higher up the prioritisation list during implementation phase. He advised that a decision on prioritisation will have to happen at a local level in and conjunction with the implementation guidance from NHS which outlines clear prioritisation groups.

   2.1.2 Develop a list of key skills required to speed up the on boarding process.
   AL reported on a joint project that JE is working on with DAFNE to produce online training in essential HCL skills.

   2.1.3 Educational Events
   GG confirmed that two education events have been held on 6th February in London and 15th March in Manchester. She advised that both the events were fully booked with 100 places per event and a waiting list. She reported that for each event there were 15-20 non attendees so she confirmed that, for future events a deposit will be requested on registration which will be refunded upon attendance to try and ensure full attendance. GG report that the feedback from both events was positive. She advised that the only real negative

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comments were about the distance of the breakout rooms from the main room at the London event. She confirmed that she is looking to repeat the events next year. AL added that both events were impressively delivered and well received.

2.1.4 HCL resources

GG thanked all committee members who have sent documents for resource library on the DTN website and asked if anyone had any further resources to please send them over to her. She explained not all documents need to be DTN produced but could signpost to best practice. GG confirmed that the next step is to review the content and check suitability before adding to the website. AL suggested that a tab could be created specifically for HCL to link to the best practise guide, relevant videos, and links to resources. He confirmed that he would speak to Heather at RHI about this.

2.1.4 Videos

AL reported on preparations to record more videos with seven stream media: one for each of the HCL systems and one for Omipod 5. He advised of plans to produce an" *in conversation"* vodcast or podcast with people discussing the pros and cons of using the HCL systems. AL wondered if SC and HS would like to be involved. He confirmed that ABCD have agreed that the costs for video production can be covered from funds already received from sponsorship and he is liaising with Seven Stream to arrange a recording date in June.

2.1.5 Podcasts

GG informed the committee that she has spoken to RHI about delivering regular podcasts to communicate to DTN members in a fast-changing environment. She advised the podcasts are cheap and easy to deliver and are flexible and convenient for people to listen to on the go. AL agreed a podcast programme is a good idea that would disseminate information quickly and suggested a variety of *"top tips"* podcasts. He added that he would need volunteers from the committee to facilitate this.

Item	Responsible	Action	Timescale
2.1.4	All	if anyone has any further resources to please send them over to GG	ASAP
2.1.4.1	GG	review the content and check suitability before adding to the website	31st May 2024
2.1.4.2	AL	speak to Heather at RHI about creating a tab specifically for HCL to link to the best practise guide, relevant videos and links to resources	31st May 2024

3. **HCL roll-out**

   3.1 **Training**

   AL thanked AJ and GG for their excellent work to develop and deliver videos and training days. AL proposed that DTN utilises John Pemberton's HCL training in future regional days and host this resource on the DTN website ensuring that John is acknowledged. He added that he would share John's slides with the committee to review. He wondered if this resource could be DTN badged for people to roll out at the local level within their ICBs and diabetes centres.

   The committee recognised the need for training within local teams and centres. GG advised that she will share the resources used for KCL days. ME suggested "*what you need to know*" training materials for Primary Care. AJ announced that she is contributing to Diabetes away days in 10 areas in her region. SH reported that his area has a programme for closed loop and insulin pump training days and Southeast London ICB education days organised by Kings Health department. FG confirmed that Scotland has no in person events planned but it does have a national onboarding programme which offers virtual events. UG reported that there is no confirmed funding in Northern Ireland but a good infrastructure for possible in person events.

   3.1 **Psychology guidance**

   AL confirmed that this guidance has been agreed and published for people to share within their centres.

3.2 Business planning – current experience

The committee discussed their experiences with the business planning process. AL reported that he is struggling locally with not knowing the potential reimbursement and noted that this will make it hard for ICBs to produce a detailed cost impact plan. PH commented that there is a disconnect between trust and ICB, with the ICBs lacking in understanding of what they are doing.

The committee shared their experiences with retinal screening and their relationships with ophthalmologists. JE reported on a good relationship but confirmed that more details should be added to screening notes to make it easier to access the information. PH outlined a system in place once list of people on closed loop is confirmed, it is sent to the eye clinic with retinal photo, and it is dealt with. JE added that patients with retinopathy are moving to a two-yearly screening but rolling out in randomised way so not all are not all coming back in at the same time in two years' time.

3.3 DTN/DAFNE collaboration – Essentials of HCL course

JE explained that she and GG discussed what DAFNE could do to support the roll out and concluded that there is a gap in basic education in closed loop and resources that patients could be directed to both within and outside of a DAFNE centre. JE reported that using some DAFNE funding, an online training patient course has been developed and is hosted by the open university platform. She advised that after each module there is a knowledge check with a pass mark of 70%. JE confirmed that work is underway to approach device companies to try and secure some funding which has resulted in sponsorship from two companies and positive reactions from others.   She reported that there has been a good response. She confirmed this training is due to launch in Q2 of 2025.

3.4 HCL in pregnancy

Al reported that at a recent meeting at the DUK conference, it was decided that DTN should publish a position statement that encompasses the aim and outcome for HCL in pregnancy, recognises that the systems are not equivalent in pregnancy in terms of achieving outcomes with only one system included pregnancy and identify some of the barriers to accessing that system (ie android phones, staff timing and access to supplies etc).

AL acknowledged the need for HCL in pregnancy to be addressed urgently and confirmed that DTN is working with DUK and JDRF produce an infographic to communicate the position statement.

ES outlined a small care group working with NHS England to ensure the HCL in pregnancy runs smoothly and address issues around education.

The committee agreed that materials to support HCL in pregnancy should be hosted on the DTN website under the HCL tab.

3.6 Update from NHS England on HCL implementation.

Partha Kar joined the meeting to provide an update on the HCL implementation. He confirmed that 41 out of 42 ICS have submitted plans on how they intend to deliver it and he hopes to receive the final one soon. He announced that all adult centres have submitted their data and the calculation for funding will happen shortly. He confirmed that the NICE funding has now been clarified and implementation will begin in the first week of May. He advised that a data collection group will be established to track outcomes as the implementation rolls out and a small care group will be focussing on pregnancy. Partha confirmed that supply chain information will be released on 10th or 11th May.

GG suggested that DTN produce Q&A sheet to support ICBs to understand the HCL process. AL agreed that DTN's role is to guide but commented that further discussion is required on how this can be done along with a baselines figure from NHS England before collating any materials.

3.7 HCL Survey

SH shared the link to the survey with the committee which has been developed with support from research fellows and explained that this an HCl readiness survey focussing on the training needs for Health Care Professionals to support them with HCL. He requested all committee members review the link and provide feedback before the survey goes live.

AL noted that DTN needs to consider ways of supporting people who are not experienced with using technology and those where English is not their first language. He reported that Digibete are

providing information in the ten most common languages spoken in the UK in the paediatric area and he has spoken to the Digibete about rolling this out to adults.

Item	Responsible	Action	Timescale
3.1	AL	Share John Pembleton's slides with the committee for review	22nd May 2024
3.1.1	GG	share resources used for KCL days with the committee	22nd May 2024
3.7	All	Please review the HCL survey link and provide feedback	ASAP

4   DTN day 4 September 2024 Bristol
4.1 Finalising programme
AL confirmed that the committee has agreed the speakers and workshops, and he is in the process of inviting speakers.

5   Governance
5.1 Updated Terms of Reference
AL stressed the importance of good governance processes in terms of formal terms of office and the application process. He asked the committee to consider whether the current process of circulating a call for applications, shortlisting by a panel of committee members and interviews was fit for purpose or whether elections should be held as per ABCD's process. The committee agreed that it is important to ensure a dynamic committee which reflects the membership and has a transparent process for recruiting new committee members. It was decided that DTN should mirror the ABCD process and committee members should be elected by the membership and regional representatives, experts by experience and representatives from other organisations could be co-opted onto the committee. It was also agreed that an ex-officio chair should serve one term following completion of their terms of office as chair.
CH advised that she would update the terms of reference with these changes.

Item	Responsible	Action	Timescale
5.1	CH	Update terms of reference following committee discussions	22nd May 2024

6   Other projects
6.1 Insulin safety week- Tech awareness 1st -8th July 2024
GG reported on DTN's collaboration with Orange Juice Communications, the organisers of tech awareness week which runs from 1st to 8th July and focusses upskilling inpatients of the difference between CGM and pump, with *"sick day rules"* pamphlets, posters, wristband, patient information sheets, JBDS guideline packs, screensavers, webinars, podcasts, competitions etc. She encouraged all committee members get their teams signed up. She advised that 250 teams have already registered proving this to be a popular event.
AL advised that the JBDS technology inpatient document has been shared with the committee and TS has raised some concerns on the approach taken in the document with regards to DIY and other HCL systems and suggested the DTN circulate some separate communications where people with diabetes are being excluded from using their own technology in hospital.
6.2 Educators competency document
AJ presented the competency document produced by Rosella Atkinson at Kings and suggested this is adopted by DTN for educators to assess their own competency to use in 1 to 1s with management to identify additional training and support required. GG suggested adding diabetes technologies in the job descriptions, emphasing this is a self-assessment document as part of an appraisal and ensure that Rosella and her team are acknowledged as originators of the document.
AJ added that BDA is happy to review and endorse the document. AL asked all committee members to forward any specific comments to her.
6.3 Technology and T1DE

AL reported that the tech and disordered eating meeting is yet to be arranged.

6.4 Technology and Frailty

AL confirmed that a volunteer came forward at one of the educator days to help with this.

Item	Responsible	Action	Timescale
6.1	All	Encourage your teams to sign up to Tech awareness 1st -8th July 2024	ASAP
6.2	All	Please forward any specific comments on the Educators competency document to AJ	ASAP