

NHS Lothian Diabetes Managed Clinical Network (MCN)

Wednesday 1st March 2021

10.00 – 12.00

Teams Video Call

Minute of Meeting

Welcome

M Strachan welcomed everyone to the meeting and introductions were made

Present: M Strachan, D Jolliffe, A Cumming, M McCallum, K Ramage, P Collings, C Holmes, S Wild, S Archibald, E Brewin, J Thomson, A Job, R Wright, N Zammit, L McGlynn

In attendance; L Eyles

Apologies

1. A, Cockburn, C Hewitt, F Huffer, E Brewin, L Keane, A Dawson, E Shaw

2. Tribute to Isobel Miller, Deputy Chair of the LDRG

Paula Collings Chair of the LDRG gave a very fitting and moving tribute to Isobel who sadly passed away after a long illness in December.

3. Minutes of Previous Meeting and Action Note – 1st December 2020

It was noted the Professional Education Subgroup is being established, invites have been sent and the first meeting will take place soon, an update will be provided at the next MCN meeting.

Minutes approved as accurate.

4. Matters Arising:

a) Patient Education Digital Platform

M Strachan informed the group he and L Eyles have been involved in a number of discussions with Tracey Gillies the Medical Director and the Information Governance team (IG) regarding the issue of NHS Lothian not having approval to use MS Teams to deliver patient education. It was reiterated by both T Gillies and IG the NHS Lothian approved platforms are Webex or video conferencing. L Eyles has raised a SBAR which has been submitted stating these two platforms are not fit for purpose for patient education. This issue was raised at the Scottish Diabetes Group (SDG) where the consensus was MS Teams is the best platform for patient education training, most of the other NHS boards confirmed they are using this platform to provide patient education. The IG committee took place a few weeks ago, the head of IT in NHS Lothian has allocated a project manager in his team to arrange a meeting with M Strachan, E Eyles, Liz McKay and a representative from DAFNE to seek a solution to find a way forward.

L Eyles feels there is inequity in NHS Lothian with other boards across Scotland using MS Teams, the biggest concern in not having a suitable platform is there are those who have been newly diagnosed with Type 1 and Type 2 diabetes,

pump and weight management who have had no structured education over the past year, collectively there is a waiting list of 2,000 patients. This demand will increase, therefore there needs to be a quick resolution in how to take education forward. N Zammit shared these concerns, NHS Lothian are more conservative and take a risk adverse view on information governance than other health boards whilst recognising there is a need to be careful on how information is shared. M Strachan confirmed Tracey Gillies is the new Caldicott Guardian who has replaced Alison McCallum who is no longer with NHS Lothian. P Collings asked if this should be taken to the Healthcare Governance Committee, M Strachan advised Tracey Gillies understands the issues with delivering patient education but is supportive of Information Governance. It was noted that the Scottish Government are supporting the use of MS Teams but are not mandating, they have advised boards to take into account the clinical risk when making these decisions. M Strachan commented it's helpful to have someone from IT to work with the IG team to find a solution. L McGlynn asked if it would help if Diabetes Scotland wrote to Tracey Gillies given this situation is on going and the patients voice needs to be heard, it was suggested to wait until we hear the outcome of the meeting with IT and the IG team.

Control It Education Programme

L Eyles advised Wendy Watson and her team have approved Control It which has also been accredited as a first line education programme for those newly diagnosed with Type 2 diabetes which health boards can access for free. L Eyles suggested as we still have a license for DESMOND and trained educators that a discussion takes place along with along with A Cumming to look at remobilising patient education. L Eyles also suggested looking at how sustainable is DESMOND and if it is comparable to Control It, although as this is a new programme there is not a lot of evidence. Other boards have started using Control It. L Eyles will check with Wendy Watson on the guidance and the roll out plans and if there is patient representation. NHSL will continue to use DESMOND for the next year until there the outcome of NHS GG&C's evaluation of Control It has taken place. A Cumming suggested given there are two hourly sessions of the Control Programme over four weeks there is a need for forward thinking as this could be a logistical challenge.

Action: L Eyles to contact Wendy Watson re the guidance and roll out plans for Control It

Let's Prevent

L Eyles informed the Let's Prevent diabetes education programme being run by the East of Scotland Region has gone live. CISCO video conferencing is the platform being used to deliver the programme, there have been IT issues with people losing connection with the system which is not ideal, there are frustrations around this and not keen to train a number of staff if NHS Lothian are given permission to use MS Teams. There has been good attendance and all outcome measures are being kept, in time these will be shared.

Dietetics

The type 2 remission programme has over 50 patients, L Eyles advised a report will be provided after one year although the early data is very promising. There has been almost 100% attendance with no DNAs.

Weight Management

Tier 2 and 3 weight management groups have no approved platform for education.

Tier 2 – leisure centre staff who run the Get Moving programme are currently being trained on Cisco Webex, when the training has been completed they will be able to scale up quickly offering 12 groups in the first 3 months, L Eyles indicated there is an extensive waiting list as the service has been paused for a year due to COVID-19.

Tier 3 – have been running Near Me for 1:1 assessments for the past 6 months. L Eyles advised a face to face group has taken place as there are some people who are unable to attend virtual groups, this was risk assessed and tested at East Lothian Community Hospital, there are 8 patients in this group which is going really well.

Diabetes Teams

The diabetes team are one of ten services in scope for the NHS Lothian Transformation Review looking to improve services. The dietetic team continue to use Near Me for 1:1 appointments which is working well.

P Collings asked if Near Me could be used for delivering patient education, L Eyles commented Near me is only suitable for either 1:1 or very small groups of up to three people.

b) Patient Annual Reviews

D Jolliffe is liaising on how the MCN can support Primary Care to resume diabetes care. SCI-Diabetes have accepted the implementation of those at high risk to enable primary care to be informed of those patients. It was agreed at the SDG it is hoped this will be implemented by June or July which will help practices identify those patients who need a review.

c) Inpatient Diabetes

M Strachan agreed there will no longer be an inpatient subgroup, inpatient updates will be included within the new Clinical Director Update which will now be a standing item on the agenda.

d) Disengagement

M Strachan advised NHS Lothian has a higher level of disengagement in comparison to other boards in the annual data survey. In the survey two years ago it was primarily in the younger adults in the 18-25 year age group, this year it's also adults in the over 25 age group. Discussions have taken place within secondary care to consider establishing new clinics for young adults to take place over a number of sites. There are good transitional services for teenagers moving to adult services, M Strachan suggested it may be to big a step for an 18 year to move into the adult service. R Wright advised NHS Lothian don't have clinics for this younger age group, it is hoped cross site meetings will take place to discuss in more detail on how to engage with this age group. A Clinical Fellow at St John's hospital has contacted those on the disengaged list on SCI-Diabetes in the 18-25 age group and invited them to re-engage, the Community Diabetes Nurses are assisting in helping with the re-engagement and have extended the age up to 30 year olds, inviting them back and asking what would make the service more accessible for them.

N Zammitt advised the original piece of work to look at the data which informs the Scottish Diabetes Survey was led by Catriona Kyle to look at why NHS Lothian's disengagement was higher than other boards across Scotland, it was found the largest cohorts were university students. C Kyle has taken the lead on disengagement and has been liaising with the Mike Diamond a GP at the university practice. N Zammitt suggested there are a number of different models which could be used to re-engage but the preference is to get feedback from the young people on what would help them to re-engage and to look at having more tailored clinics. The plan is to pause and look at what we have and to look at what can be done to set up these clinics. L McGlynn suggested including young people to inform which model would benefit. R Wright will follow up with the young people who have re-engaged

Action: R Wright to arrange to get feedback from the young people who have re-engaged

Action: N Zammitt to liaise with Fraser Gibb to arrange a next steps meeting

e) East of Scotland Research Project

A pilot research project taking being funded initially in Tayside for postpartum women with gestational diabetes piloting point of care testing in community pharmacies. N Zammitt approached Steven McBurnie as Lothian have a pathway which has standard of care letters and trigger points regarding hAb1c levels and would be interested in being involved in this project. The first year of the pilot has to be run in Tayside and there is an option to roll out the second year in Lothian.

5. Subgroup Updates

a) Psychology subgroup – update circulated

Three papers have now been drafted outlining the business case for further investment in the psychological and emotional wellbeing of patients, both in terms of diabetes prevention, and support for those living with diabetes. N Zammitt advised the group are continuing to build on the mapping exercise to produce an overall vision of what support looks like. Internal conversations will include the Health & Social Care Partnerships (H&SCPs), Mairi Simpson and Sarah Archibald will be key contacts in Midlothian H&SCP. The pathways will cover both Type 1 and Type 2 diabetes. L McGlynn, P Collings and A Job have submitted comments on the paper. S Wild asked if there was a way to get things into the system before Dona Milne the new Public Health Director starts, A Cumming will discuss this when the paper is ready on where within the corporate directorate it should go.

b) Diabetes Prescribing subgroup – update circulated

C Holmes is pulling together a paper for prescribers for when to initiate GLP1s. Libre prescribing data is currently under review as there has been an increase in expenditure on Libre and testing strips. It was agreed to increase the awareness of the sharps disposal service which is available through community pharmacies via the Diabetes MCN Newsletter.

- c) PPPP subgroup – update circulated
S Wild advised it is planned to get Lothian diabetes data into safe haven, which will be better to use for data linkage for research and audit purposes. Work is progressing to pilot making better use of blood glucose measurements undertaken by the SAS in call outs to ensure better liaison with GPs for those with abnormal results. The aim of the pilot is to stop results from the SAS getting lost and to achieve better communication and improve follow-up, if needed.
- d) Foot subgroup – update circulated
There will be less foot screening in Primary Care due to bi-annual checks, those at high risk will be seen annually. L McGlynn commented a traffic light system is in the process of being updated along with patient information leaflet which will be sent out to all patients nationally to inform them of why foot screening is reducing to bi-annual, there will be a national advertising launch possibly in April or May.
- e) Clinical Director - update circulated
N Zammitt advised over the past year diabetes clinics have continued either by telephone or face 2 face appointments, very little clinical activity has been cancelled, despite most doctors working in diabetes have had extra work in relation to in-patients on Covid pathways. Going forward there will be reflection on what has worked well and will keep going with these practices and stop what hasn't worked so well, the redesign team are working Lothian, it's hoped they will help with redesigning the diabetes clinics. A lot of work is being done by admin staff to ensure patients are receiving the correct letter regarding telephone or face 2 face appointments. Feedback has been gathered on all three sites regarding telephone consultations has been very positive.

The Scottish Government has provided an allocation of funding to supplement insulin pumps and CGM, there is an agreement that a proportion of the funding has to be reinvested in diabetes. The funding will help support increased availability of CGM for pregnant women with type 1 diabetes in line with the recent Scottish Health Technology Group Assessment. Some financial modelling is taking place to plan the pump and CGM provision for the next 5 to 10 years. S Archibald commented there is no Midlothian clinic and if there is anything that can be done about this. N Zammitt advised the barrier is recruitment, as those who may have been recruited, have been recruited to the vaccination clinics. A Job asked how wide is the scope of the redesign to include secondary care. M Strachan commented things have worked well in secondary care, this has been due to a large number of staff in Lothian. N Zammitt indicated Libre has played a role in having telephone consultations as the patient data is downloaded.

D Jolliffe commented he was advised that primary care are receiving a lot blood requests by secondary care, N Zammitt advised secondary care have been asked not to ask primary care to take on additional work, this message was disseminated. M Strachan suggested a patient may be asked to contact their GP if the distance in attending the hospital was an issue. R Wright indicated the majority of patients have their bloods done through screening, if people are nervous about attending the hospital, they will ask the GP if they can do the bloods.

There are approximately 3600 people on Libre, 61% of Type 1s, some with an unclear diagnosis, this is a 15% increase. M Strachan indicated they are looking to have 100% of patients on Libre.

Action: Libre for type 2 diabetes to be added to the agenda for the next MCN meeting – M McCallum

P Collings commented she has a meter and suggested everyone who wants a meter should have one. L McGlynn agreed with both P Collings and M Strachan and appreciates the financial issues with prescribing. S Wild asked if this was for all people or for those who are on insulin, and also stated there is a need to look at the costs. D Jolliffe said there are groups who should be on pumps but currently there are slight restrictions.

6. Conference

D Jolliffe provided an update on the Diabetes MCN Professional Education conference which will take place over 2 mornings on the 5th and 12th May. Two of the speakers are Jason Gill on the value of exercise and Dr David Unwin who has done a lot of work on diets and healthy lifestyles. There has been a lot of advances in the past 2 years and it was difficult to know what to include, there was a suggestion regarding weight management presenting at the conference. S Archibald expressed her disappointment in being unable to present key pieces around remission and the Let's Prevent programme. D Jolliffe asked if this could be an article in the newsletter, A Cumming suggested linking in with the East Region where we can dovetail or link in to avoid duplication. M Strachan commented it's good to learn nationally, the Scottish Diabetes National Group is having smaller events for cluster areas in Primary and Secondary Care show casing what they're doing, he also thought the MCN conference is a good time to bring in new people and learning. S Archibald agreed it would be beneficial have more collaboration. M Strachan suggested having clinical practice sessions on a Wednesday afternoon share best practice

7. National Scottish Diabetes Group (SDG):

Brian Kennon chair of the SDG is to start sharing data at hospital level, this will be a good initiative by way of health boards looking at a variety of different matrixes. M Strachan commented on how he thought NHS Lothian would have been one the top performers but were mid table which showed we were not performing as well as we thought we were, therefore what is it about our current service that we are not meeting. S Wild agreed and suggested we should get a view on cluster level data and which clusters would find it helpful and useful.

Action: Add to the next PPPP agenda – M McCallum

8. LDRG Question

Newly diagnosed

We are unsure what screening processes are currently available to diagnose Pre-Diabetes and Diabetes, particularly for T2. Are there any indications of a reduction in new diagnoses (particularly T2) and is it possible to quantify the reduction? We wonder what is currently being done to enable new diagnoses to take place and if there is any data to show the adverse effects of such a delay.

D Jolliffe advised newly diagnosed are picked up at routine blood test and fewer face to face consultations are taking place in GP practices, therefore it's difficult to have a discussion and suggested there's a need to find out how much has newly diagnosed patients decreased over the past year. S Wild indicated SCI-Diabetes are looking at patterns over the past 12 months to see if there are any issues. A Job commented that there is a concern there could be surge of new cases as services return to normal and if there is a plan in place to meet the potential higher demand. D Jolliffe suggested it is difficult to plan for something when you don't know what the size of it is and when it will happen. There have been some changes in pre-diabetes, we are waiting to hear what these are from the Scottish Government, it is suggested this is something we should look at, at the next PPPP meeting. S Wild stated if there are limited resources the focus should be on those newly diagnosed with diabetes.

9. AOCB

R Wright advised Eilidh Vass and Claire Elphinstone have joined the MCN but will be unable to attend all the meetings, R Wright will liaise with them regarding any information which needs to be disseminated.

Schedule of Future Meetings 2021

Day	Date	Time	Venue
Wednesday	2 June	2.00-4.00	Microsoft Teams
Monday	13 September	10.00-12.00	Microsoft Teams
Wednesday	1 December	2.00-4.00	Microsoft Teams