

NHS Lothian Diabetes Managed Clinical Network (MCN)

Wednesday 1 December 2021

2.00 – 4.00

Teams Video Call

Minute of Meeting

- 1. Welcome:** M Strachan welcomed those who attended the meeting and introductions were made.

Present: M Strachan, A Cumming, M McCallum, P Collings, L Keane, A Cockburn, J Thomson, S Wild, A Grant, A Dawson, Caroline Myers, N Zammitt, P Cooney, C Hewitt, A Job, L Eyles

In attendance: Rebecca Miller, Robbie Preece, Alexis Rumbles, Sit Lee

- 2. Apologies**

R Wright, K Ramage, E Brewin, C Holmes, A McGregor

- 3. Minutes of Previous Meeting and Action Note – 13 September 2021**

Actions are included in the agenda. M Strachan noted action point about reactivating the cluster lead project, a secondary care diabetes consultant has now been allocated to each of the clusters in Edinburgh, Mid and East Lothian. M Strachan and N Zammitt have each done presentations to the Bridge and Midlothian clusters and other consultants have meetings set up, it is hoped this will strengthen links between primary and secondary care diabetes services and provide support to practices with Quality Improvement and patient queries. Details of liaison consultants can be found on the MCN website.

<https://services.nhslothian.scot/diabetesservice/InformationHealthProfessionals/Pages/default.aspx>

- 4. Tobacco Control Project**

R Preece the Improvement lead for tobacco control and A Rumbles gave a presentation on the project's aims and highlighted the national framework for smoking cessation services across all the boards along with guidance from Public Health Scotland. There is a national contract between Community Pharmacy Scotland and the Scottish Government, each board should have a specialist service to drive quality improvement. NHS Lothian has been slow to embrace the national review of the cessation service and the recommendations. It is noted new structures are emerging in public health and a new Tobacco Control Board. R Preece asked if to develop processes is this the right forum for a 30-minute update or should it be other diabetes forums. M Strachan commented secondary and primary care services are aware of the smoking cessation service and advising people to stop smoking within their services. A Rumbles asked if it would be helpful to circulate referral forms for inpatients and outpatients, a pilot previously took place at SJH which had limited engagement.

The recording of smoking status is mixed, a snapshot of over 90% captured showed prevalence rate differs across hospitals. The project is currently mapping unmet needs and progressing mapping improvement plan and unmet need.

P Collings asked if patients can self-refer. A Rumbles confirmed patients can self-refer via NHS Inform.

M Strachan suggested a review of SCI-Diabetes and a review of clusters with the potential for some quality improvement work, R Preece indicated this would be a helpful way to start. Recording on SCI-Diabetes was discussed, since cessation of QOF in 2014, it was noted recording of smoking status in primary care is not routinely updated. R Preece indicated it would be helpful to confirm the baseline in terms of smoking prevalence in clusters. M Strachan agreed to clarify with SCI-Diabetes what the current arrangements are for completion of smoking status. Further discussion on next steps and engagement with the podiatry team who are seeing people at the highest risk of complications.

Action: M Strachan to contact SCI-Diabetes to clarify completion of current smoking status

5. Closed Loops

R Miller referred to the Closed Loop Systems and the model of care for Type 1 diabetes in Lothian. From a strategic point of view, there is potential to reduce inequalities and an opportunity to give everyone an equal opportunity to move towards prevention of complications and to move care closer to home to enable people to live independently. The current model of care may not be sustainable in the future in terms of finance and workforce, therefore introducing technologies such as the closed loop systems could be an opportunity to make better use of some of the resources we have. R Miller highlighted the complexities due to the number of people involved, the Integration Joint Boards (IJBs) need to be involved in the conversation about closed loop technologies as they are responsible for the planning and the budget. All stakeholders need to be informed and senior support is needed in short life working groups (SLWG). The next steps are to take a paper to the Corporate Management Team (CMT) and the IJBs to request support to implement closed loops as a new service model for Type 1 diabetes and support for the stakeholder group to progress plans.

N Zammitt confirmed she is fully supportive of a Closed Loops service and highlighted difficulties with year-to-year existence, it would be helpful to have a longer term strategic plan with organisational investment to reduce complications and the significant groundwork which has been done by M Strachan, F Gibb, and A Cockburn. Approach for senior sponsorship will be key to pushing this forward.

A Job highlighted technology is frequently discussed at the Scottish Diabetes Group and asked if there is awareness of a national push for implementation. R Miller advised Covid has had an impact on the way of working which has helped to open and embrace technology. She highlighted the Lothian Strategic Development Framework and the appointment of M Strachan to the public innovation entrepreneurship as a representative on the clinical team for diabetes. It was noted NICE proposals were recommending closed loops for Type 1 diabetes and expect a similar recommendation from the Scottish Health Technology Group.

A Grant highlighted Diabetes Scotland were invited to contribute a submission to the Scottish Health Technology Group (SHTG) on the review of 'Closed Loop systems and the artificial pancreas for Type 1 diabetes. A patient booklet was produced to support the view of Diabetes Scotland which was shared with SHTG committee members.

R Miller confirmed a patient representative is required on the Closed Loop SLWG

Action: P Collings confirmed Alison Templeton will be the patient representative on the Closed Loops SLWG

M Strachan summarised MCN support for proposals and looked forward to progressing with plans.

6. Matters Arising:

M Strachan advised the Primary Care Prescribing document for Type 2 diabetes has been launched. The feedback from the presentations M Strachan gave at the Bridge cluster and N Zammit gave at Midlothian have received positive feedback. Details of the guidelines were included in the MCN newsletter and on the MCN page on the NHS Lothian intranet. S Lee commented he was unable to find the guidelines on the website, N Zammit suggested the guidelines should be on RefHelp page.

Action: N Zammit to contact Nyo Nyo regarding adding the diabetes pages to RefHelp

7. Subgroup Updates

a) Psychology SLWG – update circulated

C Hewitt gave a brief recap of the Psychology SLWG who have been meeting for two years where two papers have been developed, paper one focussing on prevention of Type 2 Diabetes and paper two looking at an enhanced mental health service for those with a diabetes diagnosis. The original plan was to present to the East Region Prevention Board with emphasis on levelling up tier 3 Weight Management Service (WMS) and initial investment for WMS. Therefore, paper one is on hold until the review of the East Region partnership programme has taken place. It was agreed to fund some extra psychology for Tier 3 weight management. The SLWG to contact Public Health to discuss how to progress paper one. C Hewitt asked for suggestions on how best to present to the appropriate group, A Cumming suggested the best way forward is to go through the Chief Officers of the IJBs, A Cumming has agreed to have a discussion with Colin Briggs, Director of Strategic Planning to support the SLWG with NHS Lothian Executive Sponsorship to progress support for the paper.

Action: A Cumming to have discussion with C Briggs

b) Diabetes Prescribing subgroup – update circulated

A Cockburn advised the group is proceeding with a submission for Lyumjev, the Insulin Lispro to the East Region Formulary group.

A Cockburn advised the costings for the Trurapi, the Novo-rapid biosimilars the cost savings if there was a 100% patient switch savings would be around £134k and if only 25% patients switched savings would be in the region of £33k, costs versus benefits analysis would have to be undertaken. M Strachan indicated he would be thinking about new patients as generally do not switch those currently on insulin. N Zammit commented that as Trurapi is made by Sanofi which makes Lantus she suggested for those individuals on Lantus and Novorapid it would be the same device as patients are using, this could be good as a service as asking for substantial funding for pumps which may help efficiencies. M Strachan commented the principles for bio-similars is something we should embrace and take forward. N Zammit advised an operational group is taking place next week

where further discussion will take place on the way forward. M Strachan indicated he is member of East Region formulary group which is helpful.

A Cockburn advised discussion took place regarding communication with primary care practice staff, it's early days but talks with the clusters are ongoing. A Cockburn asked if the community pharmacist could be supported with access to SCI-Diabetes, M Strachan agreed he is happy to authorise.

Libre usage continues with upward trajectory which is excellent news from a patient perspective.

c) PPPP subgroup – update circulated

S Wild indicated she is involved in discussions with SG on SCI-Diabetes access to primary care and highlighted national work to improve provision of outputs to practices.

Prevention of diabetes associated with pre-diabetes and easier referral for Let's Prevent education programme and GDM pathway.

Update with DESMOND and remobilisation of service post Covid.

d) Foot subgroup – update circulated

e) Professional Education subgroup – update circulated

M Strachan indicated K Ramage is undertaking a lot of work with professional education and has received funding support for the programme. The subgroup is due to meet on the 13 December 2021.

8. Clinical Director Update - summary note circulated for information.

N Zammitt highlighted there is progress with undertaking Community Treatment Assessment Centres to allow outpatient annual assessments followed by a virtual consultation, there continues to be a mix of face-to-face clinics and virtual consultations. It may be February 2022 before the new templates have been updated due to technical issues. It is anticipated other services in NHS Lothian will wish to monitor progress for adoption in other areas. There are posts for Diabetes Specialist Nurses across each of the sites, the applications have been of high quality, an advert is also out for a Type 1 education lead. Prof Johnny McKnight steps down from clinical practice at the end of December and Dr Alan Patrick at the end of March 2022, also advertised is a speciality doctor for the RIE. There is an issue with HBA1c testing at SJH, most is being done in screening clinics with phone appointments, the young people's clinics machine has been decommissioned by laboratory services, the service is to purchase a point of care machine.

M Strachan highlighted N Zammit is stepping down as Clinical Director after 6 years however, the new Clinical Director has not yet been appointed therefore this maybe the penultimate meeting. M Strachan thanked Nicola for her commitment and her support in resurrecting the MCN.

9. Patient Education

L Eyles joined the meeting to provide an update on A McGregor's behalf and hoped paper circulated assisted with provision of update to LDRG queries.

DESMOND – a new co-ordinator has been appointed who will provide admin support to assist with referrals for DESMOND. Patients are now able to self-refer with the service reviewing information on the patient administration system. It was highlighted the service paused due to Covid, now with remobilisation and Information Governance (IG) difficulties resolved the delivery of virtual sessions are now able to take place using Microsoft Teams, it is recognised the need to modify as it's not feasible to run full days virtually. Individuals are given the preference of face-to-face or attending a virtual group, there will also be the option to have the MyDESMOND platform for preference of on-line education, it has everything DESMOND has, including peer support, track activity and access to clinicians. From January 2022 all three options should be live. It is expected to see improved data from SCI-Diabetes.

P Collings enquired about virtual sessions and if they have been tested elsewhere, L Eyles highlighted Lothian are behind due to difficulties with IG approval for use of a virtual platform.

M Strachan acknowledged the service took on a huge waiting list and asked if there was an indication on how long it will take to clear the backlog, L Eyles advised there is potentially 20% which won't remain on waiting list if people opt for the virtual programme. Further modelling is to be undertaken; an update will be given at the next MCN meeting.

M Strachan asked if identification of people suitable for the remission programme through DESMOND was being undertaken, L Eyles confirmed it is and highlighted 90 individuals are engaging with the remission programme. Remission is included in education as a further option.

A Cumming asked how is the data for remission being captured as it's an indicator in the National Improvement Plan, L Eyles advised that those funded through the framework will be recorded in SCI-Diabetes or if looking at what is within the National Diabetes Prevention Framework the data is held by the WMS, who could provide the data.

10. Diabetes Algorithm – HbA1c Diagnostic Test

M Strachan advised there is no progress to report

11. Low carb/remission

M Strachan identification of people suitable from remission programme through DESMOND, L Eyles confirmed this is undertaken and highlighted 90 individuals engaging with remission programme. Remission included in education as a further option.

N Zammitt enquired if WMS supported intermittent fasting to support remission, however from NHS perspective low calorie liquid diet is evidence-based intervention which is supported.

C Myers enquired about position in Lothian for low carb programme. L Eyles advised it being considered nationally to use the low carb app which is used by NHS England, it may not be for everyone, and some may not have the ability to self-manage at that level, there is also a plan to look at developing a Scotland remission pathway with a 5-year plan which will need policy support and funding. There is potential for a small test of change using the app with support from WMS again it would require funding investment, L Eyles ask what support could primary care provide with the pressure in remobilisation of services. C Myers indicated GPs would supportive and suggested there would be

interest in this concept. L Eyles suggested further discussion with East Lothian primary care team for QI test of change pilot.

Action: C Myers to take initiative to the East Lothian clusters and East Lothian Health & Social Care Partnership.

12. Professional Education Conference

M Strachan advised D Jolliffe previously took a lead in the conference arrangements and suggested a group should come together to consider the topics for the conference. It was agreed the conference again would take place virtually.

Action: Expression of interest to Marie. - ALL

13. Workplan Update

It was agreed A Cumming will continue to update the workplan on the progression of the work taking place and brought to the MCN. Due to time constraints A Cumming has still to meet with some of the leads.

14. LDRG Questions

- 1) *We are not aware of any document which expresses what a patient can expect from the system. Please can consideration be given to producing such a document?*

The current Patient information leaflet (attached here) reflects useful signposts – we plan to update this with details of self-referral, DESMOND remobilisation and the MyDesmond digital platform. We will share this updated document as soon as it is completed and formally reviewed by the Patient Information Team – ensuring the language and content is fully compliant with NHS Lothian standards.

The Adult Weight Management and Type 2 Diabetes Service NHS Services website now has details for DESMOND included [Adult Weight Management and Type 2 Diabetes Prevention Service \(nhslothian.scot\)](https://www.nhs.uk/services/adult-weight-management-and-type-2-diabetes-prevention-service/)

- 2) *Does the Weight Management Service Workplan include a section for the care of people with Diabetes? If so, where is it available?*

We are not clear about the reference to a workplan as this doesn't typically exist for clinical services like Weight Management and Diabetes and is generally reserved for programmes, projects, and strategic groups. For example, the diabetes MCN workplan and the East of Scotland type 2 diabetes prevention partnership workplan would have reference to specific deliverables. It would be helpful for us to know a bit more about what is being asked here to enable us to fully answer the question. What will be useful for you to know is that the Weight Management Service is a tiered service providing weight management support to everyone to suit their health needs. This includes clinical triage of every referral by a specialist dietitian and appropriate treatment offered in collaboration with the patient.

- 3) *What resources are to be deployed for Patient Education over the next 3 years?*
The Diabetes MCN has provided funding to Dietetics for 12 months in this first instance to remobilise patient education so there is not yet a 3-year commitment for this. It is to be reviewed at end of 21/22 and agreement for future years' provision made from there.

What has happened in 21/22 is that we have increased staffing to provide prevention and early intervention structured education programmes (Let's Prevent Diabetes) and administrative support (replaced Christine Galley's post like for like and enhanced with further investment from dietetics to support the prevention programmes); expansion from face to face only provision to both virtual programmes via Cisco and MS Teams platforms and digital support options e.g., the MyDesmond App. This menu of options provides three modes of delivery of evidenced-based, NICE, SIGN and KISMET approved structured education for type 2 diabetes prevention, prediabetes and type 2 diabetes meaning NHS Lothian will have one of the most comprehensive structured education offerings in Scotland.

- 4) *MDMW offers on-line patient education courses. Are there any numbers available to show uptake and completion of these courses?*

Alyson Cummings has kindly made enquiries directly to the team at MDMW to see if they could provide any data re. Lothian access/completion. Overall, in Scotland, numbers of patients with type 2 diabetes accessing MDMW is very low and not reflective of the significant numbers of people in Scotland we know to be living with type 2 diabetes.

- 5) *The "Clinic letters" feature on MDMW is still "temporarily unavailable", as it has been for a rather longer time than 'temporary' would suggest. We would like to see this investigated please.*

M Strachan advised he has contacted Scott Cunningham with no response, M Strachan will escalate to Debbie Wake

- 6) *Following on from the Prescribing Pathways, LDRG feel it would be helpful to have a Patient Pathway document which would be openly available. This would allow patients to understand what is happening or can be expected to happen. Is there one?*

M Strachan advised there is the 'Living with Type 2 Diabetes' booklet which is available on the NHS Lothian website.

<https://services.nhslothian.scot/diabetesservice/PatientsCarers/Pages/Patient-Information-Leaflets.aspx>

15. David Jolliffe Retirement

David is stepping down as the MCN primary care clinical lead, the enormous service to diabetes and the MCN over the years was recognised and his contribution nationally.

David's replacement post is at advert, the closing date for applications is 16th February 2022.

16. AOCB

17. Schedule of 2022 Meetings

Day	Date	Time	Venue
Monday	7th March	10.00-12.00	Microsoft Teams
Wednesday	1st June	2.00-4.00	Microsoft Teams
Monday	12th September	10.00-12.00	Microsoft Teams
Wednesday	7th December	2.00-4.00	Microsoft Teams