

NHS Lothian Diabetes Managed Clinical Network (MCN)

Monday 2 March 2020

10.00am – 12 noon

Board Room 1, Turner House, Western General Hospital

Minute of Meeting

1. Welcome and Introductions

M Strachan welcomed those attending the first MCN meeting of 2020 and introductions were made.

2. Apologies

Chris Hewitt, Nicola Zammitt, Alison Cockburn, Rohana Wright, Adele Dawson, Liz Mackay, Sarah Gossner, Laurie Eyles, Linda McGlynn, Jo Smail

3. Minutes of Previous Meeting and Action Note – 4 December 2019

a. Action Log Review

December 2019 minutes – C Holmes expressed concerns relating to wording on page 3 which referenced cost and quality. D Jolliffe provided examples of where costs influence prescribing decisions. L Keane referred to her experiences as sometimes unable to prescribe due to cost of medicines. It was noted if a non-formulary item is considered, pharmacists are justified to consider the cost of non-formulary versus formulary items. L Keane highlighted as a diabetes specialist nurse, where medication is discussed and agreed with the multi-disciplinary team, a further focus on prescribing decisions by pharmacists can be challenging. D Jolliffe commented it is recognised that a number of factors need to be taken into consideration when making decisions re prescribing. These include the quality and cost implications as well as compliance issues. Both M McCallum and D Jolliffe apologised for any offence that was caused.

Action List Review

- Patient letters MDMW – awaiting update from MDMW team – keep active
- Screening support in primary care – to be address through East Region Prevention Collaborative
- SJH urine samples – reviewed and amended (C Wallis)

4. Matters Arising:

- a. Newsletter link to LDRG - noted link has been sent to P Collings.
- b. DVLA Update - relates to Freestyle Libre and noted DVLA have established Libre reading equivalent to finger pick test.
- c. TOPICAL Update - noted feedback from 2019 course has been very good. A meeting has taken place with Lilley representatives to consider changing delivery of the 3 day course delivered in 2018 and 2019. The 3 day course will not be supported in 2020 however Lilley have agreed to support up to 6 education days in 2020-21, a draft programme has been submitted to Lilley for approval. It has been suggested 2020-21 study days also focus on GPs and practice nurses in training and delivery of GLP1 training within practices.
- d. Diabetes Professional Education Lead

A Cumming indicated a recent advert for the role did not attract any applicants. Work is on-going to identify funding to support an increase in the role from 1 day to 2 days per week. Once funding options have been concluded the post will be re-advertised as soon as possible.

e. Diabetes In-Patient Module - All Sites

S Gossner has advised the Think Check Act module has been added to list of mandatory modules for all registered nurses. L Keane commented on Band 4 nurses who expected to deliver insulin but unable to access Continued Professional Development (CPD). F Huffer indicated dieticians have access to this module for CPD. L Keane agreed to enquire if the Band 4 nurses can access modules under CPD. **Action: L Keane**

f. SAS Study Day and Blood Glucose Data

D Jolliffe referred to the SAS 2018 Study Day which was well received. He advised a meeting was recently held to discuss plans for a further SAS study day event which has been scheduled for 2 September 2020. The MCN is liaising with the new SAS education lead to finalise the programme for the event. , F Huffer commented on the importance of education for SAS in terms of admission avoidance.

g. Weight Management Service (WMS) RefHelp

F Huffer indicated a new GP lead has recently taken over responsibility for RefHelp. The WMS Refhelp pages have been reviewed and updated and published on NHS Lothian's website outlining referral criteria.

h. LDRG 2020 Room Bookings

M McCallum has been liaising with the LDRG; room bookings for 2020 have been confirmed and funded by the MCN.

5. Sub Group Updates:

a) PPPP Sub Group

S Wild advised the last meeting of the PPPP Sub Group took place on 27 January 2020. Items discussed were:

- National diabetes dashboard and offer of support for further dashboard training in Lothian
- Noted the T2 diabetes prevention framework is progressing well
- Dr Lucie Buckingham, East Region T2 diabetes prevention primary care lead has been invited to attend the next meeting. There have been some tensions associated with communication with primary care and expectations of GPs and practice teams
- Emma Brewin to be invited to attend the next meeting to discuss foot screening
- Undertaking a review of SAS blood glucose data which is not transferred to GPs consideration of the appropriate use of this information.
- Update provided following D Jolliffe and M Strachan's recent attendance at GP Sub. Committee

F Huffer enquired if there should be a separate MCN prevention sub group given the significant amount of work associated with the framework, she highlighted Fife and Borders have separate prevention groups and the need to consider consistent ways of working across the East region. M Strachan sought clarity on the purpose of another prevention sub group given there is already an East of Scotland Programme Board which members of the Lothian MCN PPPP Sub Group attend. F Huffer referred to communication issues and PPPP Sub Group and the need to consider how best to support communication. M

Strachan indicated the MCN is a clinical network and prevention is different and suggested it is not within the remit of the MCN to develop prevention services. The limited resources available to the MCN compared to the East Region programme was noted. D Jolliffe indicated the PPPP sub group has made a contribution to the classification of pre-diabetes via the Scottish Diabetes Group and acts as interface with prevention and clinical care. D Jolliffe also referred to difficulties attending East Region meetings, recruiting GPs / practices nurses and funds in addition to supporting delivery of the MCN work plan.

S Wild suggested it would be helpful to have a conversation with Nicky Waters and Laurie Eyles about commonalities. S Archibald commented on the need for whole system working and alignment and suggested perhaps to review membership / role of PPPP sub group. The need for Lothian wide focus on the prevention framework whilst recognising resource limitations was recognised. **Action: S Wild / PPPP Sub Group**

F Huffer also referred to the potential to set up a Gestational Diabetes Sub Group. M Strachan requested F Huffer and L Eyles outline the terms of reference for the suggested sub group and provide further information on the NHS Ayrshire and Arran model as this is highlighted as an exemplar. He indicated it would be helpful to clarify if a Lothian GDM sub group is to focus on lifestyle advice in pregnancy or prevention in GDM in broadest sense. F Huffer referred to a pathway approach and suggested a short life working group is established. M Strachan requested F Huffer and team articulated the requirements for GDM to allow him to discuss further with the existing operational service supporting Pregnancy and Diabetes. **Action: F Huffer / L Eyles / M Strachan**

S Archibald indicated the role and remit of the MCN is to support co-ordination of services with people with diabetes in primary and secondary care. She suggested broader prevention is not an MCN remit and should be discussed further within PPPP Sub Group, Nicky Waters and Laurie Eyles.

b) Psychology and Mental Health SLWG

The update provided by Chris Hewitt was noted.

c) National Diabetes Prescribing Guidelines SLWG

D Jolliffe indicated the SLWG meets in 3 weeks time. Recent focus has been on GPL1 prescribing which has moved forward. M Strachan has submitted a request to establish diabetes formulary group to meet on regular basis to focus on prescribing issues such as insulin. L Keane referred to community arrangements and Band 4 nurse support in diabetes management and the need to ensure new staff do not run into problems in particular with education on which drugs are on the formulary, quality and cost effective considerations. C Holmes indicated all formulary discussion is taken through the medicines management group.

M Strachan referred to a recent request for a meter review and pressures which prompted discussion. C Holmes referred to some discussion via operational management group chaired by N Zammitt who take forward formulary requests. Individual bio-similars for formulary can be taken forward within an operational group. F Huffer enquired if a Once for Scotland approach to prescribing is being taken forward, it was noted that a national approach is no longer supported. C Holmes and M Strachan have discussed options for moving to alternative options and this will require substantial work through the SLWG, formulary and operational group to rationalise. D Jolliffe referred to the role of the PPPP Sub Group in supporting piloting of insulin forms. It was noted the Prescribing SLWG is now no longer a short life group and has become a formal sub group of the MCN.

It was noted prescribing data is presented and discussed at Acute Prescribing Forum within the next year; there is no provision for new medicines coming up.

D Jolliffe / C Holmes agreed to develop a paper for next MCN meeting to consider best structure for considering medicines management issues and meaningful overview of medicines policy. C Holmes highlighted designated time commitment to push forward developments and how best to support. M Strachan referred to work undertaken in NHS Greater Glasgow and Clyde to swap to DPP4 inhibitors releasing a saving of circa £900k. L Keane referred to national meeting where other prescribing options are considered and how best to support decision making in Lothian. **Action: M Strachan / N Zammitt and D Jolliffe / C Holmes**

It was noted D Jolliffe has requested to meet with C Holmes, D Bray and their colleague C Miller on 19 March 2020 to discuss primary care prescribing.

d) In-Patient Diabetes

No further update available. M Strachan indicated S Ritchie has been successful in obtaining a £100k innovation award to support developments in inpatient diabetes

e) Foot Care

E Brewin update will be circulated. P Collings referred to data circulated to PPPP sub group regarding foot screening and raised concerns about data provided. E Brewin has been invited to attend the next meeting of the PPPP Sub Group.

6. **SCI-Diabetes Data Analysis**

M Strachan welcomed M Lyall to the meeting and referred to data extraction M Lyall has previously undertaken from TRAK (patient administration system) for acute medicine in Lothian. M Strachan asked M Lyall to apply the same process using SCI-Diabetes data to look at cluster and individual general practices to try to give more information to clusters/practices to improve quality. It was noted consultants and DSN's have now been identified to support cluster liaison and hope data will provide a catalyst for discussions to improve quality.

M Lyall gave a presentation on data extraction up to end of February 2020 where the focus is T2DM, HbA1c and blood pressure in the past 5 years. Attainment of HbA1c targets and their link with deprivation and age factors was considered. It was noted age does not have a huge impact on modelling. However, a large amount of variation in HbA1c levels between clusters can be attributed to deprivation. However, even after adjustment for this, variation exists between clusters. The modelling can also be used to look at individual practice data within clusters.

F Huffer enquired if data is shared with practices. M Strachan referred to the meeting with the GP Sub Committee in December 2019. Discussion took place on cluster liaison and proposals to arrange meetings with the cluster quality leads to discuss data and if practices within cluster have capacity to support diabetes quality improvement. A pair of diabetes consultant and diabetes nurse specialist have been allocated to each cluster in Lothian (excluding West Lothian where liaison arrangements are already well established). They will be able to meet with cluster leads and identify areas of challenge and provide support to help raise quality.

L Keane referred to additional resource and indicated she will discuss with district nurses how best to support individuals in their management of diabetes. M Strachan highlighted the first step to discuss with cluster leads and then engage with CDSNs and district nurses. It was highlighted if there is a need to approach clusters in a supporting manner and ensure

data is robust. M Strachan indicated the GP Sub Committee agreed there is no need to anonymise data at a cluster level but at a practice level data will only be shared with each general practice.

M Lyall referred to review of blood pressure (BP) where there is more variation in data. Deprivation has little impact in accounting for variance in BP targets achieved, however age does have an impact with older age, fluctuations in BP increase significantly. M Lyall advised he will seek further support with modelling. M Lyall confirmed he has access to prescribing data with the next step to consider prescribing of hypertensive drugs however there is some difficulty with integration of data. C Holmes referred to A Cockburn's quality improvement project which she has undertaken with one practice which might be helpful.

F Huffer enquired if BMI has been included in modelling. S Wild indicated it might be potentially useful to see whether BMI links with HbA1c attainment and noted lifestyle behaviours within deprived communities are likely to drive up HbA1c. M Strachan expressed interest in prescribing modelling and numbers of antidiabetic agents. M Lyall indicated he will need access to the national prescribing data set to be able to take forward modelling.

In conclusion, it was noted deprivation is a factor in variance in HbA1c. Age is major factor in BP variance. M Lyall outlined future work which he plans to undertake and also the need to factor in diabetes prevalence per practice within the modelling.

M Strachan thanked M Lyall for his presentation and for outlining the potential to provide data to practices and clusters. D Jolliffe referred to provision of prevalence per practice and also the need to consider practice resource to support diabetes care. S Wild enquired about any plans to consider ethnicity as this is also an important contributor to diabetes care. M Lyall confirmed ethnicity will be considered for future work.

S Wild commented on the excellent opportunity to pull together data and thanked M Lyall for his support. M Strachan indicated the data were an important component to cluster liaison arrangements; HbA1c management for 120 practices is labour intensive however helpful to roll out on a cluster by cluster basis. M Strachan offered to pilot Bridge cluster in the first instance. D Jolliffe suggested data could be offered to the North cluster (J McKnight identified as consultant liaison) as the North cluster has already undertaken some quality improvement work. **Action: M Strachan**

I Miller commented the opportunity to feedback suggestions, advice and offer of support for quality improvement message is important. This may also have a helpful impact on education and prescribing. M Lyall referred to the fantastic availability of local data, however suggested the difficulty is driving meaningful change.

7. SNOMED Pre Diabetes Coding

D Jolliffe indicated SNOMED coding has been reviewed and revised following communication to Scottish Diabetes Group. Revisions have been circulated and consideration needs to be given on the impact the change in coding may have on workload.

8. Review of Diabetes MCN Role and Remit

The current MCN role and remit was circulated in advance of the meeting. It was suggested the role and remit requires review in light of the type 2 diabetes prevention framework and an on-going prescribing sub group having been established. With a view to amending the MCN role and remit, MCN members were asked to submit comments to A Cumming by Friday 15 May 2020. **Action: MCN Members**

M Strachan indicated whilst the MCN structure includes reference to a Type 1 and Innovation Sub Group chaired by F Gibb, the group had not meet though Dr Gibb has been very pro-active. MCN members are aware and have received reports for example on the introduction of Freestyle Libre. It was noted Insulin pump and CGM group is part of secondary care management structure which deals with technology issues that are more a secondary care role than MCN issue.

9. Diabetes UK Strategy 2020-2025

L McGlynn was unable to attend the meeting therefore M McCallum agreed to circulate the presentation which was to be given at the meeting and requested MCN members consider comments. It was agreed to defer this item to the next meeting.

Action: MCN / L McGlynn

C Wallis reminded MCN members about the Lothian diabetes strategy engagement event on 30 March 2020.

10. Diabetes Patient Education and Sustainability

F Huffer in L Eyles absence indicated further dieticians and some nurses are to be trained as DESMOND educators the following week and raised concern about on-going nursing support. A Cumming provided an overview of 2020 DESMOND courses, highlighting all but 4 courses required confirmation of nurse educators; however there are still a substantial number of courses where a dietician education is to be confirmed.

F Huffer outlined a Weight Management Service (WMS) Proposal which was raised by L Eyles to combine DESMOND and Let's Prevent patient education resources which would result in relocating arrangements for DESMOND within the WMS. A Cumming indicated as she had very recently heard of the proposal therefore had not had to the opportunity to discuss with the DESMOND co-ordinator and the proposed changes will result in workforce organisational change position for the co-ordinator. A Cumming will liaise with L Eyles following discussion with the DESMOND co-ordinator. **Action: A Cumming**

D Jolliffe commented delivery of 90 DESMOND courses per year which appears about right based on the number of referrals and opt in but had reservations about merging the two courses given recommendations are awaited from the national type 2 patient education review. Therefore he was keen to maintain the status quo depending on the choice of national education programme in the longer term.

It was noted there is an offer from the East Region partnership to fund the DESMOND licence fee which is currently paid through the MCN budget. However, it appears NHS Lothian may have been incorrectly invoiced by the DESMOND office which may result in a substantial increase in the fee to subscribe to DESMOND which will not be sustainable for the MCN. A Cumming will discuss further with L Eyles. **Action: A Cumming**

11. GDM / Prevention MCN Sub Groups

Discussed under the PPPP Sub Group update.

12. AOCB

Sharps Disposal

P Collings referred to new arrangements for sharps disposal in the community and if this was fully rolled out. C Holmes indicated there are some issues regarding provision of 0.6 litre bins for other sharps (non-diabetes) however indicated the majority of community pharmacies

have signed up to supporting sharps disposal. P Collings indicated she received a bin however the date and bin number was for a hospital ward. L Keane indicated she has visited patients in the community who have been provided with sharps disposal bins therefore bins should be available for those with diabetes from community pharmacies.

Health and Social Care Partnership (HSCP) Diabetes Data Set

S Archibald referred to on-going discussions associated with provision of a common diabetes dataset to support HSCP in the development of locality plans. D Jolliffe indicated data provision has not been resolved, however agreed to send a recent extract for the 2019 Scottish Diabetes Survey which may be helpful for HSCP planning. **Action: D Jolliffe**

13. Schedule of Future Meetings 2020

Day	Date	Time	Venue
Wednesday	3 June 2020	1400 – 1600	Board Room, Administration Block, AAH
Monday	7 September 2020	1000 – 1200	Board Room 1, Turner House, WGH
Wednesday	2 December 2020	1400 – 1600	Board Room, Administration Block, AAH