

# NHS Lothian Diabetes Managed Clinical Network (MCN)

Wednesday 2<sup>nd</sup> June 2021  
2.00 – 4.00pm  
Teams Video Call

## Minute of Meeting

**Welcome:** D Jolliffe welcomed everyone to the meeting

**Present:** M Strachan, D Jolliffe, A Cumming, M McCallum, P Collings, S Wild, S Archibald, A Job, R Wright, C Hewitt, F Huffer

In attendance: Sean Donaldson, Sheila Grecian

### 1. Apologies

E Brewin, L Keane, A Dawson, N Zammit, C Holmes, K Ramage

### 2. Minutes of Previous Meeting and Action Note – 1<sup>st</sup> March 2020

Minutes approved as accurate.

A Cumming highlighted Linda McGlynn has left her Diabetes Scotland post on 7 April and currently liaising about replacement as 3<sup>rd</sup> sector representative is a requirement in the constitution of MCN. M McCallum indicated Alison Grant has offered to meet with MCN team to discuss further.

#### Digital Group Education

M Strachan informed the meeting a paper is going to the Digital Oversight Board who are due to meet next week, with a recommendation from Information Governance for the use of MS Teams to deliver patient group education, this would be subject to strict guidance with the chat function being disabled and no recording permitted. This would cover DESMOND or successor, DAFNE and Insulin Pump education with external providers. A Cumming thanked M Strachan and L Eyles for support with escalation over the past 6 months.

### 3. Matters Arising:

#### a) Control It Education Guidance and roll out plans

F Huffer indicated no decision has been made yet regarding Control It, also confirmed will continue with DESMOND for the next year. It was highlighted venues for group education particularly sport and leisure facilities are still closed and NHS facilities are extremely limited due to Covid restrictions.

#### b) Re-engagement Feedback

R Wright advised there is no update yet, work is progressing and continuing to gather information. The definition of disengagement within the Diabetes Improvement Plan is it's not a deliberate decision to dis-engage.

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

#### 4. Subgroup Updates

a) Psychology subgroup – update circulated

The Psychology SLWG is working on two papers, the first paper is linking with the Type 2 diabetes prevention framework linking with tiers 1 and 2 interventions. Paper two is focused on people living with diabetes tier 3 and 4. Paper two is on an enhanced psychiatric service for people living with diabetes where mental health is having a significant impact on their diabetes. The papers will be circulated to MCN members and LDRG for comment and for discussion / approval at September 2021 MCN meeting. A Cumming asked if there was reference to the refreshed Diabetes Improvement Plan as the plan highlights the importance of mental health, D Jolliffe confirmed context of the refreshed plan is referenced in the papers.

**Action:** N Zammit to send papers for circulation

b) Diabetes Prescribing subgroup – update circulated

M Strachan indicated the transfer of Freestyle Libre 1 to Libre 2 has been completed. Communication was received from the Sexual Health Clinic due to an increase in the number of people presenting with genital thrush who thought this was due to sexual health, but it has been noted it relates to the side effect of the inhibitor's medication. A patient leaflet has been produced and is available on both the ECED and MCN websites.

There has been a refresh of the Lothian formulary, M Strachan has drafted a simplified Type 2 guide for primary care teams which requires approval via the GP prescribing committee prior to publication

Marcus Lyle is leading a SLWG on improving the safety of prescribing high dose steroids. No steroids can precipitate diabetes with some people coming to significant harm therefore developing safety bundle for both primary and secondary care teams to support prescribing.

Noted high dose prescribing across a large number of specialties therefore potential market for guideline is enormous, particularly for primary care teams and the impact on additional demand.

P Collings raised an update which indicated all meters have been standardised therefore queried knock on impact on patients. D Jolliffe to follow up with A Cockburn. M Strachan indicated standardised in line with meters available for new starts. P Collings also indicated there was an incidence were a person had difficulty transferring from Libre 1 to Libre 2 and were unaware there was payment for a new reader and queried if people across Lothian had similar problems. M Strachan indicated as part of the roll out a letter was sent to every patient who was on a Libre 1 and gave instruction if using mobile phone as scanner no change, if using a reader then to contact Abbott who would provide a reader free of charge. M Strachan indicated it was felt the transfer to Libre 2 was seamless and secondary care consultants are not aware of any issues.

D Jolliffe said there had been comments at the Professional Education Conference regarding reluctance with prescribing which needs to be fed back and followed up.

- c) PPPP subgroup – update circulated  
S Wild referred to summary circulated. Definition of pre-diabetes and confirmed lower cut off and concerns about impact. GDM – work of East of Scotland partnership and ensuing appropriate follow up. DESMOND education challenge during education, DESMOND currently preferred approach. Midlothian shining star for diabetes prevention work. Noted refreshed diabetes improvement plan.

D Jolliffe working a little bit in the dark with prevention and implication of primary care.

A Cumming highlighted East Region Diabetes Prevention Framework Newsletter circulated today to MCN members and PPPP Subgroup and highlighted survey on prevention framework evaluation with closing date tomorrow.

- d) Foot subgroup – update circulated  
D Jolliffe advised E Brewin and colleagues are working on the rollout of the framework. P Collings queried reference to high risk patients no longer attending for screening, D Jolliffe confirmed high risk patients will not be invited for routine screening as they will be attending high risk podiatry clinics and therefore excluded from routine screening. There will be a focus on those at lower risk who will receive a two-yearly routine screening.

- e) Professional Education subgroup – update circulated  
The new subgroup met in May, there is an error in remit of group, amended version to be circulated. The group will meet biannually to discuss/review professional education. Face to face education has been restricted, it is hoped it will resume sometime in the near future as there is a need for this alongside virtual education. The Pan Lothian course which has been running are now pre-recorded to allow people to dip in and out, there is also a need to staff to be clear on key learning requirements. Two tasks for next 6 months are to identify foot screening / care and identify professionals who should be educated and also looked at website improvements to highlight educational opportunities locally.

A Cumming commented it would be helpful to have the subgroup established to support actions associated with the refreshed national plan.

D Jolliffe outlined educational opportunities available:

- Lilly – module every 6 weeks (topics to be confirmed)
- Start series of 6 weekly lunchtime meetings aimed mainly at primary care, opportunity for case discussions and dissemination of education opportunities
- T2day – programme of discussion, simulating practices to consider approach care of people with diabetes and facilities with expert support
- Pan Lothian Courses and Sessions for teams in Care Homes
- Organising pregnancy study day with midwives
- AZ initiative to record parts of Pan Lothian programme

## 5. Clinical Director Update

M Strachan spoke to the update in N Zammitt's absence:

Redesign process in Out Patient (OP) services for diabetes in response to the Covid pandemic to increase relative proportion of those attending face to face appointments. LDRG asked if patients could feed into the redesign process, a patient survey was

undertaken on telephone consultations to support patients which highlighted constraints as a result of Covid i.e. will be unable to return to having 45 patients in OPD waiting areas. M Strachan highlighted diabetes services are in a better position than many other OP services including other NHS Board areas as some have not been undertaking any secondary care reviews, however it is recognised there is a need not to rest on laurels.

A Job enquired if there was a similar review to be undertaken in primary care led services. M Strachan advised there is recognition to the challenges within primary care and the impact of the pandemic, therefore not keen to make too many demands on primary care. Examples of support includes the new functionality on SCI-Diabetes to help primary care teams identify individuals with diabetes at high risk which has been agreed by SCI-diabetes team, the new functionality allows this data to be extracted. D Jolliffe suggested there is more work going on than thought with diabetic reviews taking place as some individuals are reluctant to attend GP surgeries due to Covid. It is hoped education will be delivered to allow primary care to identify those patients who are high risk for review which could also be extended to pharmacists and podiatrists. D Jolliffe invited LDRG to feedback on what they thought would be helpful.

**Action:** A Job agreed to provide note of suggestions for improvement for further discussion.

People often ask about diagnosis of T2 in past 12 months, diagnosis did drop however towards end of 2020 and early 2021 increase greater but close to what would have been expected. DESMOND referrals 1400 over the past year, indicating new diagnosis in last 12 months. F Huffer indicated L Eyles there are many more referrals than previously reported therefore working through a plan with A Morrison to support reintroduction of formalised education with blend of face to face, digital and self-management with the aim to start in August. There was clearly a reduction in referrals from March – August this has now picked up, there is capacity for 900 – 1000 per year. F Huffer provided reassurance to reinstate education, individuals will have been given first line advice along with the MCN Type 2 Diabetes Handbook from primary care. A Cumming highlighted she had an action to contact S Cunningham and D Wake to follow up uptake of on-line education via MDMW website.

M Strachan asked about Control It, the Scottish Government recommended Type 2 education package. F Huffer indicated they will continue with DESMOND for the next year and highlighted, venues for group education particularly sport and leisure facilities are still closed and NHS facilities extremely limited due to Covid restrictions.

M Strachan highlighted significant investment from the Scottish Government to pump service for 2021-22 which will allow increased educator resource for pump therapy and hopefully allow increase on pump / CGM starts over the next 12 months, there will be a challenge in training additional members of staff.

## **6. Diabetes Improvement Plan**

M Strachan highlighted the Diabetes Improvement Plan was published at end of February, this is a national document led by Brian Kennon and the Scottish Diabetes Group. This is a five year plan covering 8 domains some of which NHS Lothian are in a strong position, plus inpatient diabetes (though some under resourcing). Many comments / recommendations on what is going to be looked at, proportion of people receiving structured education and driving improvement it would be helpful to have a target. Overall, it's a good document and a lot of key relevance to MCN. Some more

targets specific for secondary care teams, diabetes prevention via East of Scotland programme.

A Cumming commented the refreshed plan has the same priorities as the 2014 plan and suggested review of the existing MCN work plan which was last updated in August 2020, and suggested consider nomination of leads for various actions i.e. inpatient diabetes, outpatient services which are included in the Clinical Director update. She also highlighted associated with measure outlined in Annex A the need to consider identification of baseline measures to monitor improvement.

B Kennon, Chair Scottish Diabetes Group has indicated NHS boards will be provided with comparative data for other NHS Boards which will help to drive quality improvement which was agreed by MCN leads. Noted to be a good initiative going forward.

A Cumming highlighted MCN annual report to be submitted to NHS Lothian Healthcare Governance Committee around July 2021.

**Action:** MCN management team to discuss development of revised draft work plan over summer months and where additional work streams are required.

#### **7. Psychology and Psychiatry Enhanced Service**

No further update from earlier discussion, detailed discussion to take place at next MCN meeting.

#### **8. Libre 2 for Type 1 Diabetes**

Covered earlier in agenda.

#### **9. Diabetes Algorithm**

M Strachan advised it was discussed to push labs for HbA1c as a diagnostic test and primary care algorithm difficult to follow some disadvantages but main monitoring tool for diabetes. Main barrier is cost factor compared to blood glucose.

Breakdown from labs all HbA1c in 2019 from primary care – diagnostic and monitoring, there's not a huge variation in monitoring. Some practices in Lothian are using HbA1c and others are not using at all, there is some variation between practices and clusters which could be used as leverage with laboratories.

AstraZeneca are possibly providing funding to run a pilot in small number of practices which are not using HbA1c testing at diagnosis which might help with incremental workload. M Strachan is attending PLIG group tomorrow to discuss further. S Wild highlighted work on remission which uses HbA1c however individuals are diagnosed using blood glucose which makes validation difficult, she indicated it would be helpful to see waterfall plot and update on further discussions. S Wild asked if Lothian is an outlier in use of diagnostic test which M Strachan will follow up with B Kennon for next national MCN leads meeting.

S Wild highlighted on SCI –diabetes there's no information on how diagnosis is made or able to validate diagnosis. D Jolliffe indicated coding may be inaccurately coded in practices and may not have changed. M Strachan summarised many advantages but biggest barrier is cost and laboratory reluctance. It was noted in West Lothian HbA1c is used for diagnostic as this is more reliable than fasting glucose where individuals will not have fasted resulting in numerous tests.

R Wright highlighted in England there's no question HbA1c has been widely adopted for diagnosis therefore helpful to confirm Scotland position.

#### **10. LDRG Questions**

See separate update on LDRG questions paper.

#### **11. AOCB**

##### **NHS Lothian Involving People Plan**

P Colling highlighted her involvement in the development of NHS Lothian Involving People Plan to support interaction with NHS Board and patients and highlighted MCN is a long way down the line with what the document is promoting and thanked MCN for supporting patient voice.

##### **Schedule of Future Meetings 2021**

<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Venue</b>
Monday	13 September	10.00-12.00	Microsoft Teams
Wednesday	1 December	2.00-4.00	Microsoft Teams