

NHS Lothian Diabetes Managed Clinical Network (MCN)

Wednesday 3 June 2020

2.00 – 4.00pm

Teams Video Call

Minute of Meeting

Welcome

M Strachan welcomed those attending the meeting

Present: Mark Strachan, David Jolliffe, Alyson Cumming, Marie McCallum, Katharine Ramage, Paula Collings, Isobel Miller, L Eyles, C Hewitt, N, Zammitt, R Wright, S Wild, L McGlynn, Alison Cockburn, L Keane, A Dawson, C Wallis, K Findlay

1. Apologies

Carol Holmes, Sarah Archibald, Stuart Ritchie

2. Minutes of Previous Meeting and Action Note – 2 March 2020

Approved as accurate record

3. Matters Arising:

a) My Diabetes My Way (MDMW) Patient Letters

N Zammitt had a discussion with Louise Bath who advised once consultants have approved the patient on MDMW there is a box which needs to be ticked by admin staff which would allow the release of letters to patients. M Strachan thought patient letters were not being sent due to an IT issue. I Miller confirmed she is not receiving letters from MDMW

Action: D Jolliffe will raise again with S. Cunningham.

b) Type 2 Diabetes Screening

A Cumming advised Lucie Buckingham's tenure with the East Region has ended.

Action: A Cumming to follow up with Nicky Waters

c) Appointment Professional Education Lead

M Strachan introduced Katharine Ramage the newly appointed Professional Education Lead who took up post on the 11th May 2020. Katharine is a Diabetes Specialist Nurse (DSN) at the Western General Hospital (WGH). The post has increased to two days a week which will provide a wider remit for education.

Katharine has started looking at the current education processes; a meeting has been set up with L Keane and A Dawson where they will discuss setting up a session for carers. Katharine is looking to reinstate the pan Lothian education for both registered and non registered staff groups. R Wright advised there are two new DSNs in West Lothian who have been looking at care home education and suggested it would be useful for Katharine to link in with them. L Eyles also suggested linking in with dietetics who have a video education session for care homes and carers which covers dietary education for malnutrition which may fit in with diabetes.

- d) CPD Band 4 Nurse Access to Modules
L Keane advised education for Band 4 nurses can be accessed through Learn Pro although not sure if those working in care homes have access to Learn Pro to complete the modules. L Keane and A Dawson will provide diabetes education as part of new NHS Lothian staff programme which is not currently taking place as unable to deliver virtually.
- e) SAS and Blood Glucose Data
S Wild has met with a number of people from NHS Fife regarding review of SAS blood glucose data, progress is being made.
- f) SCI-DC Data Analysis Support for Primary Care
D Jolliffe advised the pilot to support SCI-DC data analysis with the Bridge cluster has not yet taken place due to COVID-19.

4. Sub Group Updates:

- a) PPPP Sub Group
S Wild advised the last meeting of the PPPP Sub Group took place via MS Teams Video Call on 23 April 2020 with a limited agenda as some group members were unable to join the meeting due to other priorities or able to join the meeting for a short period.

A review took place of MCN Role/Remit, it was acknowledged whilst the PPPP sub group has a role to support prevention it was highlighted that NHS Fife have a wider scope and involvement in implementing the national prevention framework. It was noted the prevention groups in Fife and Borders is managed through public health colleagues. S Wild agreed to follow up with the Director of Public Health, due to the current situation with COVID-19 this has not yet taken place. L Eyles agreed that prevention does seem to be driven by Public Health and that prevention and remission will be a point of update on the updated Diabetes Improvement Plan. Public Health is probably not in a position to take on prevention and remission this year due to COVID-19.

- b) Psychology and Mental Health SLWG
C Hewitt advised the last meeting of the Psychology and Mental Health SLWG took place on 19 May 2020 looking at anxiety and depression. The group are looking to produce a 4 stepped model of care, what the levels will look like and what the costings would be for each of the Health and Social Care Partnerships, outlining what type and amount of resource would be required to meet this need. It is hoped that a draft framework will be available for further discussion and development at the next meeting.
- c) National Diabetes Prescribing Guidelines SLWG
A Cockburn advised the group have not met since March 2020, the next meeting is due to take place on 24 June 2020.
A Cockburn informed the group that primary care pharmacy teams have been increasing the availability of ketone strips for patients by adding them to the repeat prescribing lists for the appropriate patients. They have also informed the secondary care diabetes teams where it has been not possible to do this so that

they can follow up individual patients if needed. M Strachan commented secondary care received a large amount of emails from practice pharmacists regarding ketone strips which became unmanageable.

Action: A Cockburn will look into finding a manageable solution to the availability of ketone strips.

d) In-Patient Diabetes

S Ritchie provided an update on In-patient diabetes which was circulated to the group.

M Strachan gave a summary of the impact of the monies received from the NHS Lothian Winter funding programme who have supported 12 hours per week of Diabetes Consultant time from 1st January to 31st April 2020 at the Western General Hospital (WGH). There is striking data from 2019 and January 2020 on the impact of consultant input which has reduced length of hospital stay. S Ritchie will use the data to seek additional resource.

There is now an icon on the TRAK menu which when opening a patient record it takes the user directly to the SCI Diabetes link which allows rapid access to key diabetes processes of care. There is testing underway on the linkage of glucose data into the SCI-Diabetes inpatient domain.

e) Foot Care

M Strachan commented he has been supporting COVID-19 by working for the past month on a medical ward and noted no one with diabetes had a foot screening on admission. M Strachan commented it is difficult to get the requirement for foot screening to be undertaken embedded within inpatient assessment. A junior doctor is auditing the process and hopefully one of the actions will be a new Trak short code to allow foot exam to be easily documented.

5. Review of Diabetes MCN Role and Remit

A Cumming circulated the MCN Role and Remit document for review and comments. A Cumming thanked L Eyles for the Weight Management Service (WMS) comments and suggestions. A Cumming advised she has been in contact with Gillian Kinstrie of the Scottish Diabetes Group (SDG) regarding the review of the Diabetes Improvement Plan (DIP) which has been put on hold due to COVID-19, the review will include COVID-19 and social distancing along with different ways of working, A Cumming asked if would be preferable to update the role and remit when the reviewed DIP is produced, M Strachan suggest parts of the role and remit could be updated meantime.

Subgroups:

Innovation subgroup - M Strachan asked if there was need to have an Innovation subgroup as innovation should sit across all subgroups. The Innovation subgroup was initially set up due to the implementation of Freestyle Libre, it was agreed this should no longer be a subgroup.

Type 1 subgroup - M Strachan also confirmed the Type 1 subgroup doesn't exist as a formal subgroup and will be removed from the role and remit.

M Strachan commented there is no formal vehicle for medicine management meetings, for the process of approval of medicines and asked A Cockburn if the Diabetes Prescribing Strategy Implementation subgroup would be able to take this on

within their group. A Cockburn recognised the group may need to be extended and agreed with this proposal which will be added to the agenda of the next meeting. N Zammitt agreed she is happy for this to be included within this group. D Jolliffe reiterated there has been a wealth of work undertaken and that the group has been effective for both primary and secondary care, D Jolliffe also agreed there is need to broaden the group to undertake some of the work. There was agreement to keep both the PPPP and Prescribing groups running parallel in the meantime, M Strachan commented this will give both primary and secondary care a voice into formulary decisions. A Cockburn suggested she would invite someone from formulary to sit on the group.

Gestational Diabetes

M Strachan commented he was not sure if a Gestational Diabetes subgroup should sit within the MCN remit as there is the existing operational service which supports Pregnancy and Diabetes. L Eyles advised this is a complex area as there are a lot of people involved in the women's journey and is looking to include community involvement and asked if this is something the MCN should lead on or if it should be regional. L Eyles commented that she is also keen to bring in psychology due the impact on pregnant women when diagnosed with gestational diabetes. N Zammitt has mixed views as this does tie in with diabetes but is an area which does not sit within the MCN. M Strachan suggested he would seek the views of diabetes consultant and midwifery group. L Eyles advised there is funding in the prevention framework for gestational diabetes but suggested there is a need to consider how to bring everyone together, L Eyles is happy to be sign posted to those she can discuss this with and will also speak to NHS Arran & Ayrshire as their gestational diabetes is midwifery led.

Action: M Strachan to seek views of diabetes consultant and midwifery group

Action: L Eyles to speak to NHS Arran & Ayrshire

Professional and Patient Education

M Strachan proposed there should be co-chairs for this group, K Ramage for professional education, and another who has a patient education background. It was suggested there should be a group creating a strategy for both patient and professional education. D Jolliffe commented that either he or M Strachan should be the co-chair for patient education.

A Cumming advised both she and D Jolliffe have been attending the national patient education programme, A Cumming is continuing to liaise with Gillian Kinstrie of the SDG. L Eyles commented a digital marketplace event due to take place which will include national input, the date for this event is still to be confirmed.

Action: L Eyles will forward the date when received.

Action: A Cumming will update the role and remit to reflect discussion

6. Diabetes UK Strategy 2020-2025

L McGlynn provided an update on the Diabetes UK Strategy 2020-2025 which has been developed due to the number of changes over the years for those who have diabetes. Over the next five years there are five outcomes.

The key outcomes included

1. Treatment - Development of better treatment of diabetes and innovation which includes doing a lot of research
2. Remission – Hoping to pilot in NHS Dumfries & Galloway and NHS Lothian a remission booklet linked to counter weight plus services.
3. Quality of Care - More people will get the quality of care they need to manage their diabetes, Equal access to the right care, treatments and technologies
4. Prevention – Support more people to understand their risk of developing type 2 and gestational diabetes and to help reduce where possible using the online version of Nova Nordisk assessment tool
5. Emotional Support – emotional support can be provided using the Diabetes UK learning zone. L McGlynn is open to suggestions if there is anything that could be added to the digital platform which has gone live earlier than planned due to COVID-19. There are currently 4 weekly programmes running along with a young people's programme. D Jolliffe suggested there are a number of things in the MCN which could be added to the digital platform.

Action: D Jolliffe to provide details of what could be added to the digital platform

7. Diabetes Patient Education and Sustainability

Due to COVID-19 all DESMOND diabetes education has been postponed. D Jolliffe presented a paper on online education and support to ascertain which would be the most beneficial to offer to those who have been newly diagnosed with Type 2 diabetes. D Jolliffe advised there are presently approximately 400 people who have been referred and awaiting DESMOND group education. One of the findings from the 2019 NHS Lothian Diabetes Education Survey carried out as part of the SLWG on patient education was that people who wanted to learn more about their diabetes rated on-line learning in addition to contact with their usual Healthcare Professional (HCP), NHS Lothian Living with Type 2 Diabetes booklet and peer support as preferred options for learning. D Jolliffe has reviewed 3 on-line learning programmes to see how easy they were to access, was the information clear and concise, was there information on medications if people are sick and if there is information on COVID-19. The sites were My Diabetes My Way (MDMW), Diabetes UK learning zone and MyDESMOND.

In conclusion on balance Diabetes UK programme provides a basic introduction, L McGlynn asked how could Diabetes UK be improved, D Jolliffe said the learning zone was excellent but DESMOND and MDMW are more in-depth. P Collings suggested patients may see on-line education differently to that of a GP, D Jolliffe confirmed he looked at the on-line learning from the point of view of a patient. L Eyles suggested she did not think a comparison can be made as DESMOND as a recognised fully structured education compared to MDMW as we have paid for staff to be trained and accredited to delivery DESMOND group education therefore it does not make sense not to use what is already in place and should at least be used for the next year. D Jolliffe suggested due to COVID-19 and the implications of being unable to deliver face to face education and considerations associated with requirements for physical distancing it is unlikely when in a position to restart face to face group education that pre-COVID-19 capacity can be provided therefore it could be of benefit to actively promote on-line learning. L Eyles agreed there should be as many options available

for preferred ways of learning and DESMOND should not be disregarded. L Eyles thought the licence for DESMOND is due to run for a further year, A Cumming said the licence agreement was up to May 2020, she will look at the agreement and will confirm the end date of the licence agreement. D Jolliffe commented this is not about replacing services, on-line learning was high on what people's preferences were on the Patient Education Survey. D Jolliffe suggested looking at a table of recommendations on how we assist education due to the limited numbers of those who will be able to attend face to face DESMOND education going forward.

Action: A Cumming / L Eyles to clarify DEMSOND licence agreement post May 2020

8. Diabetes Medicines Management

D Jolliffe has produced a leaflet for Medicine and Dehydration information for patients with type 2 diabetes with an update on COVID-19. D Jolliffe asked if Sulphonylureas (SU) and GLP-1s should be included in a revised document. N Zammitt commented she had some concerns if people are asked to stop taking all medications if they are unwell. R Wright said if people are sick in hospital then medicine would not stop it would be modified; M Strachan is also uncomfortable in stopping all medicines if people are unwell. D Jolliffe suggested it may be that there should be separate leaflets for both Type 1 and Type 2, which he will discuss with Carol Holmes.

Action: D Jolliffe and C Holmes

9. AOCB

Lothian Diabetes Representative Group (LDRG) questions for MCN

The LDRG asked what the priorities are for those with type 2 diabetes and how the backlog of appointments will be managed. D Jolliffe advised the proposal currently is to provide GPs with a list of various parameters. If diabetic reviews start on 1st July it will possibly take 10-12 months to see everyone. There is a plan to pilot patients attending surgery for bloods, when the results have been received a conversation will take place with a practice nurse or GP. N Zammitt commented the RIE are also looking at a model of getting bloods and when results have been received will follow up with a phone conversation. R Wright advised at SJH one of the clinics is running effectively with 2 patients who attend at anyone time to have screenings, results are then sent to patients which is then followed up with a remote consultation.

P Collings asked when clinics will start up; N Zammitt advised clinics have been ongoing, taking place by telephone. A registrar has undertaken a survey with 60 patients to gather feedback on the telephone consultations, the findings are:

- 93% - all questions were answered
- 46% - prefer face to face clinics
- Others have no preference

Going forward due to physical distancing requirements it is not possible to accommodate 40 patients at clinic sessions therefore alternative arrangements such as telephone or Near me consultations will need to continue. N Zammitt commented the benefit of telephone consultations is the Did Not Attend (DNA) rate has reduced to approximately 2%, Caldicott Guardian permission has been given to ask if patients prefer to have communication by email.

Action: N Zammitt agreed to send the feedback from the telephone consultations to P Collings

L McGlynn referred to use of technology for group consultations and steps forward using Near Me to support interaction with staff. It was noted due to NHS Lothian's Information Governance requirements no patient consultations are to take place using Microsoft Teams or the Zoom digital platforms as they not supported by NHS Lothian due to confidentiality issues.

A Dawson expressed an interest in using Near Me going forward, L Eyles commented she is using Near Me for GDM consultations which is ideal for 1:1 consultations however the system overloads if used for group sessions.

Schedule of Future Meetings 2020

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