

NHS Lothian Diabetes Managed Clinical Network (MCN)

Monday 7 March 2022

10.00 – 12.00

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, A McGregor, F Gibb, A Job, A Cockburn, K Ramage, P Collings, J Bladen, J Thomson,

- 2. Apologies**

S Wild, R Wright, E Brewin, C Holmes, L Keane, A Dawson, C Hewitt, S Ritchie, L Eyles, A Grant

- 3. Minutes of Previous Meeting and Action Note – 1 December 2021**

Approved as accurate record

- 4. Matters Arising**

- a) SCI-Diabetes Smoking Status

M Strachan advised the smoking data looks incomplete as there is a requirement for this field to be updated every 2 years even if the smoking status has not changed. B Kennon said this will be discussed at the next Scottish Diabetes Group (SDG) in May, although not optimistic of any changes, therefore may need to accept data may not be as complete as it could be.

- b) Primary Care Prescribing – Update to RefHelp

M Strachan advised there has been progress on primary care prescribing on RefHelp and informed the meeting he has taken on supporting the RefHelp publication, the RefHelp team are updating the pages which will include links to the new primary care prescribing guidance, updated footcare referral, secondary care will also have updated criteria for referral, along with links to the Weight Management Service (WMS) and to the Diabetes Prevention Programme this will ensure all information is available on one page. It is hoped it will be finalised within the next few months.

- c) Enhanced Mental Health

A Cumming followed up with Colin Briggs Director of Strategic Planning regarding the Enhanced Mental Health paper as he is taking the lead on the corporate objective of supporting management and self-support of long-term conditions. C Briggs has agreed to pick up with Nicola Zammitt to take forward.

- d) Low Carb Programme East Lothian Test of Change

A McGregor and L Eyles had an initial conversation with Jillian Meikle a pharmacist looking at a low carb test of change, A McGregor will update the MCN as this develops.

- e) Workplan

A Cumming advised there's not been much progress on the workplan, she is capturing activities against the workplan which are reported through the subgroups.

There have been no updates from the Scottish Diabetes Group (SDG) regarding reporting against the workplan and suggested this should be picked up with the SDG.

Action: A Cumming to pick up with SDG

5. Subgroup Updates

a) Psychology update circulated

b) Diabetes Prescribing Subgroup – update circulated

A Cockburn has had an update on the Libre usage with a lot of variations between practices, this is being investigated and to be discussed at the next Diabetes Prescribing Group.

The Lyumjev formulary has been approved although there are some small amendments required, amendments now take a bit longer with working with other boards.

The choice of testing strips has recently been updated on the East of Scotland Joint Formulary (eLJF) from Performa to Accu-Chek Instant for type 2 diabetes monitoring in primary care, a discussion is to take place with Diabetes Specialist Nurses (DSNs) regarding the strips and the choice of needles.

A Cockburn is compiling a list to forward to M McCallum to arrange access to SCI-Diabetes for community and practice pharmacists. M Strachan commented that through the cluster work there is a push to have primary care accessing SCI-Diabetes.

M Strachan suggested that taking forward recommendations to the new eLJF there needs to be a governance structure, M Strachan thanked A Cockburn for her support in taking this forward. He also suggested it would be helpful to have a strategy for bio-similar use and recommendations. F Gibb indicated whilst initial offer may not lead to longer term saving, M Strachan is keen that A Cockburn's group keeps an overview.

Action: A Cockburn will add to the agenda for March 2022 Diabetes Prescribing meeting.

c) PPPP subgroup – update circulated

A Cumming advised the review of updating the pathway for HbA1c Diagnostic Test continues to be work in progress, this was due to be discussed at the Primary Care Laboratory Interface Group (PLIG) meeting on 10th February, M Strachan confirmed this wasn't discussed, it is thought it will be some time before the labs can do the diagnostic test as it will be a significant increase for the labs as the HbA1c is more expensive than a blood glucose test.

S Cunningham, My Diabetes My Way (MDMW) is in the process of collating the MDMW Records Access Quarterly Reports and would like to factor in further eLearning reporting as part of these moving forward, it is slightly more complicated to generate accurate region-specific eLearning statistics.

S Cunningham and his team are currently investigating how to support this. When the first report is available it will be shared with Lothian for review/comment. The

report would hopefully provide overall statistics looking at patient education and the uptake of those self-managing.

Action: A Cumming will keep the MCN updated.

A Cumming highlighted points following her review of the Scottish Diabetes Survey (SDS). There are approximately 200 less patients going through primary care than in previous years, it is thought the lower numbers are due to the pandemic with a lower volume of patients seen within primary care.

S Wild has taken over the publication of the 2021 survey from J McKnight.

A Cumming advised Lothian are doing well in the EoS prevention programme

d) Foot

M Strachan advised the foot team are keen to develop a new primary care referral guidance and to bring NHS Lothian in line with the NICE guidance, which is any patient with new a diabetic foot ulcer should be referred urgently, and referral triaged within 2 days, the NHS Lothian foot team will attempt to see the patient within 2 working days. The foot team have developed new referral guidelines which will be prominently displayed on RefHelp

e) Professional Education

K Ramage advised there is a series of 12 professionally made professional education video modules which are live on the NHS Lothian internet Professional Education website. The modules are aimed at registered nurses and other staff looking for diabetes management education, these modules are the core learning of diabetes for professional education. Staff choose which modules are suitable for them, they cover everything that was in the previous Pan Lothian Diabetes Management course. The modules have been circulated across primary care, they need further promotion to senior nurse managers across acute services and in the next newsletter. More resources as they are available with added to the professional education page which is continually being updated.

Supplementary to these modules, shorter more targeted workshops are being developed for more specific requested topics, such as insulin, hyperglycaemia and blood glucose monitoring, these will take place virtually or face to face. K Ramage commented more support is required from DSN colleagues and diabetes specialist teams so the programme is not developed and delivered by one person, this would also help reach more people.

The Lilly Webinar programme aimed at primary care is going very well with excellent attendance, another programme of webinars is starting again in September 2022.

K Ramage advised shorter Pan Lothian courses for healthcare support workers are planned, the Pan Lothian for registered nurses course need to be reviewed, 29 people signed up however only 9 attended on the day which indicates this is not the right format.

M Strachan suggest short presentations on the new primary care guidelines and SCI- Diabetes dashboard would be beneficial.

A Cumming asked if data was being captured on how many people are accessing and completing the online videos modules and if can be broken down into professional groups as there is a professional education key indicator in the Diabetes Improvement Plan. K Ramage advised each modules has its own survey which tells how many times they have been viewed. Those who have completed the survey and added their email address will allow K Ramage to have a record of who has completed the modules. It was acknowledged Katharine has put a huge amount of work into producing these modules which are a credit to what she has achieved.

M Strachan is encouraging Cluster Leads in their presentations to their teams to include a demonstration of SCI-Diabetes and suggested if Katharine could produce a video people could be signposted to.

6. Clinical Director Update

M Strachan advised Nicola Zammit is standing down as the Clinical Director after 6 years with Stuart Ritchie taking over the role on 14 March 2022. M Strachan thanked N Zammit for refreshing the MCN to get it back up and running and for all her hard work. P Collings on behalf of the LDRG thanked N Zammit for acknowledging the importance of the LDRG and how they are now integrated within the MCN.

7. Patient Education

A McGregor provided an update.

The remobilisation of DESMOND face to face groups is ongoing in groups of 6-10 this is due to on-going restrictions with distancing. The venues are being extending for face-to-face education across Lothian, which include Linlithgow, SJH, Pennywell and Midlothian, A telephone reminder takes place 24 hours before the session which has reduced DNAs. Virtual group sessions started on 21st February, with 2 x 3 hour sessions with 8 patients and 2 educators ensuring looking at digital inclusivity. EQIA are addressing virtual availability, digital poverty and ethnicity to ensure inclusivity. MyDESMOND is to be launched soon, the DESMOND website provides videos on how to use the app, this can be used as stand alone or in collaboration with the group. Educators are currently being trained and administrators are be arranged to manage the app which can be viewed on the website, the app can be used on its own or in collaboration with a group. The launch date is to be arranged. MyDESMOND has been signed off and authorised by Information Governance, however this took longer than expected. MyDESMOND is relevant to anyone at any stage with type 2 diabetes and is included within DESMOND licence fee. C Dunlop has been in post since January with assistant practitioner for MyDESMOND and Let's Prevent, Jon Delaney the programme manager is co-ordinating DESMOND however it is challenge due to insufficient educators to deliver courses.

Links to Lothian activities on DESMOND national website and referral details are available including self-referral via any route (telephone, email to dedicated mailbox, post etc). A dashboard is being set up to pull data on uptake and course completion.

P Collings commented on the good progress and is keen to hear waiting lists have been reduced. There are over 100 referrals per month plus 1500 on waiting list. A McGregor indicated the waiting list is under control and a menu of options is available to those referred.

A Job enquired how will people who are not newly diagnosed be made aware of the MyDESMOND app launch. A McGregor commented the app will support people

throughout their journey, it's not only for those who are newly diagnosed. Letters will be sent to all those on waiting list and information will be on NHS Lothian website for anyone looking for support. A McGregor also advised all opportunities will be taken to promote the app through all avenues including the Diabetes MCN newsletter, PCCO weekly bulletin, the NHS Lothian website, M Strachan suggested content can also be sent to him which can be added to the Diabetes RefHelp page.

8. SHTG Recommendations on the Closed Loop Systems

M Strachan advised SHTG issued recommendations and guidelines which will drive diabetes technology over the next few years. Guidelines indicate everyone with type 1 diabetes should have access to technologies if they wish, which includes a large funding commitment. R Miller and M Strachan presented a paper to the Corporate Management Team (CMT) in February. CMT were very supportive of the expansion of access to technology to people with diabetes with potential funding of £20m per year. It was agreed to set up Short Life Working Group (SLWG), chaired by the Chief Officer of East Lothian HSCP who will be the executive sponsor for this work. The purpose of the group is to look at redesign of type 1 care around advanced technologies and financing onto a firmer footing. There is substantial national funding for replacement pumps in next 12 months, however living on continual non-recurring funds is difficult to forward plan. SLWG will report back to the CMT. Terms of Reference to be drafted before scheduling the 1st meeting.

A McGregor commented on the positive update and noted difficulties with non-recurring funding and sustainable service delivery.

F Gibb indicated it has been made clear by the Scottish Government the potential for underspend will be zero, it highlighted the need for a massive funding overhaul. J Bladen commented on the positive news and IJBs are not keen on daily cap in hand and the need for actions and completing the next phase of work quickly.

9. Scottish Diabetes Survey 2020

M Strachan commented that the survey is out of date and does not reflect on what's going on at the moment and thought it better to present an update via the SCI-diabetes dashboard data for quality improvement. A diabetes consultant is assigned to each of the clusters in Lothian. M Strachan is the liaison consultant with the Bridge Cluster in North West Edinburgh and has presented to the leads in each of the GP practices. A meeting is being scheduled with the diabetes teams in the Bridge cluster with a view of identifying a quality improvement project.

Demonstration indicates practices can review data very easily and can focus of quality improvement work.

A Cockburn commented a focus this year is to promote the use of the SCI-Diabetes dashboard and the visibility of the prescribing guidelines. Practices have a number of Quality Improvement projects which may be difficult to deliver due to the current pressures. M Strachan is sensitive not to burden practices however would like positive feedback from practice diabetes leads.

10. Professional Education Conference 2022

M Strachan highlighted the full programme for 2 half days in May running virtually covering a lot of different issues in diabetes management and of the value to primary care. M McCallum aims to distribute this week with details of how to book.

11. LDRG Questions

Sharps

- *Is it possible to issue a communication reminding pharmacies of the scheme?*
- *What publicity has been given to patients?*
- *A question has also been raised as to whether needle clipping devices are still needed.*

There is continued difficulty with sharps disposal (chain Boots not taking back sharps). A Cockburn indicates she has received an email about distribution and will provide an update.

Action: A Cockburn to provide update on sharps disposal

Patient Education

- *By how much has the T2 patient backlog been reduced?*
- *Under the auspices of the WMS, what opportunities are being made for the improvement of knowledge of those who are outside the Prevention Programme?*
- *DAFNE has not really been discussed and we wonder what the position is for T1 structured education.*

M Strachan commented DAFNE has been difficult to deliver during Covid. G McRoberts has recently taken over management of DAFNE, J Bladen indicated face to face sessions have restarted and are looking at a hybrid model of face to face and virtual sessions.

Remission Programme

- *How many patients have gone through the low calorie diet?*
- *How is success measured?*
- *How many new diagnosed have been taken into this process since the initial cohort?*
- *How many patients are receiving advice/support outwith the low calorie programme?*

A McGregor indicated 413 referrals (coming up to 2 years), 145 actively started on the programme. Success measures at least 10% weight loss after 12 weeks and remission measured at 6 months following completion, looking at 40-50% achieving remission at 6 months and 60% achieving 10% weight loss after the initial phase. Criteria is those who have been diagnosed with Type 2 in past 6 years. P Collings indicated she found 145 is low when 413 were referred for programme, A McGregor advised 5 were diverted to the psychology programme as eating behaviours need to be addressed as acute intensive dietary therapy therefore the criteria is very tight. The level of referral and engagement is comparable to previous studies. The culture of the programme is not solely focused on remission, some have not come to the end of the programme yet and figures do reflect the outcomes of the DIRECT trial. A McGregor advised there is a small cohort who are appropriate for the remission programme.

Footcare

- *There was a recent footcare webinar for Professionals. Is there any opportunity to provide a similar webinar for patients?*
- *LDRG has provided, over time, 3 Patient Representatives for the MCN Foot Care subgroup and a related SLWG (or similar). Very little contact has been made with LDRG and we would like to discuss how this can be improved.*

A Cumming commented E Brewin sent apologies to today's meeting due to work pressures. A Cumming advised E Brewin will be happy to answer any specific questions, she will arrange a meeting with E Brewin to discuss footcare priorities and will feedback to the MCN.

Action: A Cumming to arrange a meeting with E Brewin re: footcare priorities

Type 2 booklet

In answer to a previous question regarding a 'Patient Pathway' it was suggested that an inclusion into the 'Green Booklet' may be the mechanism for this. Since this is only given to newly diagnosed patients, LDRG are keen that this be made generally available.

- *We know that an update of the booklet is planned. When is it to be reprinted and available for distribution?*
- *We know that the progress of an individual within Diabetes is very variable but ask if such a pathway can be produced and made generally available to all patients.*

The booklet is due for review. M Strachan highlighted interviews are taking place on Wednesday 9 May for the MCN Primary Care Clinical Lead, there is a need to take soundings from primary care and patient pathways. P Collings not sure if green book would have helped having all information available. M Strachan suggested setting up a small group to review the booklet.

MDMW Access to Letters

- *MDMW have suggested that a patient using MDMW will have better long-term management of their condition than those who do not. Should this be acknowledged in the NHS Lothian Patient Education Programme?*
- *It has been brought to our notice that that Parents with children attending Diabetes Clinics are being advised to see the letters from Clinic Doctor to GP on MDMW. WE have discussed this many times before but if it isn't working we need the correct advice to be given.*

M Strachan commented there appears to be an information governance issue that secretaries need to select a button to allow letters to be shared, an automated process needs to be supported. A McGregor confirmed MDMW is promoted through type 2 patient education, there is still a lot of work to promote sign up to MDMW (less than 20% are accessing MDMW). She indicated she receives more information from the MyDESMOND app on usage and advised it's important to offer as many options to support as many people as possible.

12. AOCB

Community Diabetes Nurses

Both Adele Dawson and Lynne Keane the Community Diabetes nurses are retiring soon and are returning on reduced hours, they have asked if there should be a member of the primary care nursing team attending the MCN. J Bladen suggested she is happy to have wider representation overall. M Strachan will pick this up with the community diabetes lead who he is due to meet.

Action: M Strachan will pick up through this meeting.

M Strachan highlighted positive work is being taken forward and is very encouraged with progress.

13. Schedule of Future Meetings 2022

Day	Date	Time	Venue
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

14. AOCB

15. Schedule of 2022 Meetings

Day	Date	Time	Venue
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