

NHS Lothian Diabetes Managed Clinical Network (MCN)

Monday 7th September 2020
2.00 – 4.00pm
Teams Video Call

Minute of Meeting

Welcome

M Strachan welcomed Jacqui Thomson, Clinical Nurse Manager who has taken over from Sarah Gossner to the MCN, introductions were made.

Present: M Strachan, D Jolliffe, A Cumming, M McCallum, K Ramage, P Collings, I Miller, C Hewitt, N Zammitt, S Wild, A Cockburn, L Keane, F Huffer, E Shaw, F Gibb, S Archibald, R Gilmer, C Holmes

1. Apologies

R Wright, E Brewin, S Ritchie, C Drummond, L MacKay, L Eyles, C Wallis

2. Minutes of Previous Meeting and Action Note – 3rd June 2020

Approved as accurate record

3. Matters Arising:

a) My Diabetes My Way (MDMW) Patient Letters

D Jolliffe had a discussion regarding patient letters with Scott Cunningham who has confirmed he is still looking into the IT issue regarding the regarding patient letters.

Action: D Jolliffe will inform the group on confirmation from S. Cunningham when the issue of the patient letters has been resolved

b) Availability of Ketone Strips

A Cockburn advised there has been no further update on the availability of ketone strips. D Jolliffe informed that it was agreed at the Diabetes Prescribing Subgroup meeting to ask Secondary Care to send a letter to patients who have a meter. F Gibb advised all patients with Type 1 diabetes were sent a link to the ECED website at the beginning of the pandemic which includes resource links to sick day rules, Diabetes UK, MDMW and the Scottish Government Covid-19 advice for those with diabetes. C Holmes agreed there would be no value in contacting these patients again. D Jolliffe asked if it would be worthwhile providing a short summary for primary care to provide an update on what has been happening with ketone strips. N Zammitt and F Gibb commented they are having problems accessing the diabetes advice mailbox due to migration to Office 365.

c) Review MCN Role and Remit

A Cumming advised the MCN have received a copy of the new Diabetes Improvement Plan (DIP) for review with comments due back to the Scottish Government by the 11th September, it will then go out for consultation. Due to the refresh of the national plan it was agreed to hold off reviewing and updating the role and remit of the MCN until a full revision can be provided when the new DIP has been agreed and published.

d) GDM Group

L Eyles informed the group she is planning on meeting with the relevant stakeholders on how dietetics will take a GDM group forward. M Strachan indicated he did not think there is a need for a MCN Gestational Diabetes group as there is already a group set up within secondary care involving obstetrics and dietetics colleagues. F Huffer agreed there is no need for a second group if a pregnancy group already exists.

D Jolliffe asked if there could be representation from primary care as to what happens when a patient no longer attends hospital, going forward within primary care.

e) Patient Education

A Cumming confirmed face to face education is still suspended due to the COVID-19. D Jolliffe has provided a paper on how we can support those who are newly diagnosed with diabetes and need education, there are links to online education resources along with the Living with Diabetes Type 2 booklet. D Jolliffe confirmed these resources will not replace face to face education.

At present there is no safe digital platform to support group education, although the DESMOND Licence would support digital education. It has been taken up with eHealth who have suggested it may be able to take place using Webex, this has not yet been authorised. It may be possible to do on Near Me for those on remission.

f) Leaflet T1 and T2 Medicines Management

D Jolliffe and Christine Galley have created the Information and Support Leaflet for those newly diagnosed with Type 2 Diabetes which has been approved by the Patient Information group. The leaflet has been sent out to GPs, Practice Nurses and Community Pharmacists to print as a handout to patients along with the NHS Lothian Living with Type 2 booklet. D Jolliffe commented there has been some concern the leaflet is for Type 2 diabetes only, F Gibb advised there is a section on the front page of the ECED website with a list of resources for those with Type 1 diabetes.

g) Feedback Telephone Consultations

M Callum sent the feedback of the telephone consultations survey a registrar undertook of 60 patients.

4. Sub Group Updates:

a) PPPP Sub Group - Update circulated

S Wild advised SNOMED discussions relating to pre-diabetes classification is ongoing. F Huffer commented Ayrshire and Arran reviewed pre-diabetes classification data and indicated the numbers were less than expected. Information has been submitted at a national level which may help to inform work within other NHS Board areas.

It was noted the new lower classification in the revised SNOMED for diagnosis of pre-diabetes and type 2 diabetes may result in more people being identified as at risk of developing diabetes and could affect the workload within primary care services.

- b) Psychology and Mental Health SLWG – Update circulated
C Hewitt advised the group continue to meet regularly to develop a fully costed comprehensive diabetes mental health pathway across the lifespan. Information has been gathered from various sources including diabetes services across the UK. The group has started to flesh out what the model would look like for Tier 3 and 4 of the 4 stepped model of care. N Zammitt is meeting with Clare Flanagan in finance to look at funding across the IJBs, looking at the tiers and looking at lower end of triage and to highlight how this dovetails prevention. The group are working to keep the priorities on everyone's agenda.

D Jolliffe commented he has found attendance at the meetings beneficial.

- c) Diabetes Prescribing Subgroup – update circulated
A Cockburn advised as the group is now an official MCN subgroup the role and remit of the group has been agreed. It was acknowledged there is an overlap of membership with the formulary group, M Strachan suggested a conversation takes place to ascertain if these two groups can be joined to one group as membership is very similar, ensuring all bases are covered this group would report into the Formulary Team. S Wild suggested there could be implications for the PPPP group if both prevention and prescribing have dedicated subgroups. It was suggested there should still be representation of each four PPPP's, a discussion will take place at the next PPPP meeting.

Action: Role and remit to be discussed at the next PPPP meeting.

- d) In-Patient Diabetes
No update for this meeting

- e) Foot Care – update circulated
N Zammitt comment she was aware eye examinations were taking place every 2 years but not been aware this was the case for foot screening. F Gibb confirmed he had not heard of this and it wasn't discussed at the last national screening meeting.

Foot screening would reduce by 50% if screening took place bi-annually. Those who are at high risk would have a foot check at their secondary care appointment. S Archibald referred to work in Midlothian relating to unscheduled care /avoidable admissions and is keen to consider early intervention and referred to work the Allied Health Professional podiatry lead is supporting on pathway development.

F Huffer commented she is keen podiatry colleagues are linking into work associated with foot care.

S Wild referred to national work which is being undertaken on inclusion of foot ulceration within routine data.

5. Professional Education Update

K Ramage advised the group a series of six webinars in place of TOPICAL are taking place, these are non-promotional by Lilly which participants can either register for all or choose individual ones they would like to attend. The first of the webinars 'Overview of Type 2 Diabetes' is taking place on 23rd September, almost 50 delegates have

registered to attend. Two GLP-1 RA virtual workshops are also taking place over two half days.

Discussions are taking place on how we can arrange the MCN Professional Education Conference due to take place in May and was cancelled due to COVID-19. It has been agreed we will look to do this virtually, using the same programme and speakers. The plan is to look at how the speakers can record their sessions prior to the event but be available on the day to take questions and answers. The Scottish Ambulance Service are also keen to go ahead virtually with the education day, which was due to take place in September, both events will take place over 2 half days. The PCDS conference is taking place on 20th October which the MCN management team are attending, it will allow us to see how successfully it works

The Pan Lothian Diabetes Management Professional Education is taking place over 3 half day afternoon sessions over 3 weeks for both acute and community staff. There has been a large response to these sessions.

K Ramage advised she delivered two courses to care home staff in July, these were not well attended and those who did attend were NHS Lothian staff. There are three 1-hour sessions planned for September, there is an issue with some care homes access MS Teams. The Nurse Directors have raised an SBAR to look at restarting face to face to face clinical education, K Ramage is waiting to find out the outcome regarding delivery of professional education.

Blood Glucose competencies have been updated and added to the intranet, this is mainly for acute staff but is suitable for all. Charge nurses would need to support the Health Care Workers.

Band 3 to Band 4 education – L Keane advised only one session had taken place due to lockdown.

Action: K Ramage and L Keane to discuss.

K Ramage commented she is receiving a lot of emails regarding education from various sources.

D Jolliffe commented on the amount of work K Ramage has achieved since her appointment which is to be commended.

6. Supporting Chronic Disease Management in Primary Care

D Jolliffe asked what could be done to support practices as they restart services within primary care, also what can be done virtually or face to face. B Kennon the Scottish Diabetes chair is looking to use the spreadsheet created by D Jolliffe to support general practice across Scotland. There may be an opportunity to pilot this in a couple of clusters to aid the Scottish Diabetes Group (SDG).

7. DESMOND / Type 2 Education

A Cumming advised due to COVID-19 we are still unable to provide DESMOND diabetes education. D Jolliffe commented that Debbie Wake of MDMW is looking to record those who have completed the on-line MDMW education for those who are newly diagnosed with Type 2 diabetes. A Cumming is in conversation with DESMOND who have offered 4 months free of charge for the licence fee which would be £2k rather than £3k. A Cumming commented there has been no feedback from the national education

group relating to the national review of type 2 diabetes patient education and will liaise with Gillian Kinstrie and raise at the next SDG.

Action: A Cumming to liaise with Gillian Kinstrie re: feedback from the national education group

8. Review of Work Plan and Restarting Projects Post Covid-19

The Diabetes MCN work plan was circulated to the group, A Cumming asked the group to review and provide any comments to both herself and M McCallum.

Action: All

A Cumming has a call arranged with Nicky Waters and will ask if the Prevention GP lead is being replaced

9. MCN Newsletter

D Jolliffe commented there has been a positive response to the newsletter with some GPs asking for the newsletter to be sent to them directly. Due to the number of articles the newsletters will be more frequently for the time being. N Zammitt suggested the newsletter is important for primary care but if it was thought helpful for secondary care is happy to disseminate. C Holmes advised she had several nursing staff in secondary care contacting her regarding sharp bins therefore it may be worthwhile having an addendum to secondary care.

Action: All - D Jolliffe would welcome contributions

10. East Region Type 2 Prevention – Meeting 21 August 2020

S Wild advised the East of Scotland region have made excellent progress on the prevention programme throughout the pandemic with the exception of the whole systems programme.

11. Sustainability and Value funded GP diabetes

C Holmes advised there is monies in primary care to fund time for a GP and pharmacist to cover 3 priorities of Diabetes, Respiratory and Chronic Pain Management. There is also a half time post dedicated to work on a diabetes strategy. The GP will aid engagement with clinicians to support this work. There are 52 sessions for the GP which doesn't have to work these sessions each week. It is hoped this post will go to advert within the next few weeks. D Jolliffe suggested a GP could be seconded from their practice and knows of a number of GPs who would be interested in this post. D Jolliffe to speak to an interested party and will put them in touch with C Holmes. C Holmes advised a meeting had taken place and the SLA is still to be drafted for the sessional GP. C Holmes starts in her new post on 28th September and it would be helpful to have the GP starting at the same time. C Holmes preference would be to approach a GP and only go out to advert if this wasn't possible. N Zammitt commented there would be a number of speciality GPs who would also be interested in this this post and would like as minimum to go out to advert. A Cockburn advised the Prescribing subgroup will be the steering group for these posts, the subgroup will also support C Holmes going forward.

M Strachan asked what areas are being focussed on, he suggested it would be useful to focus on a type 2 diabetes algorithm as the current algorithm is too complicated. C Holmes advised she had planned to focus on cardiovascular risk and GLP-1 and SGLT2s. D Jolliffe commented YanHong is looking at data on SCI-Diabetes for those at

cardiovascular risk and that SCI-Diabetes could be a way of possibly identifying those at high risk.

12. AOCB

Refreshment National Diabetes Improvement Plan (DIP)

A Cumming informed the group comments on the plan are due by 11th September, the comments will then be discussed at the SDG group and will then be sent out for consultation, the plan will then be submitted to the Scottish Government Cabinet Secretary for sign off. The draft commitments for 2021 – 2026 have been agreed through consultation with the Scottish Diabetes Group and the Diabetes MCN Network, comments on these draft commitments are due to be returned by the 20th November.

Meeting Papers

D Jolliffe asked that any papers for the MCN meetings should be sent to M McCallum 7 days prior to the meeting to allow time to read.

Action: All

Lothian Dietetics

F Huffer provided an update which was circulated to the group.

D Jolliffe asked what the current waiting list for someone who is referred for a routine meeting, F Huffer confirmed the waiting list is currently 12 months, there is a RAG status list of those referrals. There has been a major hold back with being unable to offer group meetings due to COVID-19. It is hoped the service will be remobilised within the next 12 weeks. F Huffer advised there has been an MSP complaint and people have been made aware of the waiting list. F Huffer informed the group that all specialist dietetics have been using Near Me for consultations.

LDRG

MCN will provide update to P Collings on questions relating to arrangements for outpatient appointments and primary care reviews associated with chronic disease management arrangements.

Action: MCN Management Team

Schedule of Future Meetings 2020

Day	Date	Time	Venue
Wednesday	2 December 2020	1400 – 1600	MS Teams