**NHS LOTHIAN DIABETES MANAGED CLINICAL NETWORK (MCN)**

Monday 13th September 2021
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, P Collings, S Wild, L Keane, A Job, R Wright, C Hewitt, F Huffer, A Goodfellow, A McGregor, A Cockburn, J Thomson, F Gibb, N Zammitt,

   In attendance: Brian Couzens, Lucy Shardalow

2. **Apologies**
   R Wright, E Brewin, A Dawson, C Holmes, K Ramage

3. **Minutes of Previous Meeting and Action Note – 2nd June 2021**
   Minutes approved as accurate.

   M Strachan informed the group, that the digital oversight board have approved the use of Microsoft Teams to support patient education activities under strict guidance.

4. **Matters Arising:**
   a) Diabetes Scotland Update
      A Cumming informed the group Linda McGlynn has left her post and, due to the pandemic a lot of the Diabetes Scotland staff were furloughed. They currently have staffing issues, therefore there is no capacity for anyone to attend the MCN meetings. Alison Grant of Diabetes Scotland will continue to provide updates and when staff have been recruited it is hoped to have a representative on the MCN.

   b) Disengagement Young People – update circulated
      R Wright provided an update regarding the disengaged young people from SJH, one outcome from the exercise at SJH is to set up a clinic for 18-25 years. M Strachan enquired if there are plans for a similar model in other hospital sites. N Zammitt indicated the TRAK clinic templates are currently being modernised, the WGH is also keen to support a clinic for 18-30 years to provide flexibility and the RIE is looking to set up a Type 2 young person's clinic. There will be a slightly different approach on each of the 3 sites. There is a particular concern around pregnancy planning with young type 2 diabetic adults as often they don't have good control of their diabetes as there can be broader issues. There are no plans to set up clinics in Leith and East Lothian as they are smaller services and therefore would be less flexible. M Strachan enquired if between the RIE and WGH if the teams could be asked to proactively reach out to those who have disengaged, N Zammitt indicated the challenges with covid and continuing to support those who are engaged it has been difficult to engage with those who have been lost, it may be spring / summer next year at the RIE before being in a position to take this forward. F Huffer highlighted this group may be more responsive to digital approaches or Near Me rather than attending a clinic. N Zammitt advised from R Wright's feedback from six who responded, 2 preferred

face to face, 2 preferred phone and 2 no preference, this highlighted one model does not fit all. Increasingly patients will be given a choice on what form their appointment takes which will become easier by some of the changes on the TRAK templates.

c) Diabetes Algorithm – HbA1c Diagnostic Test
M Strachan is keen to move to HbA1c as diagnostic test for type 2 however there is some resistance due to the cost implications which otherwise Labs would be happy to support. This has been raised at the national MCN meeting as it is used widely in England, in Scotland some primary care teams are using HbA1c as diagnostic test although not encouraged due to costs. The clinical biochemistry group to get Scotland wide steer. Labs in Lothian are getting new equipment including enhanced capacity for HbA1c testing and will do some modelling of the workload and the variation of use in primary care and pilot in low usage practices.

**Action:** M McCallum to include as formal agenda item for the next meeting.

## 5. Subgroup Updates

a) Psychology subgroup – update circulated
C Hewitt advised the psychology subgroup has been working on two papers – paper 1 on Prevention and Remission and paper 2 on Enhanced Mental Health Support, these papers have been distributed to a range of stakeholders for feedback, the comments have been incorporated prior to the papers going to IJBs which are closely aligned to the IJBs strategic plans as much as is possible. C Hewitt thanked everyone for feedback. This piece of work is at the closing stages for any further comments or questions on the final draft papers. N Zammitt highlighted that paper one is focused more on prevention and remission and is aligned to the East Region Type 2 diabetes prevention group; therefore, this paper will need further reworking as it needs to be submitted as a regional paper. There was discussion around funding as diabetes is a delegated service to IJBs however REAS hosts the psychology service. A Cumming suggested this paper goes to the IJB Chief Officers in the first instance. F Huffer indicated E Region funding there is a need to link with colleagues in NHS Borders and NHS Fife who have highlighted difficulties with banding of posts across the region. C Hewitt is meeting with the psychology teams in the Borders and Fife for discussion to expand paper 1. A Job asked if the context of paper 1 will change with additional involvement from the Borders and Fife. N Zammitt commented she doesn't envisage the model changing.

**Action:** A Cumming to confirm if the Chief Officers meetings are still taking place

b) Diabetes Prescribing subgroup – update circulated
M Strachan provided an update on the new prescribing strategy for type 2 diabetes which is aimed at primary care, redirecting the algorithm for treatments that reduce cardiovascular risk, hypoglycaemia and promote weight loss. The strategy has been approved by the GP prescribing committee and the formulary committee. M Strachan suggested this would be a good opportunity to re-activate the links in primary care with the consultants and clusters, the links are active in both Midlothian, West and East Lothian but not so much in the Edinburgh. M Strachan will ask each of the consultants who are linked to each of the clusters if they can highlight the strategy to the cluster leads who can cascade it to their

primary care teams, the strategy will also feature in the MCN newsletter and promoted at educational events.

There is to be an East Region formulary which will take work to harmonise with the Lothian formulary. A Cockburn advised the blood glucose meters formulary has been amended which will be reviewed as part of the East Region formulary.

**Action:** M Strachan to contact each of the consultants to link with their cluster leads – **Action Completed**

c) Foot subgroup – update circulated
M Strachan asked N Zammitt if there are clear guidelines for primary care referrals for new foot ulcers or lesions and if the details are on RefHelp. N Zammitt advised she had received a draft from Nyo Tun which she shared with E Brewin and R Wright and that Nyo was also sending the draft to her GP advisor for comments. M Strachan suggested it would be helpful to have an integrated diabetes RefHelp page to signpost primary care into different services.

Foot screening is moving to 2 yearly screening for those patients who are low risk. The Scottish Diabetes Foot Action Group have produced an updated traffic foot screening system which will be highlighted in the MCN newsletter and the secondary care cluster lead to liaise with their primary care teams. F Huffer advised in Midlothian they have been doing a deep dive into admission prevention and a review of access to dietary information in the community, she felt it was not clear in the paper as some podiatry services are self-referral and highlighted podiatry service redesign is not clear on which services need referral. M Strachan indicated his understanding is a lot of practice nurses are undertaking foot screening, E Brewin to be asked for clarification. Secondary care tends to be medical staff or healthcare assistants who do foot screening not podiatrists. Claire Ross is the new head of service hosted by West Lothian therefore need to understand locality arrangements.

**Action:** M Strachan to email E Brewin for clarification on foot screening in primary care - **Action Completed**

d) Professional Education subgroup – update circulated
A lot of professional online education has taken place, there is a series of Lilly webinars running at the moment which have been heavily prescribed. There has been a low uptake for the pan Lothian module for HCSW so further work to be done. K Ramage is in collaboration with AstraZeneca developing a resource of videos for healthcare professionals. Katharine has also set up a Professional Education page on the NHS Lothian external Intranet for staff members who will find details of upcoming education and training course as well as up to date links, resources and information on diabetes care and management. F Huffer enquired if there was an updated Terms of Reference (ToR) for the Professional Education subgroup as she has concerns about pan Lothian as the main source of education, evaluation is important as is feedback. L Keane suggested low uptake may relate to lack of information and email to heads of departments despite availability on intranet page, there may be a need for additional work on promotion. F Huffer commented doing online training can allow more people to access but limited engagement with the course and how it's run. L Keane indicated at QMU there is little engagement with participants during on-line delivery. M Strachan advised in his experience cameras are switched off and no-

one asks questions. If the course is to prepare colleagues with competencies therefore the course needs to be competency based and evaluated. L Keane indicated she undertook a Band 4 module which was well received as it was face to face and interactive, the next session was online which was difficult. A Cockburn highlighted NES has expertise on competency evaluation M Strachan will feed this back to K Ramage.

**Action:** M Strachan to send F Huffer the Professional Education ToR and evaluation – **Action Completed**

6. **National MCN Leads/Managers Meeting 18th August -** summary note circulated for information.
M Strachan provided an update on an informative National MCN leads meeting. There was a lot discussion about pumps and CGM funding for people with Type 1 diabetes. There was also more discussion on the quality index scoring on SCI-Diabetes which allows you to see on a dashboard how you are doing at hospital and practice levels as well as at national level. There was thinking about innovations and a stream looking at diabetes innovations which have been put forward.

7. **National Diabetes Improvement Plan – MCN Workplan**
   - Scottish Government Recovery Plan

A Cumming advised the draft workplan has been updated with each of the priorities that have been refreshed in the updated National Diabetes Improvement plan looking at the key indicators which will inform how we support delivery of the key indicators. The workplan has still to be discussed with MCN management team to consider what needs to be done as there is still a lot to populate within the workplan, along with a need know how often it's brought back to meetings for review, updates, and progress against some of the key indicators. A Cumming will link in with various members of the MCN to discuss further information and actions, this should be a five-year improvement plan. At the national MCN meeting boards were suggesting it would be helpful to have a national workplan to inform the local workplans. N Zammitt indicated there is no formal transition lead and suggested R Wright would be the person to link in with as she has done some national work around transition.

The SG published their recovery plan for the NHS a few weeks ago, there are things we need to consider such as restoring face to face consultations in primary care. Public Health is to publish additional guidance on physical distance as in all NHS facilities there is still 2 metre physical distancing which provides a challenge for patient access.
A Cumming commented there is to be an investment of £155 million across Scotland to support recovery, although unsure of what NHS Lothian's allocation is. Remobilisation Plan 4 is currently being drafted as is the Winter Plan.

**Action:** A Cumming to link in with workstream leads re: information and actions for the workplan

8. **Diabetes Mental Health Pathway**
Covered under item 5a
   - Draft Paper – Comments Submitted
   - Update Paper for Approval
   - Next Steps

9. **Clinical Director Update –** Update circulated
N Zammitt provided an update on the significant pressures in hospitals with Covid. Due to the increasing COVID numbers potentially doctors in training may be redeployed over the coming months, a meeting is to take place to provide reassurance they will not be redeployed unless necessary and it would be for short period of time. N Zammitt was asked to carry out a risk assessment to see if any clinics could be cancelled, she doesn't think they should be cancelled but there is a need to be mindful of plans and the unknown impact of Covid on teams. Gillian Cunningham is the new Service Director as Joan Donnelly has retired. The team are currently engaged in redesign work with the TRAK team to provide blended templates for face to face and telephone appointments which will help to help streamline the appointments. There has been a lot of discussion around pumps and the resource to purchase, an important part of cost is the resource therefore currently advertising for Diabetes Specialist Nurses, this will be an increase of 2WTE at WGH, 1.6WTE SJH and 1WTE at RIE. F Huffer enquired about dietician funding to support pump education, J Thomson indicated funding requirements for dietetics is on the radar.

10. **Prescribing Strategy**
Covered under item 5b

11. **Delivery of Type 2 Patient Education –** update was circulated
A McGregor provided an overview advising dietetics have had responsibility for DESMOND since April 2021. There has been a focus on the waiting list which has built up during COVID, there are 1400 patients who are currently on the waiting list for DESMOND and education. The first task was to undertake housekeeping with additional resource who has been ensuring the waiting list is up to date and the provision of education for the waiting list and the new referrals. There has been a struggle securing a suitable platform to provide patient education, this has been resolved with MS Teams has now having been approved. There has been a bit of a delay as the educators all had to be upgraded to Office 365 to allow them to share links with the groups. The educators are being trained in digital format which is being supported by DESMOND. Some sites have been secured for face-to-face training with 8 patients per group due to the limit of 2 metre distancing, the first groups are taking place in September. Children's groups have been arranged for November and December.

Outpatient redesign will have an impact on the way in which to support DESMOND, the pathway is being agreed and there should be a flow of referrals on TRAK. A new administrator Karen McIntosh has been recruited starting on 15th Sept. Progress is being made with the MyDESMOND app which is being signed off by the Information Governance team. F Huffer commented the DESMOND licence fee for next year has been paid as there has been no update from SG if there is to be a change to Type 2 patient education. Referrals are being triaged and checked, if they have a diagnosis of Type 2 diabetes they will be added to SCI-Diabetes. M Strachan commented on the huge progress on the re-establishment of Type 2 patient education and enquired if there is any stratification of referrals on the waiting list and approach to support. New referrals are likely to benefit to start on education and will be part of the clinical triage, some of those on the waiting list may no longer be relevant for DESMOND. There will be a mix of RAG status rating and patients with good clinical triage and with the online programmes having capacity for 15-18 people for each group will enable to make inroads into the waiting list. Further tweaks could be made to increase capacity to ensure flow through to education as soon as possible. F Huffer suggested there is a need to do Demand, Capacity, Activity and Queue (DCAQ) modelling to meet the demand, this information will need to be on the TRAK system and a referral via SCI Gateway, the aim

is to have electronic referrals. Capacity has been affected due to change in staffing levels to deliver 90 DESMOND sessions per year.

**12. East Region Prevention Programme**

M Strachan welcomed Brian Couzens the Programme Lead for East of Scotland Partnership and Lucy Shardalow the Communications Manager for East of Scotland Type 2 Diabetes Programme. B Couzens advised the programme has been going through a reset over the last couple of months to understand the strands of work and getting back to business. There are significant dependencies on the Scottish Government (SG) who are leading on various strands of work. The whole systems approach programme is on-going with 5 pilots due to complete in March 2022, these are late due to Covid. Equality Impact Assessments (EQIA) are taking place across adults and children, working closely with partners and the review will be complete by March 2022. There is Vision for finance and clinical resource equity of service, there is a significant number of evaluations across the whole system for which is SG led.

L Shardalow gave an update on the public awareness campaign which was rolled out in early 2021 to increase awareness of Type 2 diabetes and the associated risk factors and what local support is available to adults at risk of Type 2 diabetes, advising of the new intervention programmes for adult weight management and the Let's Prevent education for adults at high risk. An evidence-based appraisal post Covid of where the services are along with the waiting list, the decision was made to progress the campaign which will run for 4 weeks and will then be evaluated, Lucy is happy to share the details. M Strachan enquired about whether prevention programmes are running at the moment and if there are more people coming through the programme, B Couzens commented Covid has changed the way programmes are being delivered as previously they were provided face to face or in groups therefore there was a need to redesign the delivery. There are some issues in Lothian regarding MEHIS to provide the Let's Prevent programme due to redeployment. B Couzens highlighted there is a lot of work to do to ensure programmes are available to all.

A McGregor indicated reactivating at pace and started the first Let's Prevent for Polish patients a couple of weeks ago and looking at digital options to support in 21 different languages and translating materials for EQIA demand, working with tighter collaboration with diabetes teams will benefit patients. M Strachan asked if with the campaign around Type 2 diabetes has there been liaison with primary care teams as to what to expect and do prevention programmes have capacity to deal with additional activity. B Couzens and L Shardalow commented there is a primary care lead for the programme who is raising awareness and engagement with stakeholders and looking to increase referrals encouraging self-referral, updating primary care engagement channels including a web page and RefHelp. Fife has the capacity to expand services and limited pilot for public awareness campaign, although it's not anticipated there will be a huge demand. F Huffer advised NHS Lothian has engaged with Suzy Scarlett a GP and Sarah Lindsay a practice nurse to promote service and engagement with practices and health visitors. An advert is out in the Borders to recruit a primary care lead for the programme.

**13. LDRG Questions**

1. How is the initiative to re-engage disengaged patients progressing?
   Covered under item 4b

2. Has a trend in issues about disengagement and the mental health of people with Diabetes during lockdown been identified?

As both primary and secondary care have had difficulties during the pandemic, some of the disengagement may not be due to the patient factor it could be the service factor, but we don't know as we do not have this information. It also depends on what metric defines disengagement, the Scottish Diabetes data survey defines it as no HbA1c and retinopathy screening during the previous 15 months, it is also noted that retinal screening paused for a while during the pandemic. N Zammitt indicated those with Libre transfer of information, have been telephoning patients to follow up those who have not attended face to face appointments.

3. If lifestyle management is the first step in patient education, why is there no prescribing rule for test strips to help people find the right balance at the outset, maybe for the first 6 months?

   M Strachan advised there is no rule but if people want blood glucose test strips, he doesn't have a problem with supplying within secondary care but noted it may be more difficult in primary care. M Strachan is not aware of any studies offering blood glucose monitoring within the first 6months post diagnosis shows no benefit if blood glucose meters provided, N Zammitt is supportive of people making lifestyle changes happy to support but there is no evidence for blanket prescribing of test strips.

4. Whilst looking at patient education, we believe that lifestyle should include management of stress and sleep as well as activity and nutrition. Will this be included under the new regime for patient education?

   Sleep and stress are routinely included in all weight management courses and have always featured as part of DESMOND and other education programmes. F Huffer indicated DESMOND also includes activity and there are strong links with leisure services, there is a physiotherapist in team. In terms of children, a healthy weight, sleep, and less digital hours are a key part of the programme.

5. What progress is being made to catch up on the backlog of clinic appointments?

   N Zammitt commented this is a complicated question, very few clinics have been cancelled in past 18 months, consultants moved to telephone appointment to catch up. Diabetes outpatients waiting times are no worse than pre-pandemic, there is no backlog as moved to telephone appointments. There is a longstanding problem with the return of outpatient appointments that are chronic and lifelong supported in a hospital setting. Now that Oral GLP-1 has been added to the formulary patients can be redirected to primary care with advice. N Zammitt highlighted there has been a huge team effort to manage the service i.e. DNS supporting clinics to allow consultants to support Covid demand on inpatient service.

6. Given the difficulty in getting a Primary Care appointment, are any data available to show the scale of the issue relating to Diabetes care?

   M Strachan advised 86% have had a HbA1c check, 76% have had Blood Pressure check, 56% Urine microalbumin check. N Zammitt commented along with M Strachan they have been involved in email correspondence around using a phone app that could be used to check urine albumin at home although the feedback from GPs is this would not be helpful due to the false positive pick up. Given the difficulties with primary care broadly speaking diabetes checks are being undertaken. It was noted that in Lothian that a high proportion of people with Type 1 diabetes have flash glucose monitoring which will not be reflected in HbA1c monitoring.

P Collings indicated she was satisfied with the responses.

**14. AOCB**

M Strachan advised this is F Huffer's last meeting before moving on to her new role in West Lothian, M Strachan thanked Fiona on behalf of the MCN for her input not just to the MCN meetings but in her leadership role with the Dietetic Service in Lothian and personally very much valued her input and comments. Fiona is wished all the best in her new role.

**David Jolliffe**

David Jolliffe has announced he will be stepping down as the primary care lead in November. A process will be put in place to appoint David's successor.

**Schedule of Future Meetings 2021**

| Day | Date | Time | Venue |
|---|---|---|---|
| Wednesday | 1 December | 2.00-4.00 | Microsoft Teams |