

Welcome to this first edition of the newsletter. It is our intention that this will be distributed every three months. We hope that it will have a number of useful clinical updates as well as newsy items and details of forthcoming events.

This edition includes news about a change in the recommended GLP1 agonist in Lothian and an update about C peptide testing. Suggested items for future editions include an update on Retinopathy screening, the value of email advice, and how we might help those who are disengaged from care.

We welcome any contributions or suggestion for future editions of the newsletter.

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Introduction from Mark Strachan - Clinical Lead Secondary Care

I was really delighted to be appointed co-chair of the Diabetes MCN over the summer of 2019. I have been a consultant diabetologist at the WGH for many years and have particular clinical interests in rare genetic causes of diabetes and diabetes in pregnancy. I also have a significant research interest on the relationship between type 2 diabetes and cognitive impairment and liver disease. I would like to say a massive word of thanks to my predecessor Nicola Zammitt. Nicola is without doubt one of the hardest working, conscientious and kind individuals that I know. Nicola has played a major role in re-energising the MCN over the last couple of years and we are now extremely well placed to strengthen the bonds between primary and secondary care services in diabetes in Lothian and to improve the quality of care for people living with diabetes.

It's been a total pleasure working with the MCN leadership team (Alyson, David, Theresa and Marie) over the last few months and there is no doubt that diabetes really is on the brink of some astonishingly exciting developments in terms of diagnostics and therapeutics.

C-Peptide Testing in Type 1 Diabetes

Making a diagnosis of diabetes is easy, but working out the cause of diabetes is harder. The criteria we use to classify someone as say 'Type 1' or 'Type 2 diabetes' are not perfect and so some people do end up being mis-classified. C-peptide is a blood test that can help identify people whose diabetes may have been mis-classified, as it provides a measure of how much endogenous insulin an individual is making. The diabetes team at the WGH introduced a programme of routine testing of people with a diagnosis of 'Type 1 diabetes' in 2017. They have identified 11 people with unrecognised monogenic diabetes, including

one man who had been on insulin treatment for over 50 years and who is now managed on Gliclazide. They have also been able to re-classify about 25 other people as having Type 2 diabetes and some of these individuals have also been able to stop insulin. The WGH team were shortlisted for the 'Diabetes Team of the Year' award at the 'BMJ Awards' in London and were the winners of the 'Best Example of Innovation and Productivity' at the recent NHS Lothian 'Celebrating Success' awards. The C-peptide testing programme has been rolled out to other clinics in Lothian and it is likely that Scotland will become the first country in the world to introduce this as a national programme.

Type 2 Patient Booklet

The Type 2 Booklet for patients has been revised and is ready to go to print. It is a very useful book for newly diagnosed patients and for those with established disease. Supplies of the booklet will be available from <https://services.nhslothian.scot/healthpromotionservice/Pages/default.aspx>

Semaglutide is now the weekly GLP 1 agonist of choice in Lothian

In a number of studies in patients' with T2D, receiving oral therapy and or basal insulin, Semaglutide was superior to comparators for the change in HbA1c. It is more cost effective than Liraglutide.

Like Dulaglutide (Trulicity), Semaglutide (Ozempic), is a once weekly injection which is preferable for many but not all patients. (Liraglutide remains an option for anyone who wishes to remain on daily injections).

The major difference for Semaglutide is that initiation of treatment involves a stepwise increase in dosage. The starting dose is 0.25mg once weekly at any time of the day, with or without meals by S/C injection. After four weeks the dose should be increased to 0.5mg once weekly. After at least a further four weeks the dose can be increased to 1mg once weekly, if the target HbA1c has not been reached. This slow increase is to minimise the risk of side effects which are usually short lived. Inevitably this will necessitate regular reviews during the commencement of medication.

Each pen contains sufficient medication for four injections and four needles. Recently there have been reports of patients being issued with several pens when starting treatment. ***It is recommended that when starting treatment patients are issued with only one pen which is sufficient for four weeks*** ***It is our intention to issue more information for patients, practices, and pharmacists in the next few weeks***. A number of practices have started to initiate treatment with GLP1s. Patients often prefer this as it avoids delay in starting treatment and further visits to hospital.

The MCN is planning to hold a training session early in 2020 for practice nurses to learn about the injection devices and how best to help patients start GLP1s in the community. The training session will last for about two hours. Date and venue is to be decided, if you would like to attend please contact: [mailto: Marie McCallum](mailto:Marie McCallum)

The LJF recognises that some patients may prefer daily injections and that for some patients the Trulicity pen device has advantages.

<https://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/6.0/6.1/6.1.2/Pages/default.aspx>

Lothian Diabetes MCN Conference 2020

There was very positive feedback from this year's conference. There are exciting developments with diabetes both with our understanding of the disease process and new treatments; we have decided to change this from a bi-annual to an annual conference, please save this date in your diary

6th May 2020
Marriot Hotel
Glasgow Road

We did receive some very helpful suggestions regarding future programmes but if you have a topic you would like included please contact [mailto: David Jolliffe](mailto:David Jolliffe)

DESMOND Waiting Times

The waiting list for DESMOND (T2DM structured patient education) is a little longer than usual for various reasons; there are also fewer courses in December. Patients who are willing to travel may be fitted in with a course sooner. The courses at the Western General Hospital, St John's Hospital, Linlithgow Health Centre, Leith Community Treatment Centre and Musselburgh Primary Care Centre are all full until 2020. When you refer a patient to DESMOND they are informed about the current situation