

NHS Lothian Diabetes Managed Clinical Network (MCN)

Note of Meeting: Wednesday, 1st June 2022

1. Welcome

M Strachan welcomed those attending the meeting.

2. Introductions

- Dr Suzy Scarlett, Primary Care Clinical Lead

M Strachan introduced S Scarlett who has recently been appointed as primary care co-chair of MCN replacing D Jolliffe. S Scarlett is a GP based at Crewe Medical Centre

- Dr Stuart Ritchie, Clinical Director

Taken over from N Zammitt as CD of Diabetes and Endocrinology in NHS Lothian

MCN members introduced themselves and S Scarlett took over to chair the meeting.

3. **Apologies:**

4. **Minutes of Previous Meeting – 7 March 2022**

Approved as a correct record. M Strachan provided an update on RefHelp, he is supporting build of pages and highlighted foot content has been provided for the next update.

Medication section has been updated linking into the new prescribing algorithm.

5. **Matters Arising:**

a) Diabetic Foot Ulcer – New Referral Guidelines

E Brewin indicated podiatry been updating pages for a while, some have gone live, those specific to diabetes need further tweaks. Aim of update pages is to provide clear guidelines for referral and format, who and who not to refer, how to refer and sign post to resources and links. Aim for the pages to be live in the next couple of weeks, response time for urgent referrals working towards target of 2 working days. Some updates on community forms, noted GPs currently use SCI-gateway therefore some revisions to support triage and email box for primary care team queries. Changes to podiatry clinic templates to support increase in capacity for new patients and moving towards eTriage soon. S Scarlett asked how updates are going to be published, highlighted helpful to provide updates via the MCN newsletter. A Job enquired about managing patient expectations for both acute and general foot care at point of referral as patients do not know outcome of referral triage. Aim to respond to referrals within 2 days providing feedback to patients. M Strachan commented the guidance is very clear and highlighted importance when considering serious case reviews relating to foot problems and slow referral into specialist service, this maps onto NICE guidance. M Strachan suggested in addition to newsletter, Refhelp and ask cluster leads to cascade via diabetes leads in primary care. P Collings commented on communication of triage back to patients and asked if eComms will be used often takes 2 weeks to get a letter in the post and distress during wait and wondered if potential to contact patients. E Brewin indicated acute care referrals with high risk, patients are phoned with appointment, only delay in appointments may relate to where transport is required. E Brewin agreed to provide MCN feedback to the service management team.

P Collings highlighted she has approached E Brewin directly with questions on behalf of LDRG and thanked Emma for responses. Further LDRG questions relate to foot amputations and trend in Lothian. E Brewin indicated use diabetes dashboard current measures, tracking of trends and highlighted not seeing deterioration in past 12 months. Screening improving 36.7% T1 and 43.3% T2, however with Covid there has been impact and screening low risk every 2 years and more frequently for moderate and above risk. There are screening prompts within guidelines and screening continues to be on the radar for Scottish Foot Group for action and updated competencies and now providing monitoring clinics and support others to gain competencies and support screening. Private podiatry

care can also access the Scottish screening tool however not recorded on SCI-Diabetes to capture data / activity. Trying to capitalise on those attending regular visits. M Strachan commented on concern when using the dashboard that WGH clinics had low position with foot screening and highlighted proactive use of SCI-DC dashboard will assist in ensuring appropriate screening is undertaken. S Scarlett asked about pulling of screening information from EMIS/VISION to SCI-Diabetes, it was confirmed that data is pulled from GP systems.

Action: E Brewin to prepare update for MCN Newsletter

b) Community Diabetes Nurse Representation

M Strachan highlighted community nurses were retiring and had hoped to meet with line manager and will email CDM line manager to follow up.

Action: M Strachan to follow up with C Drummond

6. Subgroup Updates:

a) Foot

E Brewin highlighted continuation of development of referral pathway. Now have 3 consultant clinics at RIE and monthly clinic at SJH which is working well. Looking to improve podiatry capacity at clinics. Attempting to capitalise on holistic management when patients attending foot clinics. Linking with vascular service and have direct access and communication with community podiatrists. Training with vascular specialist nurses on foot screening. Working towards paperlite service which is being piloted in community, clinical notes will be recorded on TRAK.

b) Psychology subgroup

C Hewitt indicated update was very brief and provided background highlighting a SLWG tasked to put together a proposal for enhanced mental health support for diabetes for prevention and established diagnosis of T2DM. Papers completed and follow up undertaken to seek guidance on where papers might be presented. C Briggs, Director of Strategic Planning indicated papers would sit with strategy development for those with long term conditions therefore various follow ups communication with C Briggs has been undertaken in February, April, May and M McCallum suggesting contact with C Brigg's PA. There have been 6 attempts to seek guidance on how best to move forward as keen not to lose momentum.

S Ritchie requested for papers to be shared and he will attempt to follow up. S Wild enquired about improvement plan and if tips from other NHS Boards. M Strachan indicated psychology has not been mentioned at MCN leads meeting and indicated he would contact B Kennon, Chair SDG. R Wright highlighted Grampian have had some success in service development, C Hewitt confirmed Grampian model has been considered in preparation of Lothian proposals of could be provided. A Grant enquired about links with paper from SLWG about embedding psychology and deliver an integrated service within multidisciplinary team.

Actions: C Hewitt to send proposals to S Ritchie for follow up. A Cumming will follow up again with C Briggs. M Strachan could raise at T1 Closed Loop SLWG meeting on 27th June.

c) Diabetes Prescribing subgroup

A Cockburn indicate Libre usage continues to be honed down to practice level. **N Zammit and P Conney offered to ?? Rilaglitide use in obesity moving forward and debated at last meeting.** A McGregor commented on 90 day response to inclusion on formulary to identify pathway and clinical lead. M Strachan referred to GLP1 situation and personal view only way to progress is the need some medical sessions within Weight Management Service (WMS) to help develop pathway and provide some prescribing expertise within WMS. **Dapagliflozen is there a formulary application for diabetes or for CKD from nephrologists, ACockburn confirmed from will be from nephrologists.** M Strachan asked if there is review

of primary care diabetes prescribing data as interested to know following introduction of new algorithm if having an impact on prescribing practice and potential for rolling data timeline. A Cockburn highlighted review is key and helpful to have some measures to review on regular basis, data analysts in primary care could be tasked with provision of regular reports. S Wild commented cluster reports include prescribing data which included several indicators through Public Health Scotland. A Cockburn referred to some national data capture associated with prescribing. M Strachan indicated helpful to establish local metrics for reporting initially pan Lothian then cluster / practice level. A Cockburn agreed to take forward.]

Action: A Cockburn to establish local prescribing reporting metrics for regular review.

d) PPPP subgroup

S Wild highlighted paper circulated much of discussion related to patient education post Covid and highlighted there has been difficulty in obtaining reports at a Board level from MDMW on those who have accessed education models. Update on changes within East Region Prevention Programme were highlighted. S Scarlett indicated Sarah Lindsay is staying on with East Region Partnership clinical lead. S Scarlett asked about patient education provision in other languages, A McGregor confirmed MyDESMOND is available in a few languages, interpreters are available for education sessions and a polish dietician has supported a polish education session. The WMS has also reached out to MEHIS to offer DESMOND training to allow MEHIS specific education courses. A Job enquired about provision of MyDESMOND, A McGregor indicated launched at professional conference in May 2022 and have updated website and will continue to promote, options to access are offered on self-referral, there is no waiting list for MyDESMOND. P Collings commented she is confused on MyDESMOND and if there will be a need to be triaged if suitable. A McGregor triage relates to style of programme requested i.e. face to face, virtual or App. Digital poverty is triaged to ensure people have access to a SMART device but can support any chosen style of learning and offer dongle to access virtual education. MyDESMOND App can only be access via NHS link to allow monitor of usage to ensure engagement and support provided. NHS referral form available on NHS Lothian website. M Strachan indicated helpful to support promotion and dissemination of information to include a short article for the newsletter particularly for MyDESMOND and will also circulate via cluster leads. It was noted there was a newsletter article for the launch with plan to follow up in 6 months with further feedback. S Scarlett referred to MDMW mail drop issue and associated GDPR issues, M Strachan suggested if contacting MDMW team to c.c. Debbie Wake.

Action: S Scarlett to follow up MDMW GDPR issues with D Wake

e) Professional Education

Dates set for several Lilley modules starting on 8 Sept and 2 x GLP1 start workshops in addition to work K Ramage has undertaken. Report includes large number of hits on videos but more engagement with community nurses. M Strachan commended K Ramage on the huge amount of work she has undertaken to refresh the professional education opportunities and modules. M Strachan indicated planning to start up clinical practice meetings after the summer with 1 hour lunchtime meetings aimed at primary care teams to showcase aspects of service and quality improvement activities and an open clinic forum where people can bring clinical queries and problems for discussion. Teams will be requested to showcase quality improvement activities.

7. Feedback Professional Education Conference May 2022

The conference evaluation report was shared with meeting paper and informal feedback has been positive. M Strachan commented on large numbers of delegates with over 100 people viewing daily and tremendous engagement with questions and queries. Diabetes prevention and weight management generated a lot of discussion. M Strachan thanked M McCallum for supporting all the arrangements and co-ordination with Scottish Health Services Centre team and K Ramage for topic suggestions and speakers for the conference.

8. Feedback National MCN Leads Meeting 25 May 2022

A Cumming provided summary feedback:

- Diabetes in Scotland Event – took place in April 2022 with focus on lived experience and self-management. National once for Scotland pathways are to be developed for T1DM and T2DM to bring equity in provision of self-management and education opportunities for those with diabetes. Feedback from the event to be provided.
- November MCN Leads Event Sharing Good Practice – Provision date Wednesday 16th November, seeking topics for presentations. Lothian team members who wish to present to contact MCN management team. **Action: MCN Members**
- Insulin Pumps and GDM – funding difficulties with GDM highlighted as NHS Boards unable to carry forward funds from one financial year to another however now resulted but continue to be on-going challenges with non-recurring nature of allocations.
- Innovations Update – catalyst funding for place and well being, integrated unscheduled care, prevention and proactive care. Also smaller innovation initiatives i.e. Lothian Inpatients, Highland – feet, Greater Glasgow and Clyde – Stenosis
- SCI –Diabetes – management of system transferring over 12-28 month period from hosting by NHS Tayside to National Education Scotland technology service. Rolling out access to SCI-Diabetes to GP systems (EMIS / VISION). Any local issues to contact S Philip, NHS Grampian. Seeking national network of SCI-Diabetes ‘champions’, national email to be issued for expressions for interest.
- Smoking Status – Agreement to automate smoking status update for those recorded as non-smoker given highly unlikely non-smokers status will change. S Philip to confirm feedback on ease of change which will inform this amendment to go ahead.
- Diabetes Reemission – National T2 Oversight Group to be asked to define definition and implications for on-going process of care requirements i.e. eye screening.
- Inpatient Scottish NADIA inpatient audit – user testing taking place in Lothian prior to national roll-out.

9. Pilot Study of HbA1c as a Diagnostic Test in GP Practices

M Strachan indicated agreement to run HbA1c diagnostic test pilot in 10-15 practices over a 3 month period with the purpose to capture those not using as diagnostic test and feedback on use within practices. An application has been made to AstraZeneca seeking support for the pilot. If successful pilot, there will be a need to present a paper to NHS Lothian Corporate Management Team seeking recurring funding on the basis of reduction of primary care workload post Covid. S Ritchie enquired how much is HbA1c as diagnostic test is already used within practices, it was noted there is variation in use as diagnostic test across Lothian. M Strachan highlighted not seeing diagnostic testing where negative diagnosis, blood glucose testing is being undertaken. S Scarlett commented many using HbA1c to support efficiency within primary care but needs to be reflected officially. S Wild highlighted cluster report ‘Atlas of Variation’ in laboratory testing therefore interesting to see how HbA1c diagnostic testing varies across Scotland. .

10. MCN Workplan

A Cumming indicated she continues to populate the workplan with summary updates following meeting and noting detailed updates on various activities to support the workplan are saved in MCN files if needed. There are still a number of gaps in updates i.e. foot screening update provided by E Brewin, T1 education, pump provision which will continue to be followed up with appropriate teams. She highlighted at MCN and sub group meetings there is currently no active review of SCI- Diabetes audit reports to monitor progress against key indicators within the national improvement plan and need to recognise any cluster quality improvement projects will likely contribute to improving performance against quality indicators. M Strachan confirmed diabetes consultant meetings within secondary care actively review the dashboard to drive improvement. Discussion is also taking place with primary care teams on the use of the dashboard and supported with presentation of information which has stimulated discussion with cluster leads. It was agreed to have review of key priority indicators as a standing agenda item for MCN meetings with the clinical leads confirming focus for review at each meeting.

Action: M McCallum / A Cumming to ensure review of priority indicators is a standing agenda item for each MCN meeting

P Collings referred to item 2.3 on the workplan and update on support for children in schools. A Cumming agreed to follow up with L Bath.

Action: A Cumming to obtain update on support for children in schools with paediatric team

11. Clinical Director update S Ritchie

12. Type 2 Booklet Review

13. Closed Loop Systems Short Life Working Group M Strachan

14. MCN Newsletter M Strachan

15. LDRG Questions

My DESMOND App

The Patient Education App was due to be released by the end of March with a lot of publicity. We have heard nothing about this, except from the Professional Education Conference. From the reports of our attendees, it does not sound quite as open as we believed from the last MCN. Indeed it doesn't appear to be what is commonly called an 'App'.

Since there appears to be a resource issue with applicants being triaged for acceptability and the need for monitoring through progress, this does not seem as though 'anyone can do it' as we thought from the last MCN meeting. Is our new understanding correct?

How are the technology poor getting access to the same information?

Response from A McGregor

We commenced a 'soft launch' of MyDESMOND with 6 patients in March to better understand it's functionality and required supporting administrative processes before the wider launch that was shared at the MCN Professional Education Conference on 17th May 2022.

We are happy to confirm MyDESMOND is now available in Lothian. We are currently contacting those on the DESMOND waiting list to confirm their interest/enable registrations. Patients may self-refer and healthcare providers may refer patients to this programme: the referral forms have been updated accordingly.

A Lothian patient information leaflet is planned to support the information that is easily accessed online at DESMOND.NHS.UK – this will be added to the NHS Lothian website as soon as completed and approved by the patient information team. We are also happy to respond to direct queries via the DESMOND mailbox loth.desmond@nhslothian.scot.nhs.uk or telephone 0131 537 9169

MyDESMOND is an interactive digital programme that behaves like an app, but not an app as such – it is not available from the app store, can only be accessed via a personal link initiated via

NHS Lothian and the Leicester Diabetes Centre. This is essential to allow accurate engagement data, ensuring that patients are offered an education style to suit their needs. Anyone can register for MyDESMOND, there is no waiting list for this support – usage is monitored to ensure it is the correct support for individuals. Triage is only to confirm that a digital platform is appropriate, some patients may prefer Face to face or virtual sessions.

At triage any barriers to MyDESMOND usage is supportively discussed, and if digital poverty is an issue we are able to signpost initiatives that are able to help e.g. Connecting Scotland.

Type 2 Patient Booklet

Has there been any movement on the re-vamp of the 'green booklet' for T2 Patients?
Is the current supply of the booklets actually being given out to newly diagnosed patients?

Discussed under agenda item 12.

Foot Care

1. We have noted the recent press reports highlighting the deterioration in the rate of foot amputations as a complication of diabetes in England. Has there been any similar trend observed in Lothian?
2. Noting that, in the 2020 SDS, Lothian recorded a foot risk status on only 30.4% of patients with all types of Diabetes, what measures are, or have been, introduced to improve monitoring of patients foot status so that trends can be better understood?
3. Historically we know that late referrals to Clinic have caused problems. How well is the risk-based assessment scheme working in regard to the number of referrals and the waiting times for an appointment at the Clinic?

E Brewin has provided response directly to LDRG and also updates provided under agenda items matters arising and item 6a.

Type 1 Patient Education

At the last MCN there was some concern that DAFNE delivery had stumbled. Is it back on course?
How long are the waiting lists?

Update sought from Gayle McRoberts who has been on leave.

Covid and Diabetes

A comment made at the Professional Education Conference has caused some of LDRG concern. It was stated that if you have Covid and take SGLT2 Inhibitors or Metformin then you should stop taking them. Metformin should be stopped for the duration of Covid but SGLT2 should be stopped for possible longer.

Is this correct?

We don't get a GP appointment if we have Covid unless it gets bad. How is a patient supposed to know to stop the medications? Where is this information?

As a corollary to this, we wonder how well the Sick Day Rules have been disseminated.

Response from S Ritchie

This is the link below to the guidance that was signposted at the talk which has the relevant information (it sits in the MCN website)

[Medicine Sick Day Guidelines](#)

Recycling

At the last Professional Conference it was mentioned that Trulicity disposable pens could be recycled. Dr Joliffe investigated this and found that it was just a trial. Has this been progressed?

Response from A Cockburn

There has not been any progress relating to the potential recycling of Trulicity pens but will follow this up with the Lilly rep.

Action: A Cockburn to follow up with Lilly representative

Eye Screening

Some time ago, the DRS announced the move to 2-yearly appointments for many patients. The communication of this to patients has been poor and within LDRG we have had 27 months cited. After many years of ‘it is important that you attend your annual appointment’ patients are confused and poor communications are not helping. Whilst we know that DRS is a national programme can NHS Lothian urge the DRS Service to improve?

Response from Lothian Eye Screening Manager

The move to a 2 yearly screening interval for patients who qualify was started 1/1/21 and the plan was always to roll it out over 2 years to avoid peaks and troughs in demand in the future. An information leaflet goes out with every appointment letter and the frequency of screening is explained on page 2, NHS Scotland have placed all this onto NHS Inform for both patients and professionals

There is a long backlog in most Boards due to COVID, the larger the Board the longer the backlog seems to be. NHS Scotland have put something to this effect on NHS Inform and National Services & NHS Scotland have developed a communication which was sent to all the Board Co-ordinators for dissemination to relevant professionals.

The Edinburgh University research that was used to introduce the variable screening intervals (2 years) actually showed that in low risk patients the risk of extending the interval to 3-5 years was very low, which is reassuring given the position in which we find ourselves. There has been agreement to employ additional screening staff, who start on Monday, and to purchase additional cameras etc. so should be able to start clearing the backlog at a faster rate soon. N Grant as the Lothian service manager has flagged these concerns to Programme Manager at National Services, she hasn’t yet received a reply.

Libre

Sensors for Libre 2 are allowed for 26 per year but some users are requesting 40 for various reasons. Clearly this relates to the activity of the users. We know that Abbott will replace such sensors (14 phone calls away) and occasionally request the old one back. We wonder if the Clinics are aware of any problem and whether an action needs to be raised.

Response from A Cockburn

The use of Libre sensors is currently being reviewed by the Diabetes Prescribing Group and we hope to be able to improve this situation in the near future.

16. AOCB

17. Schedule of Future Meetings 2022

Day	Date	Time	Venue
Monday	12th September	10.00-12.00	Microsoft Teams
Wednesday	7th December	2.00-4.00	Microsoft Teams