

# Diabetes MCN Meeting – 7<sup>th</sup> December 2022, 2pm – 4pm, MS Teams

## Draft Note of Meeting

**Present:** M Strachan, S Scarlett, K Ramage, R Wright, P Collings, A Job, S Ritchie, A Cockburn, J Thomson, L Keane, D Anderson, E Brewin, C Hewitt, B Luke, A Cumming

### 1. Welcome

M Strachan welcomed B Luke to the meeting and introductions were made. Apologies were given that the DESMOND update was omitted from the agenda, however, an update report was circulated and B Luke and D Anderson were deputising in the absence of A McGregor.

M Strachan referred to the retirement of Marie McCallum earlier in the day and expressed regret that Marie was not in attendance to be thanked in person for all her support to the MCN in ensuring everything completed on time and in order and wished her all the best for her retirement. A Cumming thanked MCN members for their contributions to Marie's eCard delivered this morning. Marie was very touched by everyone's kind words.

### 2. Apologies

Apologies received from A McGregor, G McRobert, S Wild, A Grant, P Cooney

### 3. Minutes of Previous Meeting – 12 September 2022

M Strachan referred to comprehensive minutes prepared by M McCallum which were accepted as a correct record.

### 4. Matters Arising:

- Prescribing Matrix for Pan Lothian Reporting

M Strachan indicated an update on this would be picked up during the prescribing sub group update and indicated P Cooney had provide some prescribing data and ultimately hoped data would be available at cluster and practice level.

- Diabetes Support for Children in Schools

A Cumming highlighted that this item related to an outstanding update requested by P Collings. A Cumming reported L Bath has indicated there is a huge amount of support for schools to support management of Type 1 Diabetes focused at the time around diagnosis and also for children with on-going child planning meetings. A Cumming has asked the paediatric diabetes team for further information specifically associated with the national improvement plan commitment: *Continue to support improvements in care and outcomes for children with particular emphasis on their needs when attending early year's services, school and out of school services* and also asked the team if they are aware of any developments in the relaunch of the national Supporting Children and Young People in Education guidance which is referenced in the national plan.

A Cumming will provide any further updates received from the paediatric team directly to P Collings and A Job.

### 5. Subgroup Updates:

#### a) Foot

E Brewin provided updates on a number of on-going workstreams relating to eTraige, move to paper lite, vascular placements and training on an innovative tool called Blue Dot, toe pressure monitoring in the community and continued RefHelp updates. She noted that 90%

of referrals were self-referrals which were triaged and risk reviewed and updated if appropriate. The services aimed to see patients within 8-10 weeks, it was highlighted it is difficult to provide numbers waiting as that needs to be undertaken through a manual count.

The foot action group plans for next year include CPR for feet, review of challenges in NHS Boards and take forward plans to link with inpatient audits and Trak linkage to embed in practice.

M Strachan gave positive feedback on speed of assessment following referral with moderate risk feet. He was delighted to hear of the planned focus on CPR for feet. He noted that a general medical trainee had audited foot assessment in people with diabetes admitted to general medical wards at WGH. None had a foot assessment. R Wright commented that SJH have also undertaken an inpatient foot audit which highlighted instances of ulceration requiring treatment and so there is a need to ensure foot assessment is included in junior doctor training.

E Brewin indicated she will link up with clinical teams to take forward improvements and a united response within inpatient teams. M Strachan commented on his limited support for a nurse and doctor education approach as attendance at education events is poor due to ward pressures. He therefore felt there was a need to have enhanced inpatient diabetes teams on each site as it was not possible to train people due to attrition rates and workforce challenges. S Ritchie agreed on comments and indicated SCI-Diabetes can highlight those at high risk and referred to difficulties in accessing pressure relieving devices and suggested top ups should be held within diabetes services and identify patients who should be provided offloading devices. M Strachan commented that people are not necessarily known to have high risk feet prior to admission. E Brewin referred to storage of devices which are bulky therefore needs to be borne in mind and supported views for creative thinking to improve. K Ramage commented from professional education perspective and referred to turnover of staff which is an on-going problem.

**Action: E Brewin to consider feedback and potential to implement suggestions from MCN members**

M Strachan commended E Brewin on outpatient service developments.

#### **b) Psychology Subgroup**

C Hewitt referred to recent positive developments and a meeting scheduled with C Briggs, Director of Strategic Planning to discuss the two papers prepared by the sub group. A meeting took place on 24<sup>th</sup> November however C Briggs was unable to attend and R Miller, Strategic Programme Manager deputised in his absence. Discussion took place on development of a Lothian Long Term Conditions Strategy, however, there is no funding attached to the strategy development and instead suggested attendance at T1 SLWG on 5<sup>th</sup> December to explain background and context and health economic arguments of cost savings associated with enhanced psychological support. F Wilson, Chief Officer, East Lothian has agreed to sponsor the presentation of the paper at a future Chief Officer's meeting. M Strachan highlighted positive progress to gain an invite to attend the Chief Officer's group. A Job enquired if both papers were to be merged or different streams. C Hewitt reported it is unclear where prevention and remission funding is available and how to tap into prevention opportunities moving forward.

M Strachan suggested C Hewitt has a discussion with L Eyles, SGovt Prevention Framework Professional Lead as psychology goes hand in hand with preventive work. B Luke commented on the need for psychology input for Let's Prevent programme.

**Action: C Hewitt to contact L Eyles ([laurie.eyles@nhslothian.scot.nhs.uk](mailto:laurie.eyles@nhslothian.scot.nhs.uk)) to discuss prevention framework funding opportunities**

**c) Diabetes Prescribing Subgroup**

A Cockburn reported on work on prescribing matrix development and indicated P Cooney had shared graphs prepared by analytics team. The plan is to further develop graphs and metrics to report bi-annually. M Strachan indicated it would be helpful to review Gliptin prescribing and also consider move to cluster-level reporting.

A Cockburn indicated prescribing of new agents is increasing and primary care colleagues are increasingly comfortable in prescribing GLP2 but not so much with oral GLP1 agonists. S Scarlett requested sharing of graphs for cluster meetings.

**Action: P Cooney to share matrix graphs with S Scarlett**

The shortage of Trulicity continues which is likely to be first of other shortages, and noted Trulicity is being shipped to USA for weight management of non-diabetes. DEXCOM-ONE and Dapagliflozin submissions are awaiting outcome following formulary discussions.

**d) PPPP subgroup**

S Scarlett indicated a number of items discussed at the PPPP Sub Group meeting are included on the MCN agenda for further updates and highlighted three items for attention.

- Remission recording and coding on SCI-Diabetes and development of a Refhelp page with guidance. It was noted whilst remission is useful to code, there is a need to retain a T2 diabetes code to ensure annual review undertaken. S Scarlett referred to the need for agreement on definition and is aware that it is likely we will adopt the SNOMED definition in due course.
- MDMW eLearning report was due to be circulated at the end of November, but has still not been issued. A Cumming will seek further update from S Cunningham.
- East Region Prevention Programme is currently subject to a review of regional planning priorities as the Director of Regional Planning is on long term sick leave and there are also challenges with programme management support. A further update will be provided when available

M Strachan commented on enquires from GPs associated with remission and queries associated with complication screening of individuals in remission.

**Action: S Scarlett will liaise with L Eyles to finalise RefHelp update.**

**e) Professional Education**

K Ramage referred to the sub group minutes which were circulated for the meeting. Sessions are running on Teams for acute and community based staff. She highlighted challenges with numbers registering and attendance.

2023 education session dates were circulated to MCN members. Monthly insulin safety training for acute staff is being actively promoted. Dates of HSCW and community training all updated on website and K Ramage requested support to share course details.

P Collings referred to patient representative attendance at the professional education sub group and asked if A Job could be added to distribution list. This will be undertaken. L Keane enquired about community uptake for on-line learning, K Ramage indicated

A Dawson had not been able to attend meetings and K Ramage is keen to meet with community nurse representatives and will discuss with L Keane out with the meeting, L Keane indicated she will try to attend meetings if A Dawson is unable to attend.

**Action: K Ramage to add A Job to the sub group membership and contact L Keane to discuss community nursing education.**

The Lilley webinar programme continues to go well with good feedback and attendance.

Extra work is being undertaken to look to developing an NHS Lothian course for practice nurses and pharmacists who often ask for education courses. Demand for a more formalised course for practice staff is supported by S Scarlett and A Cockburn, a meeting is scheduled on 20<sup>th</sup> December to discuss further.

K Ramage highlighted difficulties with acute staff engagement and suggested the need for development of written competencies for those working in wards as nothing specific to diabetes exists for secondary care staff nurses; this may be helpful to support engagement with training. M Strachan referred to need for approval from the clinical education team who oversee competency documents and to have a similar document for essential diabetes to ensure a minimal level of knowledge to practice safely. L Keane indicated there is a similar generic competency for community staff similar to the TREND document which is currently available, but noted a helpful template.

S Ritchie referred to recent meeting of national inpatient working group and referred to lack of structure around undergraduate medical and nurse training; the vast majority attending the working group reported no formal structure available and sought views on nursing competencies and how to link better with undergraduate courses. K Ramage referred to discussion with J Charlton who delivers undergraduate training at Napier and advised there is one diabetes lecture in the 3 year course but an additional diabetes option module in 3<sup>rd</sup> year.

K Ramage is taking forward discussion about how best to address and reported J Charlton intends to contact S Ritchie and M Strachan. L Keane referred to staff turnover resulting in 20 community new starts per month where basic information is provided but would be helpful to incorporate with undergraduate training as staff have no knowledge of diabetes.

S Ritchie indicated MCNs in Scotland need to highlight this as an issue as should be influenced through SDG to win hearts and minds and K Ramage's work needs to be replicated across Scotland. S Ritchie agreed to raise at SDG next week and M Strachan will raise at next MCN leads meeting.

**Action: Diabetes undergraduate education to be raised by S Ritchie and M Strachan at SDG and MCN leads meetings**

M Strachan referred to MCN best practice event where J Little referred to B4 nurses in community administering insulin and asked if this is an issue experienced in Lothian. L Keane advised she had started a programme in Lothian prior to lockdown for B3 training which includes insulin administration and learning which supports B3 career progression to B4. District Nurses identify 'stable' people with diabetes to support review of competencies. It was confirmed there is not a problem with training for staff to progress to B4, however, need to ensure competent in insulin administration. M Strachan asked L Keane to touch base with J Little, NHS Borders to provide update on the issue and to see if there was anything that needed to be done in Lothian to deal with the matter. K Ramage suggested

perhaps the issue expressed by NHS Borders relates to confidence in delegating responsibilities to B4 nurses.

**Action: L Keane to contact J Little, NHS Borders to discuss arrangements to support insulin administration in the community**

M Strachan asked L Keane to link with K Ramage to ensure community nurse training activity delivered through L Keane and A Dawson is captured in MCN reports and incorporation of numbers trained.

**Action: L Keane to provide details to community nurse training to ensure captured in reports**

M Strachan thanked K Ramage for her efforts and commended her on the impressive range of work being taken forward.

## 6. Clinical Director Update

S Ritchie reported on three key updates:

- Outpatient waiting list is reducing as the secondary care team are working actively on triage. Clinical advice emails are being used to support colleagues in primary care resulting in 40% of clinical advice dealt with by email, which is well received and reduces the need for secondary care referral
- T1 SLWG associated with models of care and technology is progressing.
- Three new consultant colleagues are starting at SJH and WGH in next 3 months. WGH consultant appointments will support a test of change in diabetes models and lead development of inpatient services in Scotland.

S Scarlett appreciated the report that OP waits reducing and highlighted management of the 'worried well' versus people who DNA and who are referred back to primary care teams. S Ritchie referred to the review of models of care particular for younger ages and work to improve engagement and said he was open to any ideas from MCN members. M Strachan referred to a best practice presentation associated with NHS Dumfries & Galloway's redesign of pathway of care for Type 1 diabetes. People are offered a screening appointment similar to House of Care model, a letter is issued by diabetes HCP to patient with comments on screening report and they are offered an opt in appointment either as group consultation or 1:1. People who have traditionally not engaged are reported to engage with screening appointment as avoids need for F2F appointment with consultant and opt in to group and F2F appointments has reduced waiting time to zero as appointments are only offered to those who request following their screening appointment. NHS Dumfries and Galloway dashboard indicates vast improvement in delivery of the 9 processes of care and glycaemic control and also frees up staff time to allow people to be supported with diabetes technologies.

S Ritchie indicated Dr F Green, NHS D&G is due to attend an ECED meeting to provide information on the redesigned model of care. S Ritchie will send details of meeting for circulation to MCN members.

**Action: S Ritchie / A Cumming to circulate details of the meeting (Complete)**

## 7. Monthly Clinical Practice Meetings

S Scarlett referred to 4<sup>th</sup> clinical practice meeting with focus on remission which was well received. The meeting in January will focus on group consultations. M Strachan commented there were 29 attendees at the remission meeting with stakeholders actively engaging.

## 8. Pilot National Cluster Data and Intelligence Report

M Strachan indicated contact had been made with LIST team (data analysts) who have been given access to SCI-Diabetes and dashboard and received training from S Philips. Now at stage to pilot with hopefully Blackhall and one of the Stockbridge practices to develop a cluster based report. The importance of cluster teams involvement in supporting development of reports was highlighted and it was noted cluster concerns relate to comparison across cluster; however, to drive improvement there is a need to review and compare data therefore progressing in a supportive way based on cluster priorities. M Strachan to confirm if Blackhall and Stockbridge are in contact with the LIST team and signed up and engaged.

## 9. HbA1c Diagnostic Pilot

M Strachan referred to previous discussion and laboratory anxiety of increased costs associated with use of HbA1c as a diagnostic test. Laboratory services have agreed to pilot in 10-15 practices to evaluate incremental workload on labs; a new protocol has been developed for the pilot. Ten practices have come expressed interest since communication issued in early December. M Strachan commented on his excitement to progress the pilot and if introduced across Lothian will be a first in Scotland.

## 10. Type 2 Patient Education Leaflet Updates

S Scarlett indicated the development of leaflets is progressing well, a draft document has been prepared with support from A McGregor which will be shared with LDRG for review and comment within the next week. It was noted a summary of the menu of options available to patients is included within the leaflet.

**Action: S Scarlett to share the draft leaflet with P Collings and A Job to obtain LDRG feedback**

B Luke was invited to provide an update on provision of DESMOND education. Key updates relate to:

- Waiting list remains high but being addressed
- 35 groups completed sessions with 61% attendance rate an increase from 57%
- F2F and virtual groups running, virtual groups reduced to once per month based on demand as most people prefer F2F sessions
- MyDESMOND app available, a 6 month report on the use of the app will be provided by the Leicester team
- DESMOND sessions included in Trak redesign for Trak waiting list which supports review of course attendance and bookings. Currently 1,729 on the waiting list
- 3 new educators trained at a cost of £1,400 per educator. 3 new educators to be trained in 2023.
- Details of venues provided and noted referrals increased in later part of the year
- Newbattle and Gracemount venues opening in 2023 and F2F courses will increase with new educators
- Introducing patient focussed booking system to allow automated waiting list updates.

S Scarlett referred to MyDEMSOND app uptake. B Luke indicated 161 registered to access the app, however only 69 accounts active. It was noted some individuals have concerns about inputting personal information within the app. The DESMOND team intend to follow up on barriers to registration.

A Cumming commended the team on uptake and enquired if details of opt in rates associated with referrals is available as opt in was a challenge pre-pandemic. B Luke

agreed to review and it was highlighted the quicker people are offered access to courses the more positive the impact on attendance rates.

M Strachan commented on 2 year waiting list as a result of the pandemic and suggested it might be worth considering resetting the waiting list for those who have waited more than 4 months as otherwise we will end up with a system of continued delayed access to DESMOND going forward. B Luke referred to a plan to contact patients with an opt in letter may help to clear the waiting list for those indicating they do not wish support.

A Job commented he does not have issue about drawing line on waiting list but enquired about current method of finding out if people referred still wish to receive education. B Luke indicated she is keen to have MCN agreement on resetting waiting list. P Collings suggested to send letter to those waiting over 4 months to indicate will be removed from waiting list unless a response is provided within a set deadline. A suggested plan to issue a letter with 2 week turn around for response was supported by MCN members to move to system whereby newly diagnosed are offered timely education. S Scarlett indicated some patients may request re-referral. B Luke will discuss with team and progress.

**Action: B Luke to discuss suggestion for re-set of the DESMOND waiting list with the management team**

#### **11. DAFNE Update**

A Cumming indicated G McRobert had given apologies and provided a DAFNE update on 6<sup>th</sup> December. Agreed to circulate the update following the meeting.

**Action: A Cumming to circulate DAFNE update paper (Complete)**

J Thomson indicated DAFNE is being delivered through a mixed model of F2F and virtual education sessions. Additional staff are being trained to delivery virtual sessions. There have been challenges within admin team which is starting to stabilise and, similar to the position with DESMOND, they are getting the waiting list on track through housekeeping and review of the waiting list.

D Anderson referred to challenges in provision of remote education and issues with accommodation for F2F courses and whilst in hand, it has been tricky to secure venues post-Covid.

#### **12. Diabetes Newsletters 2023**

S Scarlett will assist with preparation of January / February newsletter. Suggested updates for inclusion relate to professional education, remission and possibly a picture of the MCN , Parkrun participants. M Strachan indicated potential inclusion of diagnostic testing, formulary and ACR updates.

#### **13. NHS Scotland Diabetes Conference – 23 November 2022**

S Scarlett referred to summary feedback from the conference which was circulated. K Ramage referred to previous discussion on the digital cards which can be used in consultations with patients to help patients with discussions. P Collings referred to new Diabetes Scotland group in Edinburgh whose inaugural meeting included an exhibition.

A Cumming referred to key feedback from the conference session:

- Government will be launching national policy 'Getting It Right for Everyone'
- National Improvement Plan – highlighted linkages with other key government policy documents i.e. Mental Health Strategy, Modernising Outpatients, Covid Recovery

Plans but also noted staff well-being, health inequalities and improving use of information via SCI-Diabetes

- Diabetes Patient Education in Scotland – review of pathways will be completed December/ January following which requirement for SDG endorsement and issue of NHS Board guidance and implementation plan
- Type 2 Prevention and Early Detection –highlighted key challenge associated with gestational diabetes and excellent developments within weight management services and results with remission programme
- Diabetes and Long Covid Research – 324 research participants, research programme to complete in 2023.
- Community Pharmacy HbA1C Testing Pilot for Pre-Diabetes – 11 CP in East of Scotland with aim to extend to 60 pharmacies and target to identify 4,500 people with pre-diabetes to provide on-going support.

A Cumming enquired if any pharmacy team were aware of any developments in Lothian. It was noted L Eyles is liaising with Dundee team who are co-ordinating the pilot. J Thomson referred to previous meetings and data exchange.

#### **Action: A Cumming to seek update from L Eyles on Lothian community pharmacy participation**

- Innovation Update – number of projects highlighted including Inpatient Diabetes in Lothian lead by S Ritchie. Survey to identify future innovations has been undertaken, report circulated to the MCN earlier in the week.
- SCI-Diabetes - Hosting and operational management moving to NHS Education for Scotland (NES)

S Ritchie referred to the wealth of work going on across Scotland and indicated he has met with the national digital health team to discuss innovation and though little on service modelling there is clear support in delivery of diabetes care nationally and the impact on deliverable care to patients.

#### **14. National Sharing Good Practice Workshop - 30 November**

M Strachan referred to the three presentations from Lothian teams (50% of presentations provided) show casing the work undertaken in Lothian. The dietetic team presented on GDM pathway developments and remission and low calorie diet, M Strachan presented on T2 prescribing guidance.

#### **15. LDRG Questions**

##### **Young People**

*Two of our members have had sons move from home to University and have had concerns over how their sons (both T1) would manage their glucose levels without the support from home.*

*Are there any data to show how many of this student cohort have the current technology and closed loop systems? To what extent are they making effective use of the technology?*

*A while ago the MCN looked into the DNA rate for young people. Are there any current data available to show the current position?*

Response:

M Strachan indicated aware of challenges with students with diabetes moving to another area is disruptive but may not receive information on those moving between areas. However if provided with technologies within NHS Board of residence details are transferred. M



Strachan is aware from F Gibb that the highest proportion of people on technologies within 20-30 years age group therefore if transferring to Lothian we will continue funding for technologies.

With regard to disengagement, M Strachan commented he is not aware of specific further review of those who are disengaged. R Wright referred to continual review of diabetes dashboard but policy of DNA for young vulnerable is continue to make contact to offer appointments.

M Strachan noted the paediatric team have support to put everyone on a pump onto a closed loop system therefore going forward numbers will be rising rapidly in the future.

### **Phone Apps**

We understand that a lot of the new technology linking to Apps on mobile phones, won't work on older phones. In the current financial climate, modern phones are priced out of reach for a lot of people.

*Is any effort being made by the software engineers to make the apps compatible with older phones?*

Response:

M Strachan referred to difficulties with older versions of Apple iPhone and Libre devices. CAM-APS is currently not available on Apple phones, but this should change next year. It was noted software suppliers will not focus on development of older phone technology therefore no prospect of this being addressed. D Anderson commented she is aware of Dexcom/Medtronic challenges with keeping up with new mobile phone releases and highlighted companies are good at providing listings of what mobile devices are compatible.

### **Shortages**

*Inevitably, LDRG are concerned about the shortages of some medications.*

- *Is it a knock-on effect of Brexit?*  
Almost certainly yes. Brexit has resulted in numerous difficulties obtaining medication supplies and delaying effective working of the supply chain due to the increased bureaucracy involved.
- *Is it due to the unexpected pickup of some medications, previously solely used for the treatment of Diabetes, now being prescribed for other conditions?*  
Yes, we know that short supply of GLP1 agonists in part relates to use in non-diabetic people for weight management.
- *How is NHS Lothian coping?*  
Similarly to the other Boards in NHS Scotland, trying to obtain alternative suppliers and closely monitoring supply chains.

### **DESMOND**

*LDRG are still concerned about the reported figures for uptake of DESMOND and MyDESMOND which seem low.*

*How is the reduction in the backlog progressing?*

*What publicity has been given to the availability of MyDESMOND*

These points were addressed through the DESMOND update agenda item.

## 16. AOCB

- MCN Co-ordinator Recruitment

A Cumming reported strategic planning colleagues have reviewed vacant posts within the department and will merge both the Diabetes and Respiratory MCN Co-ordinator roles and also recruit additional Band 3 administrative support for the MCNs. The co-ordinator post has been advertised on two occasions however majority of candidates shortlisted withdrew prior to interview therefore no successful candidates to date. The post is now out to advert for the third time. Recruitment for the Band 3 administrative post closes on 7<sup>th</sup> December and it is hoped interviews will take place before Christmas. In the meantime, A Cumming will try her best to cover co-ordinator duties but has asked if there is any administrative support available from the strategic planning team and this will be discussed at their team meeting on Friday 9<sup>th</sup> December.

## 17. Schedule of Future Meetings 2023

<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Venue</b>
Wednesday	8 <sup>th</sup> March 2023	2pm – 4pm	MS Teams