

NHS Lothian Diabetes Managed Clinical Network (MCN)

Monday, 12th September 2022 – Note of Meeting

1. Welcome

MS welcomed everyone to September meeting of MCN meeting and indicated no requirement for introductions.

2. Apologies: CH, SR, AMcG, EB

3. Minutes of Previous Meeting – 1 June 2022

Approved as a correct record.

4. Matters Arising:

- Footcare Update for MCN Newsletter

E Brewin provided a written update. RefHelp has been updated and both podiatry and diabetes pages have appropriate links. M McCallum confirmed E Brewin has provided update for Newsletter to assist with signposting for primary care teams. M McCallum commented she hopes the Newsletter finalised for issue next week. It was noted promotion of the dashboard will be helpful to encourage primary and secondary care teams to improve screening.

- Community Diabetes Nurse Representatives

M Strachan has spoken to line manager and indicated would a

- Mental Health Support for Diabetes Proposal A Cumming/S Ritchie/ M Strachan

- Prescribing Matrix For Pan Lothian Reporting

Refers to prescribing data in Lothian to allow reporting a cluster and practice level. Under development. Email from SG who are reviewing indicators associated with diabetes medicines and prescribing guidelines in Scotland. M Strachan shared details of national paper and highlighted little change in Lothian data over years. Prescribing of GLP1, SGLP inhibitors where variation across Scotland with Lothian and Glasgow has highest proportion which has ramped up in past 12 months. M Strachan indicated Lothian in good position considering national comparator but areas for further review and improvement. Good to share updates and raise awareness and suggested highlighting in newsletter and clinical practice meetings. M Strachan hopes to get local data at cluster and practice level. S Scarlett referred to potential for quality improvement and to consider targets. S Wild enquired how cardiovascular disease is defined, surrogate marker based on prescribing XXX and XXX spray. P Collings referred to postcode lottery in provision of Libre, M Strachan indicated he would raise with Patrick XX.

- National Sharing Good Practice Event – Lothian Projects MCN Members

Weight management team – DESMOND etc.

- Diabetes Support for Children in Schools A Cumming

- Type 2 Booklet Review S Scarlett

S Scarlett attended LDRG meeting early summer and made a valid point about purpose of Green booklet and referred to Diabetes UK booklet which is user friendly. Jacqueline Walker, SG once for Scotland review of diabetes education tools. Need to start updating diagnostic letter for T2 diabetes and provide a simple, accessible menu of options. A Grant, Diabetes Scotland confirmed resource is a Diabetes Scotland resource and confirm able to link PDF version and need for update on Diabetes Scotland website. S Scarlett requested details added to MCN website and newsletter. P Collings referred to LDRG issues relating to SG once for Scotland approach and adoption in Lothian. M Strachan referred to previous discussions relating to Once for Scotland plan, however no specific recommendations have been issued from Scottish Government about adoption of NHS Fife/Forth Valley plans.

Subgroup Updates:

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| a) Foot | E Brewin |
| b) Psychology subgroup | C Hewitt |
| c) Diabetes Prescribing subgroup | A Cockburn |

A Cockburn indicated Libre updates still in progress and expecting formulary application for Dappa specifically for T2 diabetes. M Strachan indicating need to be cautious about having more than 2 medicines available on formulary. F Gibb indicated DexCom1 have approached to add to East Region Formulary application, M Strachan referred to need for clarity between use of Libre 2 rollout (and link to secondary care systems) and mass roll out of DexCom1 and who will be eligible. J Thomson referred to DexCom1 does not need to scan and concern about difficulties of roll out of DexCom1. F Gibb indicated no difference in sensor accuracy and indicated should be made available to people who wish to change over are likely to be enthusiasts and should support availability on formulary. K Ramage comments should be option and should be made clear DexCom1 is different and can achieve same outcomes as other DexCom closed loop systems.

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| d) PPPP subgroup | S Wild |
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S Wild referred to summary report circulated and referred to national improvement plan and highlighted need to ensure compatibility with national improvement plan and Scottish Diabetes Survey and sought views/comments from MCN. M Strachan commented out of date when published and indicated can obtain a lot of data from the survey can be provided real time but understands from a national planning perspective the need for a report to be published. Big issue in disconnect relates to inpatient data compared to NADIA in England/Wales but how to collate data associated with inpatients is difficult and would be a good development. A Job commented the survey is too wide and the disconnect between improvement plan and survey and the speed of publication and questioned value with delay in publication. P Collings suggested starting what will be useful to know i.e. inpatients. A Grant indicated dashboard limited to healthcare professionals and up to date data useful for voluntary organisations.

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| e) Professional Education | K Ramage |
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K Ramage indicated Lilley programme (6 weekly webinars) has resumed and good engagement and excellent feedback. Similar programme to previous years with good numbers from primary care registered. Some education support from Novonordisc via consultant clusters and awaiting feedback on topics and attendance. 12 essentials for diabetes modules are being viewed consistently 2221 viewed with broad range of reviewing DN, dietician, pharmacists, practice staff, lowest numbers refer to acute staff which remains a challenge and need to continue to promote. Teams sessions aimed at secondary care and community staff and healthcare support workers have more people signed up to attend particularly for Band 4 training. Need to continue to promote (1 hour on Teams and make available monthly) feedback has been good and information useful. Sub group meetings not held for a few months, membership mostly primary care and podiatry, pharmacy and higher education but do not have representative from secondary care therefore approached a number of people to joining the group. Pharmacist representative confirmed and education lead at WGH is also keen to be involved and approached clinical education team with Band 4 programme therefore requested to join sub group to help with suggestions to facilitate and promote education sessions. Exploring restart of F2F education to reach people within hospitals. A Grant referred to DUK resources and potential to link in the website 'Understanding Diabetes' has been updated (previous version is available on Prof Education website) K Ramage will ensure link to up to date of DUK resource. M Strachan referred to impressive body of work taken forward and encouraged representation from acute services.

5. Clinical Director Update

S Ritchie

S Ritchie provided update, DNA rates had dropped from 20% to 2% during Covid and now experiencing high levels of non-attendance. 0.2WTE diabetes medical technology lead designed to work hand to hand with G McRobert to forward plan and reach targets of those accessing technology. A Cumming queried reasoning behind increase in DNA rates and now trying to increase F2F consultations and whilst virtual appt useful it is important to see people F2F. Some issues with appointment system and change to template and confusion with patients about nature of appointments. R Wright indicated TRAK redesign has been major issue with retraction and re-issue of appointment letters. SJH continuing with hybrid appointment and ask patient what they prefer for appointments. Patients offered screening visit via in-house monitoring services in OPD1 prior to telephone consultation.

In-patient diabetes business case being developed and is on-going.

6. SCI-Diabetes Dashboard – National Priority Indicators M Strachan
M Strachan shared dashboard for discussion on any specific focus for MCN going forward. Data by NHS Board shared and metrics for T2 diabetes (T1 metrics reviewed by secondary care team). 53.7% reaching HbA1c target, upper quartile in Scotland. S Wild indicated Scottish Government planning exercise to export data at practice and cluster level and highlighted dashboard not easily accessible within primary care. M Strachan requested timescale about provision of national reports or if could be managed locally. Cluster liaison consultants have provided a one off report. S Wild confirmed draft report is being piloted with some clusters before wider circulation.

Data cluster and practice level :

HbAc1 (Lothian doing well at Scottish level but room for improvement).

Kidney health : screening for ACR 62% however no report in SCI-Diabetes however if urine creatine below certain level not reported, M Strachan will raise with YH Wang and SCI-Diabetes team. S Scarlett asked if it would be possible where urine too dilute to include reference on the lab report, M Strachan indicated purely dilution factor and not lab issue. Retinopathy Screening – proportion of people who have had screening, easier for smaller Boards to reach smaller population. Questioned if data capture issue since moving to 2 yearly screening and when next screening interval is due. Not sure if 67% real and has flagged with N Grant / K Modill and need to keep watching brief.

Foot Screening – E Brewin provided figure of over 50%, SCI-diabetes is 43% and more people receiving F2F clinic/screening appointments.

BMI measure – Lothian mid table, BMI >30 lowest proportion in Scotland 2% reduction may relate to prescribing

Significant weight loss – 16.6% to 20.6% over past year

Engagement with Patient Education – not accurate

Engagement overall – low % engaged with follow up

Process of care completed 9 – 20% with T2 have had all processes of care performed.

Retinopathy screening and improving general screening. Glycaemic targets and prescribing data doing well.

S Wild queried if SCI-Diabetes have updated screening intervals and may differ between health boards. B Kennon chose targets and cut points scope for further discussion. A Job asked how information will be taken forward with clusters. M Strachan would like through Scottish or local initiative to provide data for Lothian by cluster (including comparator) both prescribing and processes of care and can be broken down to practice level and will support sharing of best practice and will be showcased at meetings and quality improvement initiatives.

S Scarlett commented highlighted difficulties in primary care with workload management to use dashboard frequently and need to produce report for practices and wondered if possible to select patients whose management is supported by primary care (not secondary care). S Scarlett asked if this is something that could be developed. M Strachan indicated he will follow up with SCI-Diabetes team and also plans to incorporate SCI-Diabetes within EMIS and Vision and asked about training for practice administrative staff. A Cumming referred to national training video for dashboard and will provide link. A Cumming to follow up generation of regular reports via LIST / Analytical Services Team.

7. Monthly Clinical Practice Meetings

S Scarlett

S Scarlett referred to 1st meeting where tower cluster shared information at high risk of developing diabetes. 2nd meeting Kevin Fernando attending and 3rd meeting Crammond on lifestyle intervention and 4th meeting presentation on house of care model. M Strachan enquired if it would be possible to have a slide to promote the meetings at Lilley sessions. Meetings open to all members of primary care teams. A Cockburn confirmed she is reaching out to primary care pharmacists. M McCallum to provide flyer and Teams link to A Cockburn for circulation.

8. Cluster Quality Meeting / Quality Improvement Initiatives

M Strachan indicated Bridge cluster is not taking forward particular initiatives and highlighted the need for measured approach given pressures within primary care services.

9. DESMOND Update

A McGregor

A McGregor provided report with virtual DESMOND not available, however 50% activating links. Staffing and trainer availability is challenging. M Strachan commented weight management team are making huge steps moving forward and remobilising following Covid and inheritance with large waiting list.

10. DAFNE Update

G McRoberts

J Thomson indicated issue with educators and providing remotely initially, 5 remote DAFNE educators to 4 patients over a 5 week period. Plans to move to F2F, 80% people requested virtual/remote courses however data/ feedback has been positive with outcomes just as good as F2F Daphne. Amin team about to follow up F2F or remote option to allow people to courses. 133 people on waiting list with 33 refreshers. Daphne buddy providing support to patients. Daphne refresher to start next month and those waiting will be provided with on-line code to access education. Booking rooms for F2F sessions continues to be a problem and under review. 2023 before DAFNE established for pumps /hybrid closed loop systems. Number of staff coming forward to express interest in educator role.

11. T1 Diabetes SLWG / Closed Loop

M Strachan

M Strachan indicated group is proceeding and about to have 3rd meeting and is locking in colleagues in corporate team and need for funding going forward and is genuinely positive about the working group.

12. LDRG Questions

P Collings/ A Job

Article in Newsletter – however noted may not reach patient audience therefore to consider posters in practices, clinics, Lothian social media and contacting 3rd sector interface in Lothian newsletters.

Patient Education – update provided by Audrey. A Job confirmed step in right direction and appreciative of work in progress and hopefully results in good outcomes.

13. AOCB

M Srachan referred to email from Berwick Linster???? Involved in various ParkRuns and was approached by 2 primary care practices who were signed up to be ParkRun practices, RCGP is encouraging GP practices in the UK to establish close links between practices and ParkRuns, prescribing exercises and suggested inclusion in newsletter. S Scarlett confirmed her practice is ParkRun practice and referred to benefits of ParkRun and is low maintenance for practices and advertised with posters. Berwick to provide an article for newsletter.

14. Schedule of Future Meetings 2022

Day	Date	Time	Venue
Wednesday	7th December	2.00-4.00	Microsoft Teams