NHS LOTHIAN DIABETES MANAGED CLINICAL NETWORK (MCN)

Note of Meeting held on 8th March 2023

Present: M Strachan, S Scarlett, A Job, S Wild, P Cooney, P Collings, A McGregor, A Cockburn, J Thomson, G McRobert, S Richie, A Cumming, W Zhou

1. Welcome

M Strachan welcomed Wenyi Zhou, Diabetes and Respiratory MCN Secretary to the meeting and introductions were made.

2. Apologies:

C Hewitt, J Barclay, R Wright, K Ramage, E Brewin

3. Minutes of Previous Meeting – 7th December 2022

Approved as a correct record.

4. Matters Arising:

- Prescribing Matrix for Pan Lothian Reporting M Strachan / P Cooney

P Cooney produced a matrix 4/5 months ago of prescribing data for Lothian which showed seeing increasing use of more modern agents and less use of Sulphonylureas. P Cooney indicated developments have not progressed as he would have liked due to staffing issues particularly with a vacancy in the analytics team. It was noted efficiency plans are a priority for completion by April 2023.

M Strachan referred to WMS development of pathway of GLP1 for prescribing for diabetes and indicated an increased use of SGLP2 within primary care however still less confidence with GLP1 prescribing. P Cooney referred to guidance and confusion associated with East Region Formulary. M Strachan commented on layout of formulary which is causing confusion and has requested more logic structuring however this unable to be amended. M Strachan encouraged primary care teams to follow the Lothian protocol.

A McGregor highlighted a formulary submission on 14th March for use within the Weight Management Service and aware of enquiries about how best to support prescribing. It was noted the pathway not yet live until formulary submission is approved.

M Strachan suggested highlighting GLP1s in clinical practice meetings and MCN newsletter and suggested sharing of prescribing information with clusters will drive usage.

- RefHelp Update Remission

S Scarlett has outlined a RefHelp page and sent to R Captieux and L Eyles for comment, therefore in progress and will be circulated to relevant parties for comment.

M Strachan referred to contact with E Brewin on RefHelp guidance on foot care which takes a number of clicks to access and highlighted helpful to have links on a front facing RefHelp page. S Scarlett indicated updates have been undertaken and is awaiting further update.

- Community Nursing Education Update

No update available due to absence of K Ramage and L Keane.

- Cluster Data and Intelligence Reports

M Strachan referred to initial contact with the LIST team to develop cluster/practice level data. S Scarlett met with LIST team last week to discuss how best to progress and focus the purpose of the reports. A further meeting to take place with Dr Sam Abushal, Cluster Lead to inform the metrics for the reports. It was noted work is ongoing to attempt to pique interest in cluster reports and the nine processes of care. S Scarlett has shown her new practice manager the dashboard reports which was well received.

S Scarlett referred to 9 processes of care and indicated an infographic will be developed.

- Type 2 Leaflet Update

S Scarlett referred to useful meeting with the LDRG on 7th March where a further tweak to the leaflet and further information on support groups was requested.

M Strachan indicated unlikely to re-publish MCN green book with the aim to move to using the Diabetes Scotland workbook. A McGregor confirmed the continued use of remaining green book stock and trial the workbook and once established request feedback and consensus to adopt the workbook in Lothian.

- HbA1c Diagnostic Pilot

M Strachan indicated pilot started at beginning of January with 12 practices adopting in Lothian. The pilot is due to run for 4-6 months depending on number of tests coming in and hope at the next meeting to present preliminary data with the aim to ultimately roll out across Lothian to support improvement in diagnostic accuracy.

- MCN Newsletter

A Cumming thanked those who had provided articles. W Zhou has drafted the newsletter for M Strachan/S Scarlett to review prior to issue hopefully at the end of the week. With regards to the article referencing GLP1, it was suggested to replicate the prescribing algorithm in the newsletter, M Strachan / S Scarlett will provide a form of words.
Action: W Zhou to finalise and issue the MCN newsletter (completed 15th March)

5. Subgroup Updates:

a) Foot

E Brewin submitted apologies for the meeting citing a challenging start to the year with staff sickness and shortage resulting in a number of areas for development have had to be put on hold. There are no further updates at this time however work continues on the requested updates for the RefHelp page which E Brewin hopes to complete very soon and then focus on the CPR for feet campaign.

b) Psychology Subgroup

C Hewitt provided an update report for the meeting in his absence. Whilst Health and Social Care Partnership (HSCP) Chief Officers supported the paper associated with provision of diabetes psychological and mental health support, they requested further detail relating to potential cost savings in terms of prevention of longer-term illness and emergency admissions which could be achieved through investment in diabetes specific mental health support. A meeting has been scheduled on 16th March 2023 to progress this further request.

c) Diabetes Prescribing Subgroup

A Cockburn advised the sub group met on 7th March. M Lyall presented an SBAR paper relating to Dapagliflozin and felt sensible to move ahead with formulary submission for first choice of agent, which is assumed will be approved in March 2023 for implementation in April. M Strachan indicated guidelines should be updated post formulary committee meeting.

M Strachan suggested publication through clinical practice meetings, MCN newsletter and RefHelp and suggested May for an official launch.
Action: A Cockburn to ensure guidelines and communications prepared (assuming formularly approval)

A Cockburn indicated a Dexcom submission is likely to be approved at the 28th March 2023 formulary meeting with approvals confirmed in early differences which makes it cheaper a requirement on the prescription tariff. P Collings enquired if there will be impact on supply. M Strachan indicated unlikely to be an issue.

P Cooney enquired if prescribing Dexcom there is a need to also provide sensors and a transmitter. G McRobert said there is a need to prescribe a transmitter which should be available on primary care systems in due course, but is not currently available. As such it will need to be prescribed non-electronically. M Strachan indicated the need for wide dissemination to ensure all clear on prescribing requirements. S Ritchie indicated some primary care colleagues have had difficulties in prescribing.

It was noted Trulicity availability remains an issue, it is expected to be into July before improvement in availability.

M Strachan enquired about other East Region Board (Fife/Borders) submissions and any impact of Lothian submissions. It was noted Lothian submissions needs to be approved by each Board therefore Lothian is driving prescribing applications.

Action: G McRobert to forward guidance on Dexcom1 prescribing for circulation to the MCN (completed 8th March)

A McGregor indicated a formulary weight loss submission has had to be agreed by 3 boards. M Strachan referred to the use of Semaglutide from a weight loss perspective. A McGregor indicated in Lothian a supporting programme will be available for those meeting the SMC criteria for Semaglutide which will be triaged at a central point with individuals entering level 3 weight management programme which will provide better, more targeted access in line with medication starting. It was noted K Adamson and R Gifford will be providing one session per fortnight as medical prescribers. The biggest issue relates to where individuals pick up their prescriptions as specialist prescription only. M Strachan highlighted little medication prescribing is only by secondary care teams. A McGregor indicated the need for test of change to move to shared care.

P Collings enquired about the need to increase the number of Diabetes Specialist Nurse (DSN) prescribing practitioners. S Ritchie referred to a desire for all DSNs to be prescribers and highlighted transition phase within nursing team at the WGH. However, to achieve this goal there is a need for sufficient courses to be available to allow staff to be released. J Thomson referred to 6 months training for 1 day per week, staff need to be academically ready, is expensive (not a barrier), however time and co-ordination is challenging.

M Strachan referred to DSNs adjusting insulin doses, which did not require non-medical prescribing, J Thomson referred to governance processes.

d) PPPP subgroup

S Wild referred to update report circulated to members. One area of the report to highlight refers to Dr A Goodfellow, Public Health Consultant who is unable to attend meetings and has nominated A McGregor and L Eyles to provide feedback on East Region Prevention meetings.

A Cumming reported the first re-convened meeting of the East Region Prevention Board took place on 2nd March.

e) Professional Education

No update report provided. A Cumming advised K Ramage is leaving NHS Lothian next week. Recruitment for a new professional education lead is being progressed.

M Strachan wished it noted for the record, the huge amount of work Katharine has undertaken to transform professional education in Lothian and will be a huge miss to the MCN.

Whilst there will be a hiatus in the delivery of education courses for nursing teams, the monthly primary care clinical practice sessions will continue as well as the Lilly monthly webinars and GLP1 training events.

S Scarlett enquired whether it would be possible to provide a link to K Fernando's education updates to education pages and agreed to provide details.

A Cumming commented on the wide range of eLearning modules, videos and other resources available on the professional education website to support those seeking education. W Zhou is logging all requests for courses to allow people to be contacted when courses are running again.

6. Clinical Director Update

S Ritchie referred to a national inpatient audit which is part of a Scottish National audit taking place from 9 – 15 May and highlighted do not know how Lothian is doing in the management inpatients with diabetes. Support for the audit has been requested and will be incorporated within SCI-Diabetes. M Strachan enquired if audit relates to glycaemic control and includes foot screening. S Ritchie confirmed a number of areas will be audited, including feet. He referred to an audit previously undertaken on the WGH site which had helped to drive improvements in care.

LDRG asked a question associated with DNA rates at clinics. S Ritchie highlighted current DNA rate is circa 20% at the moment and is open to ideas if there is a better way of managing attendance. It was noted NHS Dumfries and Galloway have been proactive with patients to support engagement and referred to DNAs blocking appointments for those who do wish to engage. S Scarlett referred to text reminders as letters go missing. Patients are issued with appointment letters 6 weeks before their appointment with a text message reminder issued 72 hours in advance of appointment, however text message does not indicate which service appointment is with due to Information Governance (IG) constraints. It was highlighted email communication to patients is also difficult due to IG. Many clinicians call patients if they do not attend (depending on clinic pressures). S Scarlett then asked if DNAs (particularly repeated failure to attend) are passed onto the Admin Team in order to explore why they had not attended and consider a work-around. S Ritchie will follow up.
Action: S Ritchie to enquire about administrative support to follow up DNAs in secondary care.

A McGregor referred to improving DNA rates for DEMSOND, whereby the admin team are calling individuals to remind them to attend and also follow up non-attendance and re-book appointments which has improved attendance rates. She indicated the Trak redesign will include text messages which will result in not having to make reminder calls. P Cooney asked if reminder call telephone number does appear and highlighted many patients do not like to answer numbers which are not recognised. He indicated if GP practice is included patients are more aware a GP practice is calling. S Ritchie indicated need to challenge some of the outpatient redesign implemented to date.

P Collings indicated for those receiving appointments 6 weeks in advance and unable to attend and then potentially another 5 weeks before next appropriate appointment, she suggested potential for patient focussed booking. It was noted during Covid DNA rates were as low as 2% and asked LDRG to provide input to DNA review group.
Action: S Ritchie to provide information relating to the DNA review group to P Collings/A Job, LDRG

S Richie referred to the disparity between desire for technology and funding available resulting in difficulty in meeting expectations and wishes to assure MCN continue to raise concerns with the Board.

7. Scottish Diabetes Survey

- 2021 Survey / SCI-Diabetes Dashboard

M Strachan presented data on SDS and SCI-Diabetes Dashboard and referenced the excellent 2021 report.

Just over 5% of Lothian population are living with diabetes in NHS L. Lothian has the 2nd highest proportion of monogenic diabetes in Scotland. Lothian has the lowest mortality for those with

diabetes in Scotland (noting that this may in part be due to Lothian age demographic and affluence)

- Cardiovascular data - incidence of stroke with people with T2DM is slightly higher than the national average, unable to explain but highlighted clinical element in classification/coding of stroke. However, increased prescribing of SGLT2i's and GLP-1 RA's should lead to improvements in all cardiovascular data.
- Foot Ulceration in T1DM – above national average in terms of prevalence but ultimately about prevention for those coming into hospital and those at risk.
- Glycaemic Control T1DM (exception of Orkney) – Lothian has best data in Scotland but room for improvement. For T2DM similarly room for improvement.
- Blood Pressure T1DM below average for BP control – noted high usage of BP monitors and teams may not take action in clinic if home readings are available. This will be followed up with teams.
- 9 Processes of Care – should be recorded annually (except foot and eye screening with no risks, where it is bi-annually). For complete 9 processes of care, WGH 40% completed for T1 and T2. Lothian sits just above average at just under a quarter for completion of 9 processes of care. NHS Dumfries and Galloway and NHS Orkney just under 50%. Keen for NHS Lothian to appear at top of this metric. T2 sitting about 25% with some Boards doing poorly in completion. Processes of care within clusters; SE North cluster achieving 40% (suggested benchmark) most clusters sitting below with West/East Lothian sitting at 20%. Spectrum of variation across general practices, significant tranche of practices as low as 5% achievement (range 70% to 5% which is extreme level of variation).

It was noted the concept of 9 processes of care has not really been discussed with the MCN. M Strachan noted foot screening at WGH was low in January 2022 and he emailed colleagues at WGH to flag requirement for improvement. Now, no patient should leave clinic without 9 processes of care being completed. The reminder resulted in improvement in foot screening from 20% to 65% putting WGH as 2nd top clinic in Scotland. This highlights the potential of using these data to drive up attainment. M Strachan suggested as an MCN, one for the programmes for the coming year is to push the concept of 9 processes of care with colleagues in primary care and ask the LIST team to produce details within cluster reports. M Strachan however highlighted pressures within primary care with other workload.

A Cumming referred to newly diagnosed T2DM enhance service specification which referred to processes of care within the service specification, however this was not a focus during the pandemic and dependent on remobilisation of primary care services post pandemic.

Agreed M Strachan, S Scarlett and A Cumming to consider how to drive forward within primary care teams. S Scarlett referred to eye screening, which is out with control and suggested follow up for appointment with N Grant, Screening Manager. Foot screening for internal audit and SCI-Diabetes do not match up. S Wild suggested need to identify READ codes and review with SCI-Diabetes team in cases where codes are not recognised. M Strachan asked S Scarlett to flag any individuals where there is discrepancy in information on GP systems and SCI-Diabetes. M Strachan agreed to follow up with SCI-Diabetes the requirement to continually update smoking status for people known to be a lifelong long non-smoker.
Action: M Strachan, S Scarlett and A Cumming to discuss driving forward improvement in review of the 9 processes of care within primary care teams.

Overall NHS Lothian is doing better than average in most metrics within the survey and noted there are areas for improvement.

- 2022 Survey Draft Outline

S Wild referred to plans to slim down the next survey and hoped to have some input and suggestions. She indicated it is hoped the survey to be published sooner and only include the spine chart data for Boards and asked about quality of data i.e. education, foot screening which is not well recorded.

S Wild asked for thoughts on the spine chart. M Strachan is supportive but highlighted prescribing data is not included in the survey. S Ritchie is also supportive of slimmed down survey and focus on 5-6 areas for improvement over the next year. Inpatient data is not robust enough but keen for data to be available as a commitment in the improvement plan and use for focus of improvement and developments. S Wild was in agreement to include data/recording of inpatients and education. With regard to prescribing S Wild to discuss with A Cockburn about reporting prescribing data elsewhere. M Strachan indicated he thought prescribing data is not routinely reported. It was noted Alpna Mair, Scottish Government prescribing lead may be a useful contact.

8. Type 1 Diabetes Future Model of Care

M Strachan indicated SLWG continues to meet and not massively optimistic about receiving additional funding to increase access in technologies.

9. Type 1 and Type 2 Patient Education Update

A McGregor referred to report circulated for the meeting. Attendance rate is up at 70% in last quarter however groups rarely run at maximum capacity and looking to match capacity with demand. Virtual groups are not well supported during the day but the evening “Lets Prevent” course is popular and also running a monthly evening “DESMOND” virtual group. Waiting list continues to be large, for those newly diagnosed with T2MD in 2022 only 52% referred for “DESMOND”. The service is considering how best to reach out to those not accessing education opportunities.

MyDESMOND has been live since May 2022, 192 asked to have access, only 89 (46%) registered, 27% completed the digital programme. Attempting to identify how to improve engagement.

Waiting list sitting at over 2,000 but confident can be reduced with outpatient redesign and opt in letters for those actively on the waiting list. An initial letter was issued but not everyone responded. Three new educators are training and on-going funding to meet demand requires review.

M Strachan asked if considered removal of people who have been on the waiting list for over a year, A McGregor referred to anxiety of removing people due to waiting list governance.

S Scarlett referred to requesting access to the MyDESMOND App as general practice is not aware and asked if a generic offer could be made for MyDESMOND. A McGregor indicated the opt in letter includes reference to MyDESMOND.

G McRobert provided update on DAFNE, there is 146 on the waiting list, on-going issues with educators / admin staff; however these are resolving. Remote sessions to be confirmed for the remainder of the year. DAFNE educator training continues to be free of charge and suggested should be taking advantage to identify people to become educators. The admin team is now up to full complement. The Directorate Assistant is returning from maternity leave and will oversee the pump admin team, which will make a big different to education delivery. Central DAFNE buddy and all admin team members can access the national database and attending DAFNE admin training. National DAFNE revalidation is coming within the next few months which is an online unit with a module to pass to allow continuation as educator. DAFNE audit will be completed in August 2023. Hoping DAFNE refresher removed from list within the next couple of weeks as require online code and carb refresher information. DAFNE have streamlined resources with one workbook and one curriculum. There has been a recent meeting with other NHS Boards to obtain national DAFNE license for Scotland to assist smaller Boards to access to bring consistency in provision of structured education across Scotland.

10. LDRG Questions P Collings/ A Job

Closed loop technology – M Strachan
A degree of confusion exists, within our membership, regarding the delivery of closed loop systems to patients and the criteria that is being applied.

I. It would be helpful if you can advise what criteria are being applied to identify eligible patients?

II. How many patients in Lothian are potentially eligible for a close loop system?

III. What progress has been made issuing closed loop systems to patients?

IV. How does the Lothian implementation of the Closed Loop System mesh in with the ANIA process for improving the availability of technology to patients?

Overall aim 70% of people with T1DM in Lothian to have access to technology, currently 25% on pump and proportion with linkable CGM 5-6%. G McRobert and F Gibb attempting to get as many as possible on loopable systems. Standard criteria is recurrent severe hypos, poor glycemic control, women planning pregnancy or pregnant. Lothian is linked into the ANIA team who presented at the Lothian redesign group but disappointed as Lothian is close top for the number of people provided with technology. Central support is likely to be given to Boards with low proportion of people on technology. Therefore, Boards who are performing well will not receive as much central financial support but will benefit in other areas i.e. procurement and admin/ nursing teams.

Professional Education

What impact will the resignation of Katherine Ramage from her role in Professional Education have on the availability of resources and courses to HCPs to improve their knowledge of Diabetes in the short term?

Total of 8 scheduled education courses have had to be cancelled

- Insulin safety acute staff – 4 sessions (monthly) March to June
- HCSW Diabetes Management – 2 sessions (April & May)
- Community Staff – Keeping people with diabetes safe at home – 2 sessions (March & May)

Review of the bookings for the above courses which required to be cancelled indicated there were between 2 and 4 people registered for each of the education sessions.

Education videos are available to access on the professional education website until an education lead can be appointed. Those making enquires about the availability of education courses are currently being directed to the website videos.

There is no impact on the scheduled Lilly and GLP1 webinars.

A Job referred to availability of courses in educational establishments with universities /colleges. S Ritchie indicated he has raised at the Scottish Diabetes Group and whilst accepted there was a problem but no clear resolution. He indicated Lothian is reaching out to year 6 students to support education and engagements so ready for practice.

Patient Education

What progress has been made in reducing the waiting list for the DESMOND course?

The waiting list remains high, however, the actual number of 2,381 needs interpreted. Manual housekeeping of the list post COVID has indicated many referrals are no longer active e.g. in remission, have had alternative type 2 diabetes education support, don't wish to attend a group, require 1:1 support, prefer to use MyDESMOND digital programme, no longer in Lothian.

The Outpatient redesign system on TRAK has been subject to unwelcome delay, but once live the DESMOND waiting list will be supported by the patient focused booking (PFB) process. This will allow patients to opt in or advise their status within measured timeframes. We will be able to accurately report on waiting times and better meet the aim for all appropriate patients to receive DESMOND education within 12 months of diagnosis.

Referral rates are increasing, and funding to meet increasing demand needs constant review. Current average referral rate is 140 per month. We have increased from 4x to 6x monthly courses throughout Lothian, and plan to offer 1x monthly evening virtual courses from April 2023. Evening courses have been popular with the 'Let's Prevent Diabetes' course.

However, courses continue to run below capacity, impacted by non-attendance. Each group can accommodate up to 10 attendees. With increased administrative attention and supportive clinical patient conversations, attendance rates have steadily improved since programme remobilisation. Historically 45% attendance, a steady increase has been demonstrated to 57% then 61.5% and now 70% in the last quarter.

Three new educators will be completing training this year, at a cost of £1400 per educator. This will help with recent loss of educators to retirement, support of some long absences and general staff turnover. The manual booking process is administratively heavy with an average 1 in 10 patient booking calls resulting in a booking, and to improve attendance rates there is completion of patient reminder calls prior to course dates. The new TRAK system will be a very welcome improvement, reducing admin support, maximizing the matching of capacity with uptake and supporting text reminder messages.

There is no waiting list for the MyDESMOND digital programme, patients can be registered immediately. Patients may choose to complete MyDESMOND and attend a face to face or virtual course.

DESMOND mailbox: loth.desmond@nhslothian.scot.nhs.uk

Consultant / Primary Care Cluster Initiative - M Strachan

I. Have there been any tangible results seen so far from this initiative? We understand that this aimed to improve awareness of the SCI Diabetes dashboard thereby improving the sharing of best practice e.g. lowering of numbers with high HBA1c levels, percentage of patients that are in remission, improved number receiving all 9 processes of care etc.

II. What will be the focus of this initiative over the forthcoming 12 months?

Patient appointments - M Strachan and Scarlett

I. What is the current best practice / recommendation for the frequency to conduct face to face reviews rather than remote consultations in Primary Care?

II. Is there any data on how the choice between face to face or remote consultations offered to patients is being used in a) Primary Care and b) Secondary Care.

III. Has there been any improvement in the DNA rate in the last quarter?

No clear tangible benefit but will push of prescribing of GLP1s and 9 processes of care, which will be the focus for the next 12 months.

Best practice / recommendations for F2F/Virtual appointments in primary care. S Scarlett indicated have enhanced services which they follow but most practices are back to F2F consultations. Process has been positive to reach out to secondary care consultants for advice which may have reduced referrals.

Secondary care undertake very few telephone appointments and tend to be driven by patient requests. S Ritchie commented on survey undertaken after 1st phase of Covid which asked what type of consultation is preferred, response from patients was preference for telephone consultation but now reverted back to F2F. Now hearing people prefer coming to centres to have F2F appointment and one stop screening. Optimal timescale – Lothian has maintained 6 months between appointments; however moving forward unable to sustain 6 monthly appointments. RIE longer time between appts which will manifest in other sites due to staffing and DNA rates. Quality over quantity will become a key focus for consultations.

11. AOCB

- MCN Co-ordinator

A Cumming advised interviews were held last week, a verbal offer has been made to the preferred candidate who has accepted subject to checks. It is hoped the new co-ordinator will take up post in early April 2023. To note the co-ordinator post is a shared post with the respiratory MCN which is to be re-launched post pandemic.

- Healthcare Governance Committee Report

The MCN management team prepared a Diabetes MCN update report for the Healthcare Governance Committee meeting scheduled on 14th March 2023, the report incorporates updates provided by many of the MCN members. The report has been signed off by NHS Lothian's Medical Director for submission. The MCN management team are meeting with the Medical Director on 15th March 2023. A Cumming will circulate a copy of the report following the meeting for information.
Action: A Cumming to circulate the HGC report for information (completed 8th March)

M Strachan commented he was pleased to receive an invite to meet with T Gillies, Medical Director to discuss MCN activities and diabetes services following submission of the report.

- MCN Conference

The MCN management team have met to discuss arrangements for the MCN conference which will be virtual again this year (due to MCN co-ordinator vacancy) and will take place over two half days on Tuesday 6th June from 1300 – 1600 and Wednesday 14th June from 0930 – 1230. The Scottish Health Service Centre team confirmed today they are available to support arrangements for the virtual conference. Work is on-going to confirm topics and speakers. A 'save the date flyer' will be issued.
Action: W Zhou to prepare and issue a hold the date conference flyer

12. Schedule of Future Meetings 2023

Day	Date	Time	Venue
Wednesday	7th June	2pm – 4pm	MS Teams
Wednesday	6th September	2pm – 4pm	MS Teams
Wednesday	6th December	2pm – 4pm	MS Teams