

NHS Lothian Diabetes Managed Clinical Network (MCN)

Note of Meeting held on 7th June 2023

Present: P Cooney, A Cumming, A McGregor, S Ritchie, S Scarlett, M Strachan, G McRobert, J Barclay, N Martin, W Zhou, A Cockburn, P Collings, A Job, J Bladen, C Hewitt, E Brewin, S Grant

1. Welcome

M Strachan welcomed those attending the meeting and introduced Natalie Martin, MCN co-ordinator who is supporting both Diabetes and Respiratory MCNs.

2. **Apologies:** R Wright, S Wild, L Hazzard, C Drummond, A Grant

3. Minutes of Previous Meeting – 8th March 2023

Approved as a correct record.

4. Matters Arising:

- Recruitment of Professional Education Lead

A Cumming updated the group on the recruitment status of the Diabetes MCN Professional Education Lead. Interviews were held on Friday 2nd June 2023 and there has been a verbal offer made to Jill Little, Lead Diabetes Nurse, NHS Borders subject to pre-employment checks.

- Formulary Committee Approvals

Weight Management GLP-1:

A McGregor referred to use of Liraglutide (Saxenda) for specific weight management use, which is awaiting approval. 57 patients who meet SMC criteria which includes cardiovascular risk, BMI over 35, pre-diabetes range and supported by specialist WM programme. M Strachan indicated guidance does not apply to those with T1DM and hopes to come to an arrangement for those with T1DM to be included where appropriate. M Strachan referred to major GLP-1 supply issues (discussed in more detail later in the agenda) and the Prime Minister announcing on 7 June that access to GLP-1s for weight management was to be opened up, which will lead to increasing patient expectations.

Action – A McGregor to update group on formulary decision in due course or at the next meeting.

Dexcom ONE:

P Cooney reported Dexcom ONE approved for formulary use in Lothian, awaiting on-line update and availability on the primary care system for prescribing. S Scarlett will confirm if available on EMIS (update available on VISION). M Strachan suggested sending out a communication to all members and was keen to highlight this in the newsletter.

Action – S Scarlett to confirm if sensor and transmitter now available to request electronically on EMIS (action completed 07/06/2023).

Action – N Martin to highlight this in next issue of newsletter (action completed 19/06/2023).

Dapagliflozin:

M Strachan requested an update regarding dapagliflozin/SGLT-2s. A Cockburn advised that the East Formulary Committee are meeting today to review this for final approval. She is hopeful that there will be no issues with dapagliflozin getting final approval following previously recommend alterations to the submission.

Action – P Cooney to email formulary team to check when the formulary website will be updated and will update group (action completed 21/07/2023).

Action – M Lyall to produce revised prescribing guidance (completed 28/08/2023)

- Development of Cluster Data and Intelligence Reports

S Scarlett indicated working with the data intelligence team to devise a report to send to clusters. Further revisions are to be made to the draft report and it is hoped to circulate practice level data reports and also hoped to issue prescribing data updates if pharmacy team can support. P Cooney indicated should be able to support prescribing reports following confirmation of search requirements to generate a regular report. S Scarlett indicated prescribing reports currently provided annually and suggested linkage with Fraser Munro within the data intelligence team. S Scarlett highlighted F Munro is scheduling cluster meetings.

Action - S Scarlett to link P Cooney in with Fraser Munro from the LIST team (closed – P Cooney no longer in post)

Action – S Scarlett to investigate the option to visit practices with Fraser Munro in due course. (completed 24/08/2023)

Action – P Cooney to investigate building ‘search code’ with his team with a run frequency of 6 months (On hold – awaiting recruitment to P Cooney post)

- Type 2 Patient Leaflet

S Scarlett confirmed the new leaflet is 95% completed. A decision is to be made to run down the remaining stock of the Living with Type 2 Diabetes (green booklet) and adopt the Diabetes Scotland booklet with no further printing of the green booklet. A McGregor indicated web links in the leaflet provide more up to date information. M Strachan and MCN members supported removal of the green booklet. P Collings referred to national patient education pathway under development and utilisation of the national ‘Once for Scotland’ approach and was keen not to slow down Lothian developments whilst awaiting a national decision.

Action – S Scarlett / A McGregor to come to decision on removal of reference to ‘green book’ from leaflet and submit leaflet to Patient Information team for review by the end of June. (completed Jul 2023)

- Diabetes MCN Professional Education Conference

N Martin shared an update of yesterday’s Diabetes MCN Professional Education Conference (Day 1). 100 delegates attended the conference, which ran from 1pm to 4pm virtually, via MS Teams. Members were reminded that there was still time to register for Day 2, if they had not already done so. N Martin shared the registration link (<https://book.shsc.scot/mcn2023>) with members and advised, for those not able to attend in person, that this is the same link to watch the recorded sessions.

M Strachan referred to the great presentations and engagement at the conference and thanked members for their support.

- HbA1c Diagnostic Test Pilot

M Strachan indicated the pilot is going well, 10 practices using HbA1c as the main diagnostic test. The laboratory team is happy with the way pilot is progressing; the increase in workload is in line with what was anticipated and asked if pilot could be extended to a further 10 practice (9 identified to date). Hopeful at the end of the pilot Lothian will be first NHS Board in Scotland to use HbA1c as the diagnostic test.

A Cumming sought update on expected timescales for adoption in Lothian. M Strachan advised the pilot will continue to run until December 2023 and will seek further update in the autumn.

5. Subgroup Updates:

a) Foot

E Brewin advised that the Refhelp revision has been submitted and should be available soon. There are plans to streamline the pathway between primary and secondary care. C Jones provided a case study presentation at education conference and there will be a further update at the primary care clinical practice meeting on 26th June from K Linton. Paperlite rolled out across podiatry to provide easier access for colleagues. eTriage implementation has been successful resulting in more moderate at-risk referrals with current wait circa 8-10 weeks. Dashboard figures for Lothian foot screening are slowly increasing in line with Scotland with T1 sitting at 57.9% and T2 at 58.3%, this continues in an upward trend. Capacity is being increased to support timely treatment of new ulcers with the aim of quicker response times in line with the target of 2 working days.

M Strachan referred to discussion with S Philip and B Kennon, Scottish Diabetes Group where in an ideal world, primary care should be inputting screening data on SCI-Diabetes. However, the reality is practices do not use SCI diabetes for this purpose. M Strachan raised this at a recent primary care clinical practice meeting which was not particularly well received. S Scarlett will meet with her practice nurses to view recording. E Brewin referred to previous visit to practices in Lothian and said that the advice from the Foot Action Group is that foot screening should be recorded on SCI-DC to ensure consistency. M Strachan commented on the need for further clarity on how to reconcile and suggested need for work around to allow a better foot assessment to be viewed on GP systems.

Action: S Scarlett to discuss foot screening data input with her practice nurses

S Ritchie referred to the national inpatient audit at SJH, WGH (RIE to be undertaken next week), he highlighted the clear messages from colleagues that foot examination in hospitals is not where we would want to be and suggested the need for reinvigoration of CPR for feet. He will share data when available.

Action: S Ritchie to share inpatient audit data on foot screening when available (ongoing)

b) Psychology Subgroup

C Hewitt referred to disappointing update relating to the business case which was presented to HSCP Chief Officers who could see the need for an enhanced service but sought more information on the health economic benefits. Work is on-going with R Miller, Head of Strategy Implementation and Fiona Wilson, East Lothian Chief Officer and Chief Finance Officer, however IJBs not in a position to support the business case despite recognising the need.

C Hewitt highlighted the time for working on the business case will be slowed down as there is no funding available to progress. M Strachan supported the disappointment, recognising the work undertaken to develop the business case and highlighted requests for funding are being pushed back due to the financial position which is impacting on all services.

P Collings commented on her disappointment at the update given the amount of work undertaken to develop. C Hewitt referred to a number of efficiency savings which are having to be made. M Strachan referred to cancer, elective surgery waiting lists which are areas where there are funds available to support service improvement.

C Hewitt has agreed to continue to work on further updates but at a slower pace and is seeking expertise in health economics.

M Strachan agreed to keep mental health/ psychological support under the remit of the T1DM SLWG and thanked C Hewitt and the group for work undertaken to date.

c) Diabetes Prescribing Subgroup

A Cockburn referred to update T2DM guidelines and on-going work associated with metrics development. P Cooney indicated a rough draft matrix is being tweaked to ensure fit for purpose.

Shortages –Tresiba® flex pens is a current big issue. It was noted this is the only insulin where there is a shortage. S Ritchie indicated shortage is expected for 6 months and relates to disposable pen and highlighted that people can still use this insulin, but the delivery method will be changed. Novo Nordisk representatives have been asked to come up with delivery solution to avoid patients having to travel to secondary care clinics. It was noted this shortage will impact on circa 1,500 patients. J Barclay enquired if it is possible to extract details of where patients reside and indicated it is not manageable for secondary teams to switch delivery arrangements given volume of patients. She noted her disappointment at the Novo Nordisk response and commented that the shortage may be longer than the anticipated 6 months.

S Scarlet enquired about communication to primary care and potential for a central point for updates i.e. on MCN page to avoid confusion in primary care. M Strachan suggested might be good to provide an update via RefHelp, however noted this page is only accessed for referral support. Alternative might be an update on East Region Formulary pages. P Cooney indicated there should be a list of patients by general practice and therefore there's a need to confirm plan on messaging to patients. M Strachan suggest a working group is established to take forward management of shortage implications.

Action: J Barclay, P Cooney, S Ritchie to develop an action plan and sought S Scarlett support and community diabetes nurse involvement (A Dawson/L Keane) to provide primary care perspective. S Ritchie indicated need for sign posting. W Zhou to support co-ordination of meetings. J Barclay to reach out to colleagues across Scotland to seek details on how others are approaching. (complete 17/07/2023)

GLP-1: A Cockburn advised we await recommendations/Scottish Government direction regarding oral semaglutide supply issue. Shortage is becoming worse for injectable and oral preparations. The shortage has come about through off-label private prescribing for weight loss. M Strachan enquired if anything can be done to prevent private prescribing, P Cooney confirmed this has been raised and is awaiting response. S Ritchie referred to a difficult meeting with Novo Nordisk and has discussed with B Kennon. This is being considered at a national level but he has asked Novo Nordisk to ensure the NHS is prioritised for supply. P Cooney referred to the intermittent supply which provides challenges as unable to determine when stock will be depleted.

S Ritchie suggested developing a communication outlining options/recommendations for alternative prescribing to provide clarity on decision making.

M Strachan and S Ritchie agreed to develop a document outlining developments to issue with newsletter and prescribing guidance page on MCN and also advise emails on each site.

Action: M Strachan and S Ritchie to develop updated prescribing guidance (complete 17/07/2023)

A Cockburn indicated she hopes to receive a decision associated with Dapagliflozin by 7 June. It was highlighted the MCN internet page includes guidance associated with SGLT-2 and Metformin being initiated jointly irrespective of HbA1c in people with CVD. M Strachan confirmed this relates to NICE recommendations and will be included in the prescribing guidance update to be developed. A Cockburn agreed to check NICE T2DM prescribing guidance.

Action: A Cockburn to check NICE T2DM prescribing guidance and if so whether this needs Formulary Committee approval before being added to the MCN internet page guidance. (complete 28/08/2023 in M Lyall prescribing guidance update)

d) PPPP subgroup

A Cumming provided an update on behalf of S Wild highlighting a number of items discussed are included on the MCN meeting agenda therefore feedback from PPPP focussed on the following updates:

SCI-Diabetes dashboard usage within primary care, whilst promotion via cluster liaison has occurred, there will be further dashboard promotion via the next MCN newsletter.

SDS/SCI Diabetes Recording Lifelong Non-Smoker update every 15 months, S Wild has followed up and agreement for revision. M Strachan has/will submit a change request form. M Strachan indicated that he previously submitted a change request circa a year ago and will check to confirm.

Action: M Strachan to confirm if SCI-Diabetes change request has been previously submitted (complete Jul 2023)

Inclusion of pre-diabetes flag on laboratory reports – thanks to S Scarlett for taking forward, now implemented, that for people with a new pre-diabetic range HbA1c of 42-47mmols, inclusion flag incorporated has been incorporated on laboratory reports from March 2023 which reads as “Have you thought about referral to ‘Let’s Prevent Diabetes’” which has been well received within primary care.

Patient Education Recording on SCI-Diabetes – S Wild as editor for SDS, highlighted work underway to improve recording potential to allow reporting against national improvement plan measures and inclusion of updates in future survey reports. The national patient education group are reviewing /updating recording options.

6. Clinical Director Update

S Richie provided an update on the DNA rate discussed at the previous meeting, which peaked during December and January and reported the DNA rate has now dropped to around 17% of appointments across the service.

- Admin Support for DNA Follow Up

Patients are called to discuss non-attendance. NHS policy following 2 non-attendances a further appointment is not offered and the patients is referred back to GP. Within diabetes services, if DNA 1st appt, the team undertake a virtual review and write to individual c.c. to GP and no automated 2nd appointment is issued. Text reminder is issued 72 hours before the appointment, however the text message does not provide details of service of appointment nor the site of the appointment.

Clinic booking processes at WGH is different to SJH, RIE (not clear on Leith CTC and East Lothian). The WGH has now moved to planned repeat lists for appointments 6-9 months later, which has been adopted in SJH and RIE. Trying to match appointments to time requested and further work to bring people in at correct period for follow up. A Job enquired about the planned repeat list and how requests from patients to reschedule appointments is managed and referred to previous experience of patients being added to the end of the waiting list if request to reschedule. S Ritchie confirmed an alternative appointment is offered as soon as possible.

7. Improvement Plan – Diabetes Processes of Care

S Scarlett referred to the circulated graphic summary of the 9 processes of care to support further engagement to complement the cluster dashboard reports. She suggested to helpful to share at the MCN conference next week.

Action - S Scarlett to share 9 processes of care infographic at Day 2 of the Professional Education Conference next week. (completed June 2023)

8. Review of Type 2 Diabetes Local Enhanced Service (LES)

S Scarlett highlighted the MCN management team is meeting with Dr Jeremy Chowings, Associate Director for Primary Care next week to discuss the potential to review and update the existing T2DM LES, which focusses on the first year of diagnosis. M Strachan indicated consideration is being given to refocus of LES on processes of care and referenced screening aspect of diabetes complications is being undertaken in community treatment hubs in other Health Boards.

Action – M Strachan to update group on outcome of LES discussions at next meeting. (ongoing)

9. Primary Care Clinical Practice Meetings

S Scarlett referred to monthly clinical practice meetings which have been going ahead for the past 9 months, feedback /evaluation is being sought, attendance at each meeting is circa 35 people. The meeting programme is being developed into 2024 and keen to gain more interaction with primary care teams.

10. Type 1 Diabetes Future Model of Care

M Strachan provided update on T1 SLWG which has a key focus on long term funding for advanced technologies. He highlighted the need for funding is now recognised by senior managers in IJBs and Corporate Team who have a better understanding about the urgency of funding requirements.

M Strachan highlighted the need to demonstrate doing everything possible to be cost effective to release funds to support access to technology. Biosimilar insulins are increasingly available and we should model the impact of their introduction at scale and the implications of cost. A Cockburn referred to formulary application next month associated with Biosimilars. P Cooney indicated there was potential for a technician to support modelling work. M Strachan requested review of each insulin and if biosimilar available and consider cost implications.

Action: P Cooney progress modelling funding impact of Biosimilars (On hold – awaiting recruitment)

P Collings highlighted patient response to switch in medications. M Strachan highlighted the need for a sensitive approach and that any change is to allow for re-investment in diabetes services. S Ritchie referred to need for strategic approach to consider ways to support invest to save.

11. Type 1 and Type 2 Patient Education Update

A McGregor provided update on delivery of T2 patient education:

- Not fully live with TRAK DESMOND administration however will be fully implemented very soon which will support Patient Focussed Booking and management of waiting lists
- Six F2F group (10 spaces per group per month)
- Virtual groups – offered evening virtual group over April /May 3 x 2 hour sessions 5.30-7pm. 80-90% attendance, plan to run a further group on bi-monthly basis
- 2022-23 attendance rates; Q1 57%, Q2 61.5%, Q3 70% and Q4 65.2% wide range of sites, options, reminder calls. Continue to investigate engagement, text reminders request to individualise to education programme.
- Referrals 137 per month for DESMOND
- MyDESMOND digital pathway: 101 registered, 28 active, 38 inactive, 35 completed and 28 active following completion. Available to everyone on referral.
- Challenges – Outpatient redesign on TRAK, educator availability (long term absence, 20 educators, 2 practice nurses trained and plan to train physical activity co-ordinator), booking venues in advance as far as possible.

P Collings sought clarify on % attendance rates, A McGregor explained some patients cannot attend are offered alternative appointment and some do not attend, all those who do not attend are contacted and offered further appointment.

M Strachan asked about overall waiting list and length of wait. A McGregor advised anyone waiting beyond year is mostly due to patient not confirming opt in following manual opt in letters sent to everyone during the COVID pause to the programme and highlighted there will now be a further opportunity to opt in through new patient focussed booking. In summary, much reduced long waits with majority of long waits associated with patient preference.

DAFNE Type 1

G McRobert indicated 140 patients on the waiting list for F2F or virtual courses, 10 on refresher waiting list. Educators continue to be challenge, a further staff member is being trained and undertaking further training of remote educators. HbA1c returns and results in hypoglycaemic range are reviewed. Further changes to admin team but becoming more stable to support issue of packs for DAFNE refresher. DAFNE waiting list is held on TRAK which allows production of more data. National DAFNE meeting next week and will have details of Lothian data from the past 18 months. Courses at WGH scheduled in July and December (16 people). Those on waiting list will be waiting at least 6 months, however will not take long to reduce waiting list following further educator training. There is no charge to train DAFNE educators. DAFNE audit will be undertaken in Lothian during 2023. A further update will be provided at the next MCN meeting to include provision of data provided at the upcoming DAFNE collaborative meeting.

12. Feedback from National MCN Leads Meeting 10th May

A Cumming indicated she hoped it was helpful to provide members with a summary of the discussions at the National Diabetes MCN Lead Clinicians and Managers meeting on 10th May 2023. She indicated many of the areas highlighted in the summary notes have been discussed under many of the MCN meeting agenda items i.e. technology funding, inpatient audit, national education short life working group, innovation challenges and SCI-Diabetes updates.

Further information will be circulated to MCNs associated with Type 2 Diabetes Management in the Young which was highlighted the most high risk vulnerable cohort relates to those under 40s where there is a need to develop appropriate care models. SDG have agreed to support some focussed work therefore SLWG is to be established (details to be issued to MCNs) to inform a focussed piece of work for rapid review and recommendations.

13. LDRG Questions

DNAs – Stuart Ritchie

Q: At the last meeting of the MCN a sharp increase in the DNA rate was reported. Investigations were being started to try and identify common themes or underlying reasons.

- a) Have these investigations started?
- b) If so, are you able to share any conclusions yet?

A: Answered above – item 6

Appointment booking systems

Q: Speaking with members, there appears to be some confusion over the process of booking review appointments in Secondary Care. The current process seems to be;

- Clinic diarises the review
- Patient sent an invitation to a specific appointment a few weeks in advance of the review date, requiring the patient to contact reception to re-arrange the review if the offered date is inconvenient.

The effect seems to be to extend the period between reviews.

- a) Is it possible to quantify the impact of this on the frequency of actual reviews e.g. three monthly reviews actually happening after seven months?

- b) Can you confirm that the previous process for booking reviews (booking the next review date at the clinic immediately after the current review) has now been discontinued?
- c) We are aware that some other Departments are starting to use on-line booking systems that empower the patient to re-arrange an appointment directly if the offered appointment proves to be inconvenient (e.g. Covid vaccinations). Are there any plans to investigate the possibility of introducing a similar system for diabetes clinics? LDRG believes that flexibility of appointments is crucial, not only for dates but also for type of appointment (F2F, phone or video).

A: S Ritchie provided an update under the clinical director agenda item update.

Low Risk Pathways

Q: How has the introduction of the “low risk pathways” for DRS and Podiatry been communicated to NHS Lothian staff? There appears to be mixed messages being given by different staff over the frequency of reviews that patients may expect leading to confusion amongst patients.

A: E Brewin provided a response to ask by 'low risk' pathways do you mean the change in screening to every 2 years for low-risk patients? Communication has been supported in several ways firstly through a presentation highlighting the changes at a MCN professional education conference. All communication has been shared through the Scottish Foot Action Group and the rationale for the changes. The updated Traffic light risk stratification tool has been widely disseminated, reflecting the changes. Inclusion of an article in the MCN newsletter detailing the changes to practice and the evidence behind it. Update of the changes to the Ref help pages with the updated links. Diabetes UK have changed the details on their website to reflect the move to every 2 years for low risk patients being screened in Scotland

E Brewin sought further information from the LDRG to ask where the mixed messages are being given and by whom please to allow investigation.

P Collings queried if the 9 processes of care infographic needs updated with removal of “annual”.

Action: P Collings to follow up with LDRG members (completed Jul 2023)

Action: S Scarlett to request update to infographic (completed 15/06/2023).

Patient Education

Q: As ever, LDRG has been commenting on matters to do with Patient Education, currently the “One for All” pathways. Having read various documents there doesn't seem to be any stated Aims and Objectives for Patient Education to be used as a measure of success. Are there any and if so, what are they?

A: 'One for All' pathways have been developed by the Scottish Diabetes Group Patient Education Sub Group.

The National Diabetes Improvement Plan 2021 – 26 Commitments and Priorities outlines aims and objectives and measures of success.

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/02/diabetes-improvement-plan-diabetes-care-scotland-commitments-2021-2026/documents/diabetes-improvement-plan-diabetes-care-scotland-commitments-2021-2026/diabetes-improvement-plan-diabetes-care-scotland-commitments-2021-2026/govscot%3Adocument/diabetes-improvement-plan-diabetes-care-scotland-commitments-2021-2026.pdf>

For Example:

Commitment 1.1 *We will continue to support the implementation of the Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes*

- % of adults with type 2 who complete structured education within 6 months of diagnosis

Commitment 2.1 *We will support early optimisation of glycaemic control in new onset type 1 diabetes*

- % of people living with diabetes who are recorded as having attended structured education within six months of diagnosis

Commitment 3.1 *We will ensure timely and appropriate access to structured education and support for people living with diabetes*

To ensure progress against this commitment we will review the:

- % of people living with diabetes who are recorded as having attended structured education
- % of people living with diabetes who are recorded as having attended structured education within six months of diagnosis
- % of people living with diabetes who are recorded as having attended structured with HbA1c >75mmol

Action – A Cumming to send P Collings the link to the commitments (completed June 2023)

P Collings asked for clarification on the aim of structured education and queried if this was just nutrition or nutrition and fitness and if this also included psychology and was keen to understand who we are measuring success. A Cumming advised she would follow this query up and suggested that something may emerge from the new national pathways in regard to patient education.

Action – A Cumming to share any pathway updates relating to structured patient education when available. (Ongoing)

14. AOCB

No items were raised.

15. Schedule of Future Meetings 2023

| Day | Date | Time | Venue |
|-----------|---------------------------|-----------|----------|
| Wednesday | 6 th September | 2pm – 4pm | MS Teams |
| Wednesday | 6 th December | 2pm – 4pm | MS Teams |