Diabetes Managed Clinical Network
Network Meeting

20th September 2023
14:00 – 16:00
MS Teams

Minutes of Meeting

Attendees

Susannah Scarlett, GP & co-chair Diabetes MCN
Alyson Cumming, MCN Programme Manager
Wenyi Zhou, MCN Secretary
Natalie Martin, MCN Coordinator
Lyn Keane, Diabetes Specialist Nurse
Andrew Job, LDRG
Maria Truesdale, Senior Lecturer in Intellectual Disabilities
Audrey McGregor, Dietitian & Service Lead for Weight Management
Gayle McRobert, Lead Diabetes Specialist Nurse
Katie Miles, Lead Primary Care Pharmacist
Paula Collings, Chair of LDRG
Stuart Ritchie, Clinical Director
Sarah Wild, Honorary Consultant in Primary Care PPPP subgroup
Laurence Taggart, Professor in Intellectual Disabilities
Scott Taylor, Learning Disability Nurse
Jackie Thomson, Clinical Nurse Manager
Dania Wood, Dietetic Service Lead;
Rohana Wright, Consultant Diabetologist SJH Mark Strachan, Consultant Diabetologist & co-chair Diabetes MCN
Jill Little, MCN Professional Education Lead
Hannah Ali Akbar, Specialist Clinical Pharmacist
Emma Brewin, Podiatrist & Foot subgroup chair

1. **Welcome & Introductions**
   The meeting started with a round of introductions.

2. **Apologies**
   Alison Cockburn, Adele Dawson, Catriona Drummond

3. **Type 1 and Type 2 Patient Education Update**
   a. <u>My Diabetes and Me Research Study</u>
   M Truesdale thanked the MCN for the opportunity to attend the meeting to discuss the My Diabetes and Me Study and provided a presentation on those with intellectual disability (ID) who are more likely to develop T2 diabetes and have poorer outcomes. It was highlighted those with intellectual disability are not currently offered diabetes education programmes.

   From 2012-15 Diabetes UK provided funding to adapt DESMOND for those with intellectual disability resulting in adaptations made to DESMOND to ensure suitable. Programme delivery includes 7 weekly sessions x 2 hours with carers invited to attend session 1 only. Booster sessions provided in month 1 and 3 to aid recall. Programmes delivered in health centres/ local community venues. DESMOND ID delivered by diabetic nurse specialist and learning disability nurse. (Appendix 1)

   DEMOND ID incorporates more visual aids and has breaks of 15 to 40 minutes to meet needs of those with intellectual disability. (Appendix 2)

Findings of the feasibility study tested on 39 adults Northern Ireland, Scotland and Wales has demonstrated suitable and acceptable for delivery to adults with ID/T2D.

My Diabetes and Me Study has funding up to £2.1m to conduct a 45 month study which commenced in September 2022 and includes a number of evaluations. Criteria includes those aged 18 years and over, mild to moderate disability, ability to consent capacity, communication skills and living in the community. Primary outcome is to improve HbA1c levels and a range of secondary outcomes. Evaluation also includes surveys to those participating. (Appendix 3)

Recruitment to the study is a multi-pronged approach, other eligible participants could be identified through primary care and assessed for eligibility. A visit is arranged with individual if suitable. It is hoped to recruit 342 participants for the main study across 3 countries.

It is hoped to commence the stage 2 study on 2 October 2023 and with support of clinical colleagues in Lothian, it is hoped recruitment of 36 – 48 individuals (anticipate invite to participate will be issued to 120 individuals). Individuals are provided with a £10 shopping voucher at each data collection point (3 points). (Appendix 4)

The My Diabetes and My Study research team is seeking support of the Lothian diabetes MCN to identify participants for the study and a named person to draw up list of potential participants and distribute information packs. (Appendix 5)

A link to a video relating to the study will be shared with MCN membership. S Scarlett agreed to raise at the primary care clinical practice meeting on Monday 25 September.

P Collings asked how many patients in Lothian have T2DM and an intellectual disability. S Taylor indicated there is a minimum of 400 individuals with both conditions. S Wild enquired if there is a list of people with ID to allow linkage with SCI-Diabetes, it was noted no there is no accurate database within Scotland. S Taylor commented a number of GPs support a local enhanced service, liaising with Community LD teams and other providers to identify individuals. A McGregor highlighted she has previously discussed with S Taylor and indicated reference to programme delivery by diabetes specialist nurses includes existing DESMOND educators and is seeking support from Lothian educators to support the study.

M Strachan confirmed S Taylor is local contact for Lothian staff to provide names.

Action: S Scarlett to promote the study at the primary care clinical practice meeting on 25 September and circulate S Taylor's contact details for those who are able to identify potential study participants – completed 25/09/2023

b. DESMOND

A McGregor provided update on DESMOND, full report circulated with papers for the meeting. Key highlights:

- Now live with TRAK PFB process to support housekeeping of waiting list
- Now invite 12 attendees to sessions (previously 10), on average 7-9 attending

- 16 F2F and 1 virtual group. Evening virtual session has been well received and will be arranged every 2 months
- ELCH, LCTC, WGH, Allermuir, Craigswood, SJH, investigating Linlithgow and trying to find venues in Winchburgh and S Queensferry
- 261 places booked 61.6% attendance, 36% DNA rate and some rescheduled
- 139 average monthly referral rate
- MyDESMOND: 25 completed in last quarter. 82% who complete continue to log in
- 2 new educators, new educator identified in Wester Hailes as lay educator with mentoring support.

New patient leaflet has been finalised QR codes and URL links working and awaiting sign off by patient information group and for translation.

Lothian DESMOND team have been nominated for national DESMOND award.

P Collings asked from patients' point of view, 'how do you measure success of DESMOND?' A McGregor indicated official outcomes associated with licence and have written patient evaluation form at time of attendance. Feedback is always positive with softer outcomes such as sharing experiences with people, peer support and isolation with new diagnosis. The DESMOND team is considering on-line link to provide feedback. It was noted always welcome negative feedback which generally relates to the venue environment or logistics rather than the programme content.

c. DAFNE

G McRoberts highlighted:

- Educators increasing for remote courses
- Educator training continues to be free of charge
- F2F due at WGH with 2 remote educators prior to Christmas
- W/L over 6 months (100 individuals) trying to reduce.
- 5 days x 8 patients per course
- Remote 1 session every week for 5 weeks. Individuals keen to follow remote session rather than F2F.
- DAFNE refresher course now underway via DAFNE admin team, no waiting list
- Once bring waiting list down, keen to move to delivery of DAFNE pump course which will be helpful due to increase in provision
- Admin team is now up to full compliment

A Cumming highlighted that at national MCN leads, NHS Boards have been asked to provide details to the Scottish Government of expenditure associated with the delivery of diabetes patient education and thanked J Thomson and A McGregor for their support with responses.

Action: A McGregor/ J Thomson to provide details of diabetes patient education expenditure to Scottish Government

4. Minutes of previous meeting

Minutes from previous meeting on 7th June 2023 agreed as accurate record and signed by chair.

5. Matters Arising

a. Welcome Jill Little, Professional Education Lead

A Cumming referred to her update at the previous MCN meeting and is delighted to welcome J Little back to NHS Lothian. J Little took up post as diabetes professional education lead on 1st August 2023.

b. Professional Education Update

J Little provided an update on progress with review of courses since taking up post.

- F2F courses have now been re-instated and are now up and running.
- Lilly webinar programme confirmed for 2023-24. Reviewing members registered for webinars, there are 60—70 registered for the Lilly course scheduled to take place next week.
- Pan Lothian education programme on-line and have set out F2F education course for the coming year which will be evaluated.
- Encouraging people to look at the website videos given on-going staffing pressures impacting on release of staff to attend courses.
- Noted will endeavour to bring together education resources on a single platform in due course.
- Hope to re-launch professional education sub group in the coming weeks will send invite with an agenda. Anyone interested in joining group to contact N Martin
- Working through process of delivering education to community nurses within hubs due to staffing constraints.

M Strachan enquired about attendance at the recent F2F course at RHCYP. J Little advised the venue was booked to support attendance for 20-30 people, however 10 healthcare support workers attended the session which was less than anticipated, however dates were only recently issued to provide mop up for individuals who had been in contact with the MCN co-ordination team whilst education lead post was vacant. She highlighted currently reflecting on best avenues for delivery of professional education which is likely to be a combination of F2F and virtual which meets PDP, re-validation, TURAS/appraisals etc therefore need to ensure portfolio correct and sufficiently fluid to meet individual's needs.

c. Update on plan to increase non-medical prescribers

J Thomson highlighted the need for registered nurses to become independent prescribers, indicating there are 29 registered nurses of whom 6 are independent prescribers. She highlighted requirement to study a masters level module, involvement of significant work and study leave therefore support provided for one member of staff on each site to be supported 2-3 times per year. Prescribing has not always been included within Job Descriptions and therefore there is a need to work through individuals concerns and competencies.

d. New update to prescribing guidance

M Strachan referred to a change to East Region Formulary (no longer Lothian Formulary) associated with SGLT2 where Dapagliflozin has replaced Empagliflozin and Canagliflozin as SGLT2 of choice to bring prescribing in line nephrology and cardiology services. He also referred to a second tweak to bring in line with NICE guidelines for those with cardiovascular disease, kidney disease or heart failure newly diagnosed with T2DM to on Metformin and once stable then automatically add Dapagliflozin irrespective of glycaemic control. M Lyall has drafted a new algorithm

which is now on MCN website and included on MCN newsletter and highlighted pharmacy teams critical role to communicate prescribing revisions.

e. RefHelp – Diabetes Remission

S Scarlett referred to collaboration on Refhelp updates which is now live on Refhelp for the clinical community. S Wild highlighted those prescribed with SGLT2 inhibitor cannot be considered to be in remission of diabetes. M Strachan indicated this approach seemed sensible and enquired if the message is accepted nationally and if all Boards are adhering to this guidance. S Wild indicated she has been asked to prepare guidance for dissemination across Scotland via MCNs and prevention partnerships. A McGregor confirmed adhere to these guidelines within the weight management service.

M Strachan referred to the changed formulary guidance and enquired if GLP1 /SGLT2 will be continued in those who are undertaking remission programme if the medications are of proven benefit for other co-morbidities i.e. heart failure, kidney disease. S Wild agreed with comments but unsure how many already on SGLT2s and noted upper age limit is 65 years therefore anticipate numbers will be small and ineligible for remission programmes.

6. Subgroup Updates

a. Foot

E Brewin advised 2 new members of staff will be joining team working across acute sites to increase capacity and response time for urgent referrals and to provide support to meetings. CPR for feet is priority and currently reviewing data on national inpatient audit. Also looking to learn from other Health Board models and working with a foot protection company. M Strachan commented on the important issue and highlighted it is good to hear the service is taking forward improvements as a result of the audit and referred to the challenge of the front door and turnover of staff. S Scarlett referred to challenges in entering foot screening data within primary care which need to be feedback to B Kennon / S Philip. E Brewin suggested need to adopt one system to enter screening data. It was noted primary care do not use SCI-Diabetes to enter data. S Scarlett agreed to will discuss further with E Brewin in the first instance. S Wild suggested the need for a similar approach to remission i.e. confirm foot screening primary care codes to be entered on systems. It was suggested there is a need to liaise with the national foot group to consider further.
Action: S Scarlett and E Brewin to discuss recording of foot screening outcomes within primary care.

b. Diabetes Prescribing Subgroup

K Miles provided an update in A Cockburn's absence.

- Shortages GLP1 ongoing with prescribing guidance issued to primary and secondary care
- Tresiba FlexTouch pen shortage is likely to be on-going for up to a year however, is being managed by primary care through switching patient to pen filled cartridges and Novopen 6
- T2DM prescribing guidelines already referred to by M Strachan
- Hope to gather data on compliance with new prescribing guidance
- Trurapi biosimilar switch to NovoRapid formulary submission and review of biosimilars available for other insulins.

S Scarlett commented GLP1 availability appears to be variable from week to week but not clear if will get worse. A McGregor referred to availability of Liraglutide/Saxenda for WMS use where supply is described as intermittent. Whilst formulary approval for use in WMS, unable to prescribe due to global shortage. An announcement is expected on 9 October associated with use of Semaglutide/Wegovy for weight management.

c. PPPP subgroup

S Wild referred to the summary notes circulated with papers for the meeting. Key highlights:

- Psychology Support for diabetes
- Piloting report for cluster to support quality improvement
- Lifelong non-smoker changes will be implemented in 2024
- Update from Lab team on HbA1c pilot
- Useful presentation M Simpson on NHSL wider work on diabetes prevention and picking up action on East Region Prevention Partnership
- Update on T2 Education, leaflet, workbook and 9 processes of care infographic.

M Strachan referred to HbA1c diagnosis pilot, indicating recruitment of extra practices into pilot in June, however no further update with pilot evaluation anticipated at the end of 2023. M Strachan referred to an alert from the laboratory team where a child with suspected diabetes had a HbA1c as initial diagnostic test however the diagnostic test for this age should be glucose fasting. As a result, communication was sent to practices, HbA1c pilot practices and general communication via the MCN newsletter and laboratory mailing.

A Cumming indicated a meeting of the East Region prevention programme board is being arranged. She is aware an invite has been extended to Chris Hewitt to ensure psychology representation and highlighted to S Scarlett to look out for an invite as GP representative.

7. Clinical Director Update

S Ritchie referred to the Inpatient (IP) audit which was completed end May / June, 3,000 patients enrolled in the audit across Scotland of which 10% were Lothian inpatients. Audit headlines include foot exam on admission and within 24 hours and on-going for those with long admissions is key priority for improvement. Ongoing identification of prescribing and management of hyperglycaemia. A positive outcome of the audit is recognition of the really good quality of care provided. A UK checklist for IP care to reflect on existing services and areas for development which will be completed alongside NADIA data to improving IP care.

S Ritchie also provided an update on waiting times within secondary care, highlighting Treatment Time Guarantee (TTG) for new referrals is 12 weeks which is achieve for over 90% of referrals. Follow up appointment measures planned for system peaks is usually 6 months, however there has been a couple of months slippage to 7-9 months due to the current outpatient modernisation process (estimated 15 months to complete the modernisation process). The modernisation process has highlighted challenges in booking appointments i.e. text message prompt with no time, venue for appointment, it is understood text messages will be changed. There is a high appointment Did Not Attend (DNA) rate of 17% with

processes under review to allow patients to make appointments at their convenience. It was highlighted, overall across the service there is less medical capacity i.e. training doctors undertaking night shift are not available to support outpatient clinics due to the need to meet monitoring requirements of rotas which has resulted in a reduction of appointments which can be offered.

An update was provided on a national innovation challenge proposal associated with a remote HbA1c monitoring involving posting sampling kits to home addresses to complete at home and return which will provide some data to consider which people have to come to hospital for follow up to allow services to be delivered in a different way. If successful, S Ritchie will be in contact with colleagues to provide further updates.
Action: Depending on proposal outcome, S Ritchie to provide update to MCN and support required.

A Job sought details of the timescales associated with the innovation challenge. S Ritchie indicated expect to hear the outcome by 29 September, he indicated a 50:50 chance of the challenge proposal being successful and if supported will need to move quickly to start within a few weeks. The innovation challenge has a predominately T2DM focus, demonstrating process works rather than one specific group and may be of benefit to hard to reach groups and where there is difficulty with engagement.

P Collings commented she is supportive of remote monitoring and referred to need for follow up on other tests. S Ritchie indicated HbA1c remote monitoring does not include other biochemical parameters but may be able to collect over time.

8. Review of Type 2 Diabetes Local Enhanced Service

S Scarlett referred to opportunity to review /update the T2DM LES. M Strachan indicated a LES payment is made to general practices in Lothian to meet particular targets, a number of LES exist i.e. not only for T2 diabetes.

The current LES focus is on newly diagnosed T2DM which initially had an aim to limit referral to secondary care as some practices referred all newly diagnosed and others managed by primary care team. The T2DM LES was developed to support management within primary care. The T2DM LES is now embedded practice, however is not driving quality improvement activity in diabetes. The MCN management team had an initial meeting with Dr J Chowings, Associate medical Director for Primary Care to seek approval to review, support a re-draft the current LES which the MCN is keen to move focus to the 9 processes of care. The SCI-Diabetes dashboard demonstrates there is considerable variation in practices across Lothian on achievement of processes (8 processes excluding retinopathy screening). A follow up meeting takes place with Dr Chowings on 28 September when it is hoped consideration will be given to revision of the les and targeting payments on proportion of achievement of the processes of care or split the LES i.e. 10% of payment if reach smoking recording, 10% HbA1c etc. The aim of the LES revision is to drive up quality of care and if measured, more likely to see improvement rather than attainment of targets i.e. HbA1c.

S Scarlett commented increasing adherence with processes of care helps to drive up quality of care and referred to practice review and focus on foot screening which she hopes will spread to other practices.

9. Primary Care Clinical Practice Meetings

S Scarlet reporting the clinical practice meeting continue to be well attended and following evaluation the meetings will continue to be held on the 4th Monday of each month from 1230-1330. The session on Monday 25 September include a presentation from Louisa Brown, Advanced Nurse Practitioner, Royal Edinburgh Hospital on Diabetes and Mental Health.

MCN members were asked to contact S Scarlett with ideas for future meetings.

10. Type 1 Diabetes Future Model of Care

M Strachan referred to conversations to date, however the final meeting of short life working group (SLWG) to expand access to technology is due to take place on 25 September as it has become clear there is no additional funding to support additional provision of technologies. He highlighted Lothian is falling behind other NHS Boards for continuous glucose monitoring access which is disappointing and indicated he is not optimistic the SLWG is going to come up with a solution to change the position. S Ritchie referred to lobbying and meetings and noted limited progress is down to finance and whilst the argument for increased provision is accepted and acknowledged it is not within financial footprint of NHS Lothian to support.

M Strachan and S Scarlett commented they have been invited to attend the Scottish Parliament on National Diabetes Day and referred to the Diabetes UK campaign Diabetes Tech Can't Wait (https://www.diabetes.org.uk/tech-cant-wait/about) and referred to the opportunity to lobby politicians. M Strachan indicated all avenues have been explored. S Ritchie agreed will need Scottish Government approach to unlock additional funding.

A Cumming referred to the recent national MCN leads meeting and agenda item relating to closed loop update, she highlighted NHS Boards will be asked to provide a forecast for renewals and funding requirements.

11. Feedback National MCN Leads Meeting 6th September

A Cumming referred to the summary feedback circulated with the papers and indicated many of the items raised at the recent national MCNs leads meeting were referred to through the MCN meeting discussion i.e. Inpatient Audit, Diabetes Technologies, Patient Education.

She indicated the national SLWG associated with pathway of care for T2MD in Young has been convened, chaired by Dr Anna White, a consultant in NHS Forth Valley. R Wright confirmed she is a member of the SLWG along with N Zammit and S Wild.

12. Variation in MODY diagnosis and C-Peptide testing

M Strachan highlighted to note the national programme on C-Peptide testing to support diagnostic accuracy. He highlighted regional variation in uptake of C-Peptide testing and indicated the Scottish Diabetes Survey demonstrates regional

variation if there is an incorrect label of another form of diabetes. Lothian and Tayside have high levels of diagnosis and are ahead of the curve. 50% of people with MODY in Scotland are unaware they have it. S Scarlett suggested it would be helpful for M Strachan to present at a future primary care clinical practice meeting.

Action: S Scarlett / N Martin to include C-peptide testing/ MODY diagnosis on the programme for future clinical practice meeting.

13. LDRG Questions

It was noted many questions raised by the LDRG had been covered within updates throughout the meeting and noted A McGregor has provided details of 'Let's Prevent' outcomes.

With regard to medication shortages, guidelines on appropriate substitutes have been distributed to surgeries resulting in many practices have undertaken a review, M Strachan indicated whilst far from an ideal situation which has been supported by the MCN issuing guidelines, he highlighted the MCN is unable to mandate primary care to undertake medication reviews.

M Strachan indicated the psychology papers have been progressed as far as possible and subsequently sat within the remit of the T1 SLWG on diabetes care as same issues with technologies apply. There is no funding available to support implementation of enhanced psychological care however it was noted there maybe opportunities through East Region Prevention Partnership programme funding.

14. AOCB

K Miles asked for a consensus of option on the teratogenic effects of GLP1 and SGLT2 . M Strachan indicated this is referenced in the MCN website prescribing guidance FAQs. There is guidance should not be used in women planning pregnancy or at risk of pregnancy. Consideration to be given to inclusion of a pop up guidance within primary care systems as felt this would be helpful. S Ritchie confirmed support and highlighted the need to consider how best to implement. K Miles agreed to discuss further with A Cockburn. S Scarlett indicated Dr M Downer, Cluster Quality Improvement Lead is undertaking a quality improvement project on the use of SGLT2 and GLP1 in under 40s and will present at a primary care clinical practice meeting in the 2024.

Action: K Miles to discuss and explore with A Cockburn how to request pop up message within primary care prescribing systems.

15. Schedule of Future Meetings 2023

Day	Date	Time	Venue
Wednesday	**6th December**	**2pm – 4pm**	**MS Teams**

Appendix

Appendix 1

DESMOND	DESMOND-ID
Delivery: Six hours of structured education (1 full day or 2 half day formats)	Delivery: 7 weekly sessions, each session lasting for 2hrs (session 1 is for carers only), plus 2 booster sessions (month 1 & 3)
Delivered in both healthcare setting or local community venue	Delivered in both healthcare or local community venue e.g. health centre or day centre
Two educators (1 healthcare professional, 1 lay educator)	Two educators (DNS & CLDN)
Groups of 10 participants who may wish to bring a partner or friend	Groups of up to 8 participants who is supported by a family member, key worker, friend
Supported by specially developed resources	Supported by specially developed resources: Core concepts simplified, pictorial representations, repetitious learning/interactive sessions

Appendix 2

Intellectual Disabilities

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
Welcome and introduction (25 mins)	Welcome back (20 mins)	Welcome back (20 mins)	Welcome back (20 mins)	Welcome back (20 mins)	Welcome back (20 mins)
My story with diabetes (part 1) (15 mins)	My story with diabetes (part 2) (15 mins)	Knowing what your blood sugar levels mean (35 mins)	Heart and circulation problems: what can I do to keep healthy (part 1) (40 mins)	Food and fats (35 mins)	Diabetes health action plan: what will I work on? (35 mins)
My body and diabetes (20mins)	What diabetes does to your body? (25 mins)	Break (15 mins)	Break (15 mins)	Break (15 mins)	Break (15 mins)
Break (15 mins)	Break (15 mins)	Being active (40 mins)	Other diabetes health problems: what can I do to keep healthy (part 2) (35 mins)	Making healthier food choices (40 mins)	Keeping my plan going (35 mins)
What is diabetes? (35mins)	Food and blood sugar (35 mins)	What did I learn today? (10 mins)	What did I learn today? (10 mins)	What did I learn today? (10 mins)	Important questions and celebration of achievement (15 mins)
What did I learn today and preparing for next week? (10 mins)	What did I learn today and preparing for next week? (10 mins)	What did I learn today and preparing for next week? (10 mins)	What did I learn today and preparing for next week? (10 mins)	What did I learn today and preparing for next week? (10 mins)	
2 hours	2 hours	2 hours	2 hours	2 hours	2 hours

Appendix 3

Study summary

Funder: NIHR (£2.1 million)

Study duration: 45 months (start date 1st Sept '22)

Study design: A multi-centre, 2-stage parallel group randomised trial with an internal pilot, economic evaluation and process evaluation

Countries of recruitment: NI, Scotland, England

Sampling: 450 adults with ID and T2D

Inclusion criteria: aged 18 and over; mild to moderate ID; capacity to consent; sufficient communication skills to engage in a group education programme; living in the community

Exclusion criteria: Type 1 diabetes; Severe/profound ID; Display severe challenging behaviour; Acute psychotic illness; Lack mental capacity to give consent

Study aim and objectives

Aim: To determine whether DESMOND-ID improves outcomes and is cost-effective compared to treatment as usual in adults with ID and type 2 diabetes.

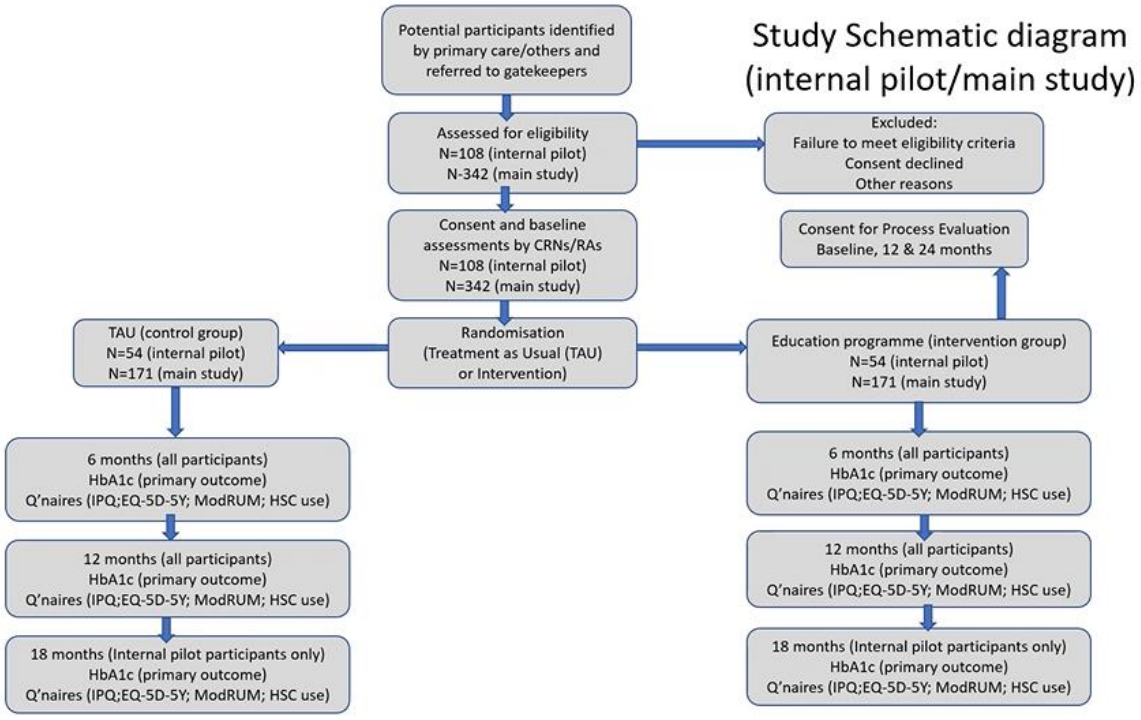
Primary Objective:

- To conduct a UK based, multicentre, randomised control trial to determine the effectiveness of the DESMOND-ID programme on HbA1c levels (primary outcome) and a range of secondary outcomes (metabolic and cardiovascular measures, Illness Perception Questionnaire, Glasgow Depression Scale, Health Related Quality of Life; Health and Social care service use and associated costs; intervention costs) compared to treatment as usual (TAU)

Secondary Objectives:

- To determine the cost-effectiveness of the DESMOND-ID programme compared to TAU via a within-trial economic evaluation and a long-term model.
- To determine the facilitators, barriers and mechanisms of actions involved in the DESMOND-ID process via a process evaluation.

Appendix 3 cont.



Appendix 4

Design: Stage 2
(Main study part A & B)

- **Who:** 36-48 adults with mild/mod ID and T2D, living in the community, can give consent, good communication skills, (need to identify & approach approx. 120)
- **Support:** Where possible the person with ID can bring a family member / carer / partner / friend to support, it's the persons choice
- **Where:** Scotland - NHS Lothian NHS Lanarkshire;
  Northern Ireland –SHSCT, BHSCT
  England – Norfolk & Essex
- **When:** 2nd October 2023 to 30th April 2025
- **Data collection:** We will collect bloods (HbA1c, cholesterol, lipids), BMI, and questionnaire data at baseline and 6, and 12 month follow-up

Appendix 5

Timeline for NHS Lothian Main Study (A&B)

Scotland	Identification (1 month)	Baseline (3 months) CRN	Training	Intervention	1st Booster	2nd Booster	Process Evaluation	6-month follow up CRN	12 month follow up CRN
NHS Lothian Study A (N= 36 - 48)	Oct-23	Nov 23 - Jan 24	Nov-23	Feb - Mar 24	Apr-24	May-24	May-24	April - June 24	Nov 24 -Jan 25
NHS Lothian Study B (N= 36 - 48)	Jan-24	Feb -April 24	Nov-23	May - June 24	Jul-24	Sep-24	Sep-24	Aug 24 -Oct 24	Feb - April 25

NB: Cost of transport paid for adults if needed
Adults with ID offered a £10 voucher each time they complete the data collection

How you can help

- We are now asking the community LD team's (CLDT's), primary care and third sector organisations etc. to identify adults with ID & T2D to potentially take part in this study
- Identify a named key person in each team/organisation to collect and draw up a list of potential participants who meet the eligibility criteria
- We are asking the gatekeepers to speak with and/or forward an invitation letter to each potential participant. If interested, they can then return a reply slip to the research team or contact the research assistant or principal investigator via email or phone

Desmond
Intellectual Disabilities

Action Log

Date	Action	Owner	Status
07/06/23	A McGregor to update group on Saxenda formulary decision in due course or at the next meeting.	A McGregor	Ongoing
07/06/23	S Scarlett to discuss foot screening data input with practice nurses	S Scarlett	
07/06/23	Progress modelling funding impact of Biosimilars	K Miles	On hold
20/09/2023	S Scarlett to promote the study at the primary care clinical practice meeting on 25 September and circulate S Taylor's contact details for those who are able to identify potential study participants	S Scarlett	Completed 25/09/2023
20/09/2023	A McGregor/ J Thomson to provide details of diabetes patient education expenditure to Scottish Government.	A McGregor/J Thomson	
20/09/2023	S Scarlett and E Brewin to discuss recording of foot screening outcomes within primary care.	S Scarlett/E Brewin	
20/09/2023	Depending on remote HbA1c proposal outcome, S Ritchie to provide update to MCN and support required.	S Ritchie	
20/09/2023	S Scarlett / N Martin to include C-peptide testing/ MODY diagnosis on the programme for future clinical practice meeting.	S Scarlett/N Martin	Completed
20/09/2023	K Miles to discuss and explore with A Cockburn how to request pop up message within primary care prescribing systems in regard to teratogenic warnings for T2DM medications.	K Miles/A Cockburn	