

Diabetes Managed Clinical Network Newsletter

Issue 13 Jan 2023



WELCOME

Welcome to Issue 13 of the Diabetes MCN Newsletter and our first for 2024.

Since our last issue we have said goodbye to the Wenyi Zhou, MCN Secretary who has moved on to a new role within Strategic Planning. The recruitment process for a new MCN secretary is underway.

If you have any queries or suggestions about this issue, please send these to:

natalie.martin@nhslothian.scot.nhs.uk

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SPOTLIGHT ON NUTRITION

SAVE THE DATE

Diabetes Managed Clinical Network Professional Education Conference

Wednesday 19th June 2024

COSLA Conference Centre

Haymarket

Edinburgh



NEW Guidance for Making a Diagnosis of Diabetes in Lothian

For the last 12 months we have been conducting a pilot in 20 practices in Lothian of using HbA1c as the diagnostic test of choice for suspected Type 2 diabetes.

Phase 1
Recruited 10 practices



↓
**Analysis of
initial data**



↓
Phase 2
Recruited a further
10 practices



↓
**Further
analysis &
approval**



↓
**Rollout
across
Lothian**

The pilot has been successful and the laboratory teams have agreed that this can now be rolled out across Lothian. Many surgeries have been using HbA1c as a diagnostic test for some time, but this should now become standard practice in all surgeries (in line with NICE guidance). Full guidelines available on Refhelp ([here](#)).

HbA1c has **several advantages** over blood glucose testing, not the least that it can be tested at any time of day without the need for prior fasting. HbA1c testing should enhance **diagnostic accuracy** for diabetes and be more **convenient** for patients. It will also reduce the number of repeat testing for indeterminate high blood glucose results, which might be diabetes or might simply be because the person ate something before the blood test. However, if used inappropriately, HbA1c testing could lead to delay in diagnosis of Type 1 diabetes or other forms of insulin deficiency, which clearly could lead to harm.

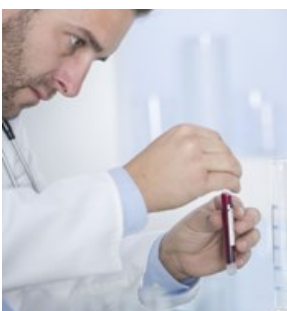
When **NOT** to use HbA1c:

There are **several situations where HbA1c should NOT be used as a diagnostic test** because it may give erroneous results that could lead to an incorrect diagnosis, especially if rapid onset, suspected Type 1 diabetes, or if the patient is unwell. The reason for this is that HbA1c gives a measure of average glucose over the preceding 3 months and so in situations where blood glucose may recently have risen significantly the HbA1c may be in the normal range despite very high blood glucose levels.

- HbA1c must not be used as a diagnostic test in people <18 years and/or if the individual is clinically unwell (especially with rapid onset osmotic symptoms and/or weight loss).
- It should also not be used to diagnose suspected steroid-induced diabetes or diabetes in people who have recently had pancreatitis or pancreatic surgery.
- HbA1c should also **not be used to diagnose gestational diabetes**. This is the one condition where a formal glucose tolerance test is still required.
- HbA1c may also be **inaccurate in other situations**, e.g. untreated iron or B12 deficiency, post-blood transfusion, haemolytic anaemia and renal dialysis.

See full guidelines for further information ([here](#)). The guidance also reinforces that blood or urine ketone testing should be undertaken in people with suspected Type 1 or pancreatic diabetes. Ideally it should be undertaken in all people with a new diagnosis of diabetes. For those new to diagnostic HbA1c testing, advice is available through the diabetes advice email lines (listed in RefHelp).

Please share and discuss the new guidelines widely with your clinical teams.



Trulicity Supply Issues

The Lothian Diabetes MCN has been informed by Eli Lilly, that there are good supplies of the 1.5mg, 3mg and 4.5mg weekly injections of Trulicity.

There have been some temporary outages in supplies of the 0.75mg injections. If clinically indicated, there is sufficient supply to permit an increased dose of Trulicity for existing patients and clearly by doing so, this would ease some of the supply issues for the 0.75mg injection.

Eli Lilly continue to advise that new patients should not be started on Trulicity at this moment.



[Supplies of dulaglutide \(Trulicity\) weekly injections for Type 2 diabetes – Diabetes Managed Clinical Network \(nhslothian.scot\)](https://www.nhs.uk/clinical-summaries/supplies-of-dulaglutide-trulicity-weekly-injections-for-type-2-diabetes-diabetes-managed-clinical-network-nhslothian.scot)

Amendments to Lothian Steroid Safety Bundle

Following the launch of the guidance for the management of long term high dose steroid therapy—'Steroid Safety Bundle' in June 2023, there has been some amendments. The most recent version of this guidance can be found [here](#). For further information on the amendments, please visit the Diabetes MCN website.

[Lothian Steroid Safety Bundle -Amendments Nov 2023 – Diabetes Managed Clinical Network \(nhslothian.scot\)](https://www.nhs.uk/clinical-summaries/lothian-steroid-safety-bundle-amendments-nov-2023-diabetes-managed-clinical-network-nhslothian.scot)

RECOMMENDATIONS FOR SCREENING & MONITORING

- SCREENING:**
 - Screening for diabetes should be performed at the start of long-term high-dose steroid therapy.
 - Screening should be performed using HbA1c.
 - Screening should be performed using a laboratory method.
 - Screening should be performed using a laboratory method.
- MONITORING:**
 - Monitoring for diabetes should be performed at the start of long-term high-dose steroid therapy.
 - Monitoring should be performed using HbA1c.
 - Monitoring should be performed using a laboratory method.
 - Monitoring should be performed using a laboratory method.

RISK	MONITORING (HbA1c)	ACTION
HIGH RISK	>7%	Consider long-term treatment and refer to endocrinology service. If unable to maintain target, perform short-acting (fast-acting) insulin therapy. Consider long-acting (basal) insulin therapy.
MODERATE RISK	5% - 7%	Seek day dosing of long-acting insulin to seek medical attention if unable to keep up per inter-consultation and/or symptoms.
LOW RISK	<5%	Continue long-acting insulin therapy.

GLP1-RA Supply Update for Diabetes and Obesity

The Scottish Diabetes Group has shared an update regarding the GLP1-RA shortages, in summary, there is a temporary supply issue with Dulaglutide (Trulicity), which should be resolved within the next week and therefore, there should be no need to alter therapy with this agent.

There are now good supplies of Rybelsus (oral Semaglutide) and that there is now sufficient for 'new' people to be initiated on this therapy, in line with the Lothian prescribing guidance for Type 2 diabetes. Clearly, practices should also consider re-initiating Rybelsus in those individuals where the therapy was previously discontinued due to the supply issues.

For full details on the GLP1-RA shortages please visit our website.

[GLP1-RA Update for Diabetes and Obesity – Jan 2024 – Diabetes Managed Clinical Network \(nhslothian.scot\)](https://www.nhs.uk/clinical-summaries/glp1-ra-update-for-diabetes-and-obesity-jan-2024-diabetes-managed-clinical-network-nhslothian.scot)

Teratogenicity risk in patients of childbearing age when prescribed SGLT2 and GLP1s

GLP-1 agonists and SGLT2 inhibitors are not advised in pregnancy and in women who are breastfeeding. Therefore, if prescribed to a woman of reproductive age, there should be counselling about the need to avoid pregnancy and ideally a reliable form of contraception should be utilised.

Lothian Diabetes MCN Clinical Practice Meetings 2024

Aimed at Primary Care



4th Monday of each month
12:30 – 13:30
MS Teams
(excluding July and Dec)

Future Topics

January

CVD prevention strategies in areas of deprivation / HbA1c Rollout

February

Diagnostic Dilemmas Part 1: Euglycemic Ketoacidosis / Ketone testing and interpretation of results in Primary Care

March

Diagnostic Dilemmas Part 2: Variation in MODY diagnosis and C-Peptide testing / Case Study: Haemoglobin variant

To check the full programme for 2024, please click and view:

[Primary Care Clinical Practice Meetings – Diabetes Managed Clinical Network \(nhslothian.scot\)](https://nhslothian.scot)

For further details, to register or catch up on sessions email:

loth.diabetesmcneducation@nhslothian.scot.nhs.uk

We are keen to hear your ideas for case study discussions at the Clinical Practice Meetings.

If you wish to discuss a case study at the meetings, please submit this prior to the meeting to:

susannah.scarlett@nhslothian.scot.nhs.uk

Professional Education pan Lothian Update

In addition to the current courses for Diabetes Pan Lothian Professional Education Programme, the community sessions for both healthcare support workers and nurses have recently been made available. The dates and locations are:

Community HCSW			Community Registered Nurse		
Date	Time	Place	Date	Time	Place
17 th Jan	1400-1600	Sighthill Health Centre	18 th Jan	1400-1600	Leith Community Treatment Centre, Room 1&2
19 th Mar	1400-1600	Room 2, Pennywell All Care Centre	20 th Mar	1400-1600	Gracemount, Large Room
14 th May	1400-1600	Gracemount, Large Room	16 th May	1400-1600	Pennywell All Care Centre, Room 2
18 th Sep	1400-1600	Leith Community Treatment Centre, Room 1&2	19 th Sep	1400-1600	Sighthill Health Centre
26 th Nov	1100-1300	Boardroom, Admin Block, AAH	27 th Nov	1100-1300	Boardroom, Admin Block, AAH

All courses can be booked on [eESS](#). For more courses available, please click [here](#) for more information.

Information on Newly diagnosed with Type 2 Diabetes Workbook pilot

In the last issue of the newsletter we let you know that the NHS Lothian diabetes 'green book' - 'Living with Type 2 Diabetes' had been discontinued following consultation with the MCN network members.

As you will be aware by now, NHS Lothian will soon be commencing a pilot to trial the use of the Diabetes Scotland's 'Newly Diagnosed with Type 2 Diabetes' workbook across all practices in Lothian.

Diabetes Scotland Workbook Pilot

The pilot duration will be around one year and will commenced when introductory bundles are delivered to Practice Managers in February. **Copies of the workbook are limited and practice allocations have been informed by data on the number of newly diagnosed patients per practice during 2022.** The Diabetes MCN will review evaluation data in early 2025 and will share the outcomes with you.

Introductory Bundles

Your practice introductory bundle, which will be delivered to your practice manager, will include workbooks, copies of the new 'Help with your Type 2 Diabetes' leaflet (developed by the MCN in collaboration with the Weight Management and Prevention of Type 2 Diabetes Service), evaluation forms for patients and a letter explaining how to access the electronic workbook and further information on the evaluation of the pilot, which is vital in helping us understand if the Diabetes Scotland workbook is a suitable resource for use in Lothian going forward.

Please be reminded that the **workbooks are for newly diagnosed patients who cannot access the electronic workbook.** The electronic workbook can be downloaded [here](#) and can be edited to allow patients to complete this and save the workbook on their phone for future appointments.

Once you have utilised all the hard copies of the workbook in your practice bundle, you will be able to request additional copies via the Resource Centre at Astley Ainsley by emailing resource.centre@nhslothian.scot.nhs.uk. Please note that the reorder amounts will also be capped based on data from newly diagnosed patients during 2022.

Please note, this workbook is currently only available in English language.

New 'Help with your Type 2 Diabetes' Leaflet

For patients previously diagnosed with Type 2 Diabetes, the new 'Help with your Type 2 Diabetes' leaflet is now available to order from the Resource centre by emailing resource.centre@nhslothian.scot.nhs.uk. This leaflet is in the process of being translated into the following languages; Arabic, Urdu, Hindi, Mandarin, Polish.

Alternatively, patients can access all the information contained within the leaflet at this website <https://services.nhslothian.scot/diabetesservice/help-with-your-type-2-diabetes/>.

Note to Practice Managers

Further information can be found in the letter included in the introductory bundles and all web links included in the letter will be shared with you via email in due course, please share these with your colleagues.

We hope this update answers any questions that you may have about the Diabetes Scotland workbook pilot and resources for newly diagnosed type 2 patients in Lothian, however if you have any further questions please email: natalie.martin@nhslothian.scot.nhs.uk.

Diabetes Patient-facing Videos by Dr Kevin Fernando

Dr Kevin Fernando is now on YouTube & TikTok with some **patient-facing** video content.

His first series of videos covers all aspects of SGLT2 inhibitors:

1. What are SGLT2 inhibitors, and what are their benefits?
2. Common side effects of SGLT2 inhibitors and how to manage them
3. What to do with your SGLT2 inhibitor if you are unwell
4. General advice when taking an SGL2 inhibitor

All videos are available through the links below.

Please feel free to share them with any colleagues and patients who may find the resource helpful.



What are SGLT2 inhibitors and what are their benefits? 364 views · 1 month ago



Common side effects of SGLT2 inhibitors and how to manage them 202 views · 1 month ago



What do with your SGLT2 inhibitor if you are unwell 163 views · 1 month ago



<https://www.youtube.com/@DrKevinFernando>



<https://www.tiktok.com/@drkevinfernando>

Patient Information section on Diabetes MCN website has been updated

The Patient Information Leaflet section on the Diabetes MCN website has been updated. This page now shows an image of the leaflet, a description and an option to download a copy of the leaflet.

The following leaflet has recently been updated:

[SGLT-2 Inhibitors – Oral Diabetes Medicines \(Empagliflozin, Dapagliflozin and Canagliflozin\) \(nhslthian.scot\)](#)

The following resource is new and provides information on the Diabetic Eye Screening Service:

[Diabetic Eye Screening \(nhslthian.scot\)](#)

The following resource on pregnancy and diabetes is now available via our website:

[Getting ready for pregnancy with type 1 diabetes \(nhslthian.scot\)](#)

Patient Information Leaflets

In this section you will find various diabetes resources, which are available to download. If you require a printed version, please speak with your healthcare professional.

- Information for people with a new diagnosis of Type 2 Diabetes
- Information on Type 2 Diabetes Medicines

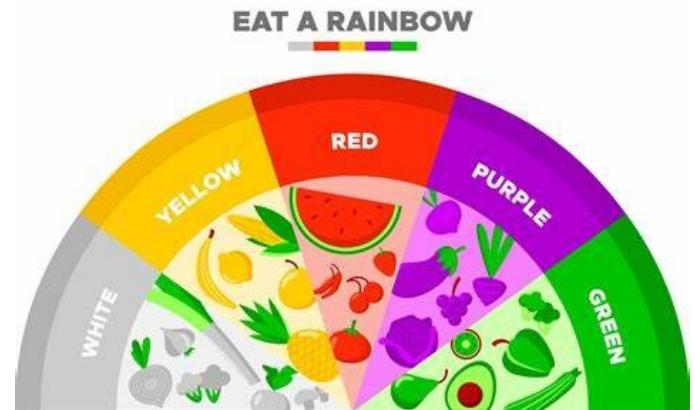
The screenshot shows the 'Metformin' section of the Diabetes MCN website. It includes the Eced logo (Edinburgh Centre for Endocrinology and Diabetes) and a 'DOWNLOAD A COPY' button. Below this, there is a section for 'SGLT-2 Inhibitors (Dapagliflozin, Empagliflozin and Canagliflozin)' with another 'DOWNLOAD A COPY' button. At the bottom, there are links for 'Female Washing Advice for SGLT-2 Inhibitors' and 'Male Washing Advice for SGLT-2 Inhibitors'.

Spotlight on Nutrition

A Cornerstone in Metabolic Health? A minefield but some common ground can be found.

Nutrition for metabolic health is of paramount importance; the **keystone** perhaps? Yet it can be a minefield. The evidence shows that there is **no perfect diet**, and that the most successful dietary pattern is one that the patient can stick to, **consistently**. We need to be aware of disordered eating and sensitive to patient's preferences and as with all behaviour change it is important we manage the patient in their context.

Beware the diet tribes – there is good evidence for the Mediterranean diet, you may be familiar with the low carb approach championed by Dr David Unwin and his army of patients in remission, some will swear by a plant based approach, and then there are patients with cultural and religious beliefs shape their dietary intake and we have less widespread evidence of their impact on health. But what these approaches have in common is a move towards **higher intake of foods containing fibre, fruit, vegetables and lean and plant proteins like fish, lentils, beans and nuts**; to more traditional ways of eating.



Positive food prescriptions, more real food and diversity are key. Keep it simple, eat the rainbow.

Starter **resources for patients** – Great pages on Diabetes UK:

[What is a healthy, balanced diet for diabetes? | Diabetes UK](#)

[10 tips for healthy eating with diabetes | Diabetes UK](#)

[Meal plans and diabetes | Diabetes UK](#)

[Budget meal plan | Eating with diabetes | Diabetes UK](#)

[Recipe finder - Enjoy Food | Diabetes UK](#)

[Low-carb diet and meal plan | Eating with diabetes | Diabetes UK](#)

[Enjoy Food Guides - Diabetes UK Shop](#) (South Asian/ African-Caribbean guides)

[Diabetes - Type 2 \(bda.uk.com\)](#) Summary page from the British Dietetics association

[My Diabetes My Way eLearning \(scot.nhs.uk\)](#)

[Recipes - Healthier Families - NHS \(www.nhs.uk\)](#) A more generic option for families wanting to improve their health

Have you thought about referring to the **second nature** (an app accessed through the weight management team):

[Second Nature – Adult Weight Management and Type 2 Diabetes Prevention Service \(nhslothian.scot\)](#)

[12 Week Weight Management Programme | NHS inform](#)

[Lose weight - Better Health - NHS \(www.nhs.uk\)](#)

Interesting articles for **CPD**:

[Dietary and nutritional approaches for prevention and management of type 2 diabetes | The BMJ](#) (from 2018 but really interesting)

[Semaglutide and the future of obesity care in the UK - The Lancet](#) (the arguments rage on here)

Let us know what you think and if you have any favourite nutrition resources.