

Diabetes Managed Clinical Network Network Meeting

6th December 2023
14:00 – 16:00
MS Teams

Minutes of Meeting

Attendees

Mark Strachan
Jill Little
Lois Marshall
Sheila Minty
Alyson Cumming
Rohana Wright

Paula Collings
Alison Cockburn
Susannah Scarlett
Jacqui Thomson
Natalie Martin
Bree Luke

1. Welcome & Introductions

M Strachan welcomed those attending the meeting and introductions were made.
L Marshall, Strategic Programme Manager attended the meeting as an observer.

Garry Jones, Diabetes Nurse Specialist, St John's Hospital to be added to MCN distribution list, L Hazzard to be removed.

Action: N Martin to add G Jones and remove L Hazzard from the MCN distribution list – completed

2. Apologies

Sarah Wild, Laurie Eyles, Catriona Drummond, Alison Grant, Claire Elphinstone, Linda Yule, Gayle McRobert, Andrew Job, Janet Barclay, Stuart Ritchie, Audrey McGregor, Emma Brewin

3. Minutes of previous meeting

Minutes from previous meeting on 20th September agreed as accurate record and signed by chair.

4. Clinical Director Update

M Strachan provided update on behalf of S Ritchie.

- MCNs have been asked to complete diabetes InPatient (IP) checklist by 11 December to share with IP service moving forward. Request has come for Scottish Diabetes Group (SDG). It was noted the SDG has not met for a while as Dr Brian Kennon has stepped down as Chair and there have been no applications for the role.
- NaDIA Audit: Lothian audit indicated poor adherence on foot screening for people admitted to hospital which is a significant risk and some individuals leave hospital with new foot ulceration. S Ritchie will present the results of the NaDIA audit at the Lothian Clinical Management Group meeting on 12 December and will discuss plans to implement a foot screen strategy for acute hospitals in Lothian.

5. Matters Arising

a. Update on remote HbA1c proposal

MS on behalf of SR - Unfortunately the Lothian innovation bid referred to at the previous meeting was unsuccessful, however will be developed in other parts of Scotland (Lothian will not be taking a lead role).

b. Teratogenic warnings for T2 Medications in Primary Care

AC indicated warnings were discussed at a recent primary care business meeting where the introduction of pop-up warnings on prescribing platforms was supported. The Medicines Management Group is taking forward discussions to develop a warning and further updates will be provided. Noted there is no pop up messages for GLP1 and SGLT2. It was noted, if major central advice warning is received this is enacted, however for teratogenic agents, national advice has not been issued.

6. Type 1 and Type 2 Patient Education Update

a. DESMOND

B Luke provided an update which was shared with MCN outlining DESMOND activities.

Summary included:

- Waiting list has increased rapidly and need to draw a line for those who had waited a while to maximise number of spaces, opt in letters are issued (c50 per week).
- 99 Groups with 981 attendees, increase in venues with sessions in each locality and virtual evening groups for those who cannot attend during the day. Automated Patient Focussed Booking (PFB) via TRAK has helped with opt in letter, reminder then removal after 3 week period if no response.
- Continuing to use MyDESMOND (virtual), there is no wait for this virtual platform and useful information on account activity provided.
- Overall challenges: 2,115 referrals on waiting list with increase in waiting lists. New educators trained including an educator employed at Wester Hailes Healthy Living Centre, however one experienced educator is retiring next year. Currently 20 educators (£1,400 per educator for training) with expectation to deliver minimum of 10 courses per year.
- Average referrals 158 per month
- 2024 timetable in place, new T2 patient leaflet developed and 12 month pilot of Diabetes Scotland T2 Workbook is about to be launched

M Strachan referred to the waiting list where capacity outweighs demand and a year and a half before people are invited but recognise the Weight Management Service (WMS) is trying to maximise engagement opportunities. M Strachan enquired about review of people who are on the waiting list for a long time. B Luke indicated the service will consider a waiting list cleanse via Trak and highlighted the extensive backlog due to the pandemic where F2F sessions were cancelled and delays due to information governance issues to offer virtual education during the pandemic.

P Collings raised concern about lengthy waiting list and if possible to undertake a purge to clear the waiting list. WMS is considering options to provide additional sessions and highlighted access to MyDESMOND is available immediately. P Collings indicated at early stages of diagnosis, people need to speak to someone, it

was noted MyDESMOND has an 'ask the expert' function which has been utilised by some individuals.

L Marshall referred to PFB and on-line sessions which is positive. She asked about DNA work, removals and equalities data for those who are attending and if those attending are of highest need. She enquired about maximum capacity for each educator. B Luke will feedback the need to review SIMD/equalities data and highlighted limitations for group sessions relate to the size of the venue which is restrictive for invites. Availability of bariatric chairs is also a consideration and risk assessments need to be undertake which also causes limitations. The WMS follow Lothian policy of removal from the waiting list if no response to PFB letter and reminder.

A Cumming enquired about MyDESMOND inactive accounts. B Luke commented some emails go into junk email which is being followed up with the central DESMOND team to support ongoing development of the app to support engagement.

R Wright asked if everyone aware of MyDESMOND and suggested access could be included as a waiting list cleanse. B Luke indicated she will explore this further and add onto the TRAK engagement letter. When individuals self-refer they are provided with options of MyDESMOND, F2F or virtual. Majority of referrals from primary care refer to DESMOND but provide no indication of preference for engagement. B Luke indicated there is a need for further engagement with GPs about explicit options to engage with education for discussion with their patients prior to referral.

M Strachan thanked B Luke for update and taking forward suggestions.

Action: B Luke to take forward a number of actions relating to waiting list cleanse, engagement with GPs to discuss education options with patients, review of DNA and equalities data, option to access to MyDESMOND to support waiting list cleanse.

b. DAFNE

J Thomson referred the DAFNE update circulated with papers for the meeting and highlighted training of more educators is on-going, courses are planned for January and February, patients are being provided with course information, the waiting list is a challenge and the need for validation of people on waiting list and how best to manage bookings.

M Strachan enquired about length of waiting list. J Thomson indicated she is unable to quantify but indicated there is a significant wait. It was noted a F2F course entails a week out of work for those attending therefore the virtual option is more workable for many patients. R Wright highlighted outcomes are the same for those attending virtual or F2F education sessions.

L Marshall highlighted need to review equality data, DNA reviews, criteria for access and options. J Thomson indicated same issues with venues as experienced by those delivering Type 2 education and the need to identify and move to delivery in community venues.

Action: J Thomson will provide feedback of discussion to G McRoberts.

M Strachan thanked the team for their support in delivery under challenging circumstances.

7. Subgroup Updates

a. Foot subgroup

M Strachan provided an update on behalf of E Brewin. 2 x Band 7 podiatrists are completing induction which will support increase in capacity particularly for CPR for feet and NaDIA outcomes. Training competencies for foot screening is under discussion with J Little. J Little indicated competency for healthcare support workers has been reviewed and indicated on-going discussion associated with foot review for people on kidney dialysis.

b. Diabetes Prescribing Subgroup

A Cockburn advised there is no change in supply shortages which will continue to March/April 2024. She highlighted the Scottish Therapeutics Utility (STU) system is being developed to include a suite of reports for practice prescribing to support review of T2 medication prescribing. Practice pharmacists will be working with practices to implement the reports which will complement the diabetes checklist to be issued by Scottish Government in January 2024.

It was noted there has not been much progress with approval of Trurapi as now East Regional Formulary and delay in approvals from NHS Borders and Fife.

Sharp SLWG (task and finish group) to implement use of safety needles for insulin administration which will be implemented within the next 6 months however noted there are some funding issues.

M Strachan referred to Trurapi and noted that any potential cost savings will be delayed due to the hold up within East Region Formulary approval. A Cockburn indicated she will need to push for further action. M Strachan indicated he is happy to raise with clinical colleagues in Fife/Borders if there is a clinical barrier.

Action: A Cockburn to investigate any barriers to East Region formulary approval and involve M Strachan if appropriate.

M Strachan referred to the prescribing specific dashboard. A Cockburn advised the most recent review of therapeutic area is diabetes i.e. patients with heart failure not on GLP1. A few practices in Edinburgh have run reports which is generating manageable numbers for a prescribing review. It was noted the STU reports are practice level reports. A Cockburn referred to the Lothian Tableau Dashboard however STU reports are presented differently therefore there is some duplication with STU reports and SCI-Diabetes.

M Strachan commented he is delighted there is prescribing information at practice level but disappointed this does not include a practice league table. A Cockburn indicated anyone can log into the Scottish Government STU site. A Cockburn agreed to provide a website link.

Action: A Cockburn to provide link to access STU website

P Collings referred to update on practices review of prescribing data and impact on patients if cheaper prescribing options available. A Cockburn indicate purpose of the reports relate to quality prescribing based on a formulary prescribing algorithm and

evidence for benefit therefore change in medication to cheaper alternative is unlikely to be the outcome but can understand patients' concern. M Strachan highlighted the medication reviews can have positive impact on equalities.

c. PPPP subgroup

A Cumming provided in update in the absence of Dr S Wild.

- HbA1c Pilot, T2 Local Enhanced Service and Scottish Diabetes Survey on MCN agenda for update
- New T2 Diabetes Patient Information Signposting Leaflet and Diabetes Scotland Workbook: the new leaflet is now through all approval processes and a number allocated to allow a print order to be placed. Diabetes Scotland T2 Workbook supplies have been delivered to Waverley Gate and the Resources Centre to allow the pilot of the workbook to move ahead. An introductory bundle of workbooks and leaflets will be issued to general practices, along with request for completion of Diabetes Scotland surveys for healthcare professional and patients to support the workbook pilot evaluation. Communication to practices is being finalised and hope to issue the new resources by the end of the year.
- Dashboard Reports for Primary Care: discussions are on-going with LIST and Lothian Analytical Services teams to support further development of cluster level reports to practice level to support primary care engagement with the dashboard, processes of care and quality improvement projects.
- Diabetes Prevention Paper: paper outlining prevention approaches, data, c30k pre-diabetes (laboratory data) and recommendations to review service delivery, digital developments and invest to save approach discussed at NHS Lothian Corporate Management Team meeting on 5 December 2023. Feedback from the meeting awaited and paper to be shared with PPPP Subgroup members.

M Strachan referred to the Diabetes Prevention CMT paper and enquired if this relates to East Region Prevention Partnership and previous funding concerns. A Cumming advised the paper has been prepared by Lothian public health colleagues at the request of Lothian's Director of Public Health and highlighted there is some traction with the East Region Prevention Partnership activities since the appointment of P McLoughlin, Interim Head of Regional Planning Partnership. M Strachan commented he is pleased to note this is being taken forward by Lothian public health department colleagues.

d. Professional Education subgroup

J Little referred to development of new proforma for sub group feedback to MCN which will be rolled out by N Martin to bring consistency in reports for future meetings.

J Little reflected on achievements since taking up post in August 2023:

- Completed 2023 education courses and have 2024 dates published for virtual and F2F education.
- F2F good engagement however virtual sessions are more popular. Will re-evaluate in 2024 and video the 2 hour education sessions going forward to allow a wider audience to access recordings.
- Request from forensic and custodial staff to upskill with diabetes and technologies. Link system is being developed to capture needs going forward.

- Working closely with Scott Taylor to provide educators with support for the My Diabetes and Me Research Study which includes work on a portfolio for staff and information for staff who work with those with Learning Disabilities which includes what kind of investigation and pertinent information to reduce complications in this high-risk group. Everyone is satisfied with the content to allow publication on MCN website in January 2024.
- Working with J Thomson on Band3/Band 4 competencies and utilisation of skills to support diabetes engagement in hospitals.
- Proposed 2024 developments: lead community nurses to support primary care colleagues with management of T2 diabetes in hubs and collaborating with Novo Nordisk and lead practice nurses who are providing funding support.
- Right Decision App and where sits within MCN to allow use of app for guidance in management with individuals.
- Review of community referral guidance
- New pressures relates to official conference planning Prof Education Conference on 19 June which will be finalised over the coming months.
- MCN secretarial post vacant and hope to interview in January.
- Still engaging with support with pharmaceutical companies with webinar which will continue into 2024 to allow wide spread of education opportunities.

M Strachan referred to planning for the 2024 professional education conference, stating the draft programme is looking good.

8. Review of Type 2 Diabetes Local Enhanced Service

S Scarlett indicated work in progress with the review of the Local Enhanced Service (LES) which is mechanism for GPs to be re-numerated for quality work. To date, the LES focus is on first year of diagnosis however it is now felt there is a need to look at the longer-term management of diabetes and 8 processes of care (eye screening excluded as a national screening programme). Meetings have taken place with Dr J Chowings, Associate Medical Director Primary Care and others to discuss data extraction to monitor with key areas to prioritise relate to ACR and foot screening. A further LES meeting will take place in January 2024 and hope this really good development will bring focus onto the diabetes processes of care.

M Strachan referred to support by Dr J Chowings which in effect will support practices to receive payment on proportion of foot screening and ACR with proportionate payment for practices in areas of deprivation. He hopes the revised LES will encourage practices to reach out to people who are not coming to the practice for screening. It was noted the revised LES specification will need to be approved by LMC/GP Sub Committee.

9. Pilot: HbA1c as main diagnostic test for adults in Lothian

M Strachan provided a positive update as he has been wanting to introduce HbA1c testing as the main diagnostic test in Lothian for some time. The laboratory service has been anxious about capacity and cost issues however agreed to pilot which was initially launched in 10 practices which went well and a popular development with the pilot practices therefore the pilot was extended in the summer to a further 10 practices. The laboratory team have indicated they are contact to roll out HbA1c as the main diagnostic test across Lothian from mid-January. M Strachan commented he had hoped Lothian would be the first Board to roll out however it is thought NHS

Highland have already adopted. A new diagnostic algorithm has been developed rapid onset, chronic and asymptomatic therefore rollout will need to be supported with publication of protocols.

Action: M Strachan to ensure updated protocol is published prior to roll out

M Strachan referred to different pre-diabetes diagnostic criteria and potential need for review and has contacted L Eyles.

B Luke highlighted concerns regarding responsibility to break the news to patients diagnosed with T2 as some attending DESMOND sessions are not aware of their type 2 diabetes diagnoses. M Strachan indicated responsibility for feedback of results and discussing diagnosis lies with person who ordered test.

S Scarlett indicate S Jenks, Laboratory Services is attending the primary care clinical practice meeting in January 2024 to discuss the rollout across Lothian. S Scarlett sought feedback from B Luke and examples of where there are issues as helpful to have examples to feedback to practices.

Action: B Luke to provide examples of patients attending DESMOND who were not aware of their type 2 diabetes diagnosis

10. Primary Care Clinical Practice Meetings

S Scarlett highlighted the primary care clinical practice meeting have now been running for around 18 months, sessions take place on the 4th Monday of each month from 1230 – 1330 with the aim to share best practice in Lothian. There are now 168 members on the Teams channel with circa 30-40 attending sessions and the opportunity for those unable to attend to listen to the recording and access presentations. The December meeting focused on gestational diabetes with a GP outlining their experiences followed up by provision of information and support from the weight management team. The January session will focus on cardiovascular risk factors and deprivation, HbA1c diagnostic test roll out. The meetings provide primary care teams with opportunities for learning, education sessions are growing and developing.

M Strachan indicate sessions have been really successful, with regular attenders and provides an opportunity to reach out to practices where there has been less engagement and has been a rewarding to provide on-going support to the primary care community.

N Martin shared link to education sessions, encouraging MCN members to support dissemination in primary care.

11. Type 1 Diabetes Future Model of Care

M Strachan attended NHS Lothian Corporate Management Team (CMT) meeting to present a paper and discuss the funding of advanced technologies. He reported the outcome was as good as could have hoped for highlighting NHS Boards are under tight financial constraints and it is impossible for any health board in Scotland to roll out advanced technologies at scale without Scottish Government investment. The waiting list for pumps is now around 5 years and with potential from next year for the waiting time to increase to 10 years based on current funding which is sad reality of financial situation. It was noted reduction of the waiting list is going to need millions of pounds of annual investment from NHS Lothian. NHS Lothian's Chief Executive

has given approval to take a paper on advance technologies to the NHS Lothian Board meeting in April 2024. Key difference between CMT with the Board is Board are public meetings where journalists and members of the public can attend therefore will allow information on the waiting list for diabetes technologies in Lothian to be aired in a public arena.

Diabetes Scotland have launched Technology Can't Wait campaign which is positive which included a hosted event at the Scottish Parliament which allowed lobbying of politicians. M Strachan advised he was interviewed by BBC Scotland on pump funding where he highlighted the need for 5 year strategy from Scottish Government and the need for NHS Board to be provided with recurring investment.

J Little enquired about 5 year wait, it was noted this relates to adults with a 2.5 years for children which is expected to increase to 3 years in 2024.

P Collings expressed concern about numbers and 550 adults on waiting list and enquired about the cost of providing technology. M Strachan indicated the annual cost modelled by NICE is c£5,600 per year for hybrid closed loop systems (overestimate) will reduce with development in links to Libre devices which has supported a decision in Lothian to move forward with disposable pumps which are cheaper than tethered pumps. Omipod disposable pumps will be the favoured option to maximise availability.

L Marshall highlighted for the NHS Lothian Board meeting, the ask by CMT was to work within current budgets but this has now been taken off the table. The Board will be asked to consider alternative options to review current numbers and address inequalities. It was noted if the technologies budget remains static this would result in people having to be taken off pumps which was rejected as an option by CMT.

J Little enquired about Scottish Government funding and acknowledgment of time staff spend on pump starts and if staffing capacity has been discussed in strategic meetings.

M Strachan referred to national on-boarding service which has been established by Scottish Government and Scottish Diabetes Group for NHS Boards with staffing challenges. Within NHS Lothian, the feeling from clinical service if there was an uplift in funding, there will be capacity to manage in-house in the majority of cases. It was noted the national on-boarding support is funded to August 2024.

M Strachan said it is positive a paper can be presented to NHS Lothian Board and there is potential for further pressures from charities and patients via MSPs,.

12. Draft National DKA Pathway

J Little referred to national meeting convened a few weeks ago to discuss national approach to national of DKA in hospital. A further national meeting is scheduled to take place on 20 December 2023 to agree the draft national DKA pathway. L Marshall sought details of the DKA pathway update.

Action: J Little to provide details of the national DKA review and draft pathway to L Marshall. - completed

13. LDRG Questions

The LDRG provided questions prior to the meeting and written answers were provided. **See Appendix 1**

L Marshall referred to the Lothian Outpatient Strategy which will be published soon. She referred to challenges with on-going demands for space in hospitals, staff and increased demand for return/review appointments (no national targets for review appointments).

M Strachan indicated the number of trainee doctors to support clinics is declining but also referred to high DNA rates which increases waiting lists further as individuals require to be re-appointed which aggravates the problem. The Lothian appointment reminder text messaging system does not tell patients the service for the reminder appointment nor appointment venue. The eHealth team is working on reminder revisions to include details of specialty (service) and the number to phone if unable to attend. It is hoped the revisions will be available by the end of the year. Text reminder only sent a few days before appointment and considering further improvements for services where there are high levels of non-attendance.

R Wright referred to CKD indicating there is no longer a joint renal diabetes clinic in West Lothian as renal support was withdrawn. Patients are being seen quickly in renal clinics and providing an excellent service but means patients have to attend two clinic appointments.

M Strachan referred to Zoe Nutrition App indicating advertised for non-diabetic population and highlighted there is no indication of Libre shortages. A Cockburn commented Zoe is a weight loss management programme, if individuals opt to follow the Zoe programme this may result in weight loss and their diabetes may improve. It was noted to be an expensive programme, offering a tailored eating plan and very specialist programme to achieve weight loss which may be difficult to sustain.

14. AOCB

a. Scottish Diabetes Survey 2022 – now published

M Strachan referred to publication of 2022 survey and indicated next meeting will include review of Lothian metrics. It was noted the survey is published a year behind and Lothian ahead of the curve with the metrics included in the survey.

Action: N Martin to include Lothian survey metrics as an agenda topic for the March MCN meeting - completed

M Strachan took the opportunity to wish MCN members all the best for the festive season and thanked everyone for their contributions to the MCN over the past year, commenting the network is really making a difference to improve the quality of care for people with diabetes in Lothian.

15. Schedule of Future Meetings 2024

Date	Time	Venue
Wednesday 13 th March 2024	2-4pm	MS Teams
Wednesday 12 th June 2024	2-4pm	MS Teams
Wednesday 18 th September 2024	2-4pm	MS Teams

Minutes of Meeting – Continued

Wednesday 11 th December 2024	2-4pm	MS Teams
--	-------	----------

Appendix

Appendix 1 – Written LDRG Q&A

MCN December 2023 Lothian MCN questions from LDRG

We appreciate that some of these questions may be answered by other Agenda items.

Vitamin B12 (S Scarlett/M Strachan - sent 27/11)

Q: LDRG are a bit concerned that, of patients who take Metformin, “just those with symptoms” are tested for B12 deficiency. Has any thought been given to those, maybe longtime takers of Metformin, who are not showing symptoms and who maybe are in the early stages of deficiency or indeed asymptomatic? B12 deficiency is not highly publicized in diabetes education literature.

A: As GPs we refer to RefHelp for local guidelines mentioned below. However are aware of the risk in high-risk populations and certainly in our practice tend to request this in a high proportion of our patients (high levels of malnutrition in areas of social deprivation).

Michelle Downer shared the cluster data collection on high-risk patients and I have made contact to see if they are collecting outcome data (ie actual pick up rate)

But also note that the test is not always a great indication of actual B12 deficiency. "Diagnosing B12 deficiency can be challenging because no single specific measurement exists to reliably diagnose or refute the presence of B12 deficiency. A serum B12 concentration below 148 pmol/L (depending on the assay) with symptoms is a strong indication of deficiency and is sufficient to start treatment. However, symptoms may also be present in individuals with serum B12 >148 pmol/L" (BMJ review article [Vitamin B12 | The BMJ](#)).

B12 deficiency – RefHelp

BOX 6 – Medication/conditions that may affect levels Vitamin B12

- Metformin (for longer than 12 months)
- No need to routinely check levels for those with diabetes or on metformin
- Usually improved with dietary improvement of B12 intake
- It has been suggested that an increased intake of calcium reverses the vitamin B12 malabsorption induced by metformin. Bauman WA et al, Diabetes Care 2000 (23) 1227-31
- Only assess B12 levels if objective evidence of deficiency is present including peripheral neuropathy or macrocytic anaemia
- If low levels check IFAB and should be treated with a short course of OTC oral cyanocobalamin (50micrograms orally for 4 weeks). Response should be assessed clinically and continued if benefit is shown
- No need for prophylactic B12 administration.

Sharps

Q: We have heard of a “Sharps Group” being in existence. Is this part of the MCN? Does it have a Patient Rep?

- A: The Sharps Group is a SLWG recently established to consider how best to implement the health and safety requirement to use safety needles for administration of insulin for both inpatients and outpatients. It is not a subgroup of the Diabetes MCN and is short-term task and finish group.
- I've confirmed with the chair of the Sharps group, Pat Wynne, that currently a patient rep is not required as it is a SLWG responding to a health and safety legal requirement regarding use of safety needles. However, once the group gets to the point of considering implementation options they will look to engage with patient reps./get feedback. – A Cockburn

Outpatient waiting times

- Q: One of our members has been studying published information about waiting times. Between NHS Lothian and NHS Inform we have got a bit of patient confusion. We know that waiting times in this context refers to newly diagnosed.
- www.nhslothian.scot shows an Adult routine waiting list time of 11 weeks and an urgent waiting time of 6 weeks.
- www.nhsinform.scot shows a median waiting time of 8 weeks. We know that median and average are not the same. Are these data consistent?
- Are similar data available for routine annual reviews, and if so, where? Within LDRG members we have some extended gaps developing between reviews.
- A: I can speak for the hospital based services and not primary care.
- There are no waiting time kept for return appointments (compared to NP appointments). The numbers quoted are for patients referred from primary to secondary care (both new and previously diagnosed now needing secondary care input).
- We do however keep track of a 'planned repeat list' which is the number of patients waiting for a return appointment. As I have mentioned in previous MCN meetings that has increased at some sites in the last 18 months.
- We have a large number of 'did not attend' appointments which are seeking to reduce the number of these through a new process which will increase capacity and hopefully reduce waits in between review appointments. This will be introduced in the very near future. – S Ritchie

Chronic Kidney Disease (S Scarlett/ M Strachan – sent 27/11)

- Q: We have had a question raised about how CKD is diagnosed. With eGFR and Creatinine being tested at “annual bloods” how are the data analysed? Patient education doesn't seem to cover CKD.
- A: Thank you for this question. CKD diagnosis is made over time by a combination of blood tests and also urinary protein testing - two of the '9 processes of care'. There is a priority now for early recognition of this given new therapies and the recognition of cardio-renal metabolic syndrome. It lends itself well to quality improvement work and is a hot topic. For interest the clinicians use is available on RefHelp and also Edren (renal website)
- [Diabetes CKD – RefHelp \(nhslothian.scot\)](http://Diabetes%20CKD%20-%20RefHelp%20(nhslothian.scot))
- [CKD summary overview – edren.org](http://CKD%20summary%20overview%20-%20edren.org)

Patient information available at Diabetes UK (useful resources below), within the My diabetes My way elearning modules for T2DM.

[Diabetic nephropathy \(kidney disease\) | Diabetes UK](#)

[Information Prescriptions for healthcare professionals | Diabetes UK](#) (two available)

Libre 2 and Zoe (advertised on TV as a type of health/lifestyle monitor) (A Cockburn – sent 27/11)

Q: This links to supply issues with prescribed medications. Is the impact of Zoe causing, or expected to cause, problems?

A: I've not had any communication regarding use of the Zoe lifestyle programme causing increased difficulties for patients obtaining their diabetes medications but will enquire with the diabetes pharmacists running clinics in primary care whether any issues have been reported. – A Cockburn

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	Progress modelling funding impact of Biosimilars	K Miles	On hold
20/09/2023	S Scarlett and E Brewin to discuss recording of foot screening outcomes within primary care.	S Scarlett/E Brewin	Update required at next meeting
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	Update required at next meeting
06/12/2023	Add G Jones and remove L Hazzard from the MCN distribution list	N Martin	Completed
06/12/2023	DESMOND team to take forward a number of actions relating to waiting list cleanse, engagement with GPs to discuss education options with patients, review of DNA and equalities data, option to access to MyDESMOND to support waiting list cleanse	A McGregor/ B Luke	
06/12/2023	DAFNE provide feedback of MCN discussion to G McRoberts	J Thomson	
06/12/2023	Investigate any barriers associated with Trurapi East Region formulary approval and involve M Strachan if appropriate.	A Cockburn	
06/12/2023	Circulation of link to STU website	A Cockburn	
06/12/2023	Ensure updated protocol is published prior to roll out of HbA1c as diagnostic test	M Strachan	By mid January 2024
06/12/2023	Provide examples of patients attending DESMOND who were not aware of their type 2 diabetes diagnosis to S Scarlett	B Luke	
06/12/2023	Provide details of the national DKA review and draft pathway to L Marshall	J Little	
06/12/2023	Lothian Scottish Diabetes Survey metrics as an agenda topic for the March MCN meeting	N Martin	For March agenda
06/12/2023	Circulate dates of the 2024 Diabetes MCN meetings.	N Martin	