

Diabetes Managed Clinical Network Network Meeting

13th March 2024

14:00 – 16:00

MS Teams

Minutes of Meeting

Attendees: S Scarlett, M Strachan, A Cockburn, K Miles, E Brewin, P Collings, A Job, A McGregor, S Wild, J Thomson, J Barclay, J Little, R Wright, A Grant, A Cumming, N Martin, E Campbell

In Attendance: M Leyton, M Simpson, S Jenks

1. Welcome & Introductions

S Scarlett welcomed everyone to the meeting.

2. Apologies

Stuart Ritchie, Emma Shaw

3. Minutes of previous meeting

Minutes from previous meeting on 6th December 2023 were agreed as accurate record.

4. Clinical Director Update

In S Ritchie's absence, M Strachan indicated majority of issues being dealt by the Clinical Director relate to financial issues associated with diabetes technology. A paper is being submitted to NHS Lothian Corporate Management team to outline the position. The annual number of new pump starts in Lothian is being reduced from 144 per year to 100 per year. Women who are pregnant and children will be prioritised for new pumps resulting in a position whereby in the next 2 years no other adults will be started with pumps other than those with life threatening episodes of hypoglycaemia. The impact of the financial position and this prioritisation will result an individual added to the pump waiting list in March 2024 expected to wait 10.7 years to receive a pump. M Strachan highlighted the impact on the waiting list has been taken to the highest possible levels including the Chief Executive and Corporate Management Team. He stressed there is a significant funding deficit in the current technology budget because of the historic practice of the Scottish Government providing tranches of funds for new pumps. This makes the long term financial position worse in terms of NHS Board because the Government funding covers only one year of costs and does not cover the requirements for replacement pump and consumables. Representations have been made to MSPs and Government Ministers highlighting the situation, however without additional Scottish Government funding there is unlikely to be any change in this position. NHS Lothian has agreed to review the situation in September 2024 therefore should any additional funds become available, diabetes technologies will likely be at the top of the queue for funding. It was noted Omnipod 5 and Tandem pumps will be loop-able in next few months along with Freestyle Libre. Only 5% of people with Type 1 diabetes are currently on a hybrid closed loop system and this will increase as we are able to upgrade to loop-able Libre devices. However, this benefit will only be for people already on a pump.

M Strachan commented on his dismay at having to convey the update on pump provision and indicated the clinical and operational management teams have done all they can in an attempt to gain traction.

S Scarlett sought context on Scottish situation compared to England. M Strachan advised NICE have indicated hybrid closed loop technology should be available to T1 with adults with sub optimal control, pregnant women and children with evidence strongest in the latter two. Scottish Health Technology Board appraisal was similar however included cognitive diabetes distress. He highlighted the huge difference in Scotland compared to England relates to there is no legal back up for Scottish Health Technology Board assessments and no mandatory requirement for NHS Boards in Scotland to provide technology. This is compared to the situation with the Scottish Medicines Consortium (SMC) where if there is approval of a new drug which is cost effective there is a ministerial expectation that NHS Boards will fund the medication. There is no ministerial expectation applied to the provision of technologies to support patient care.

P Collings referred to 10.7 year waiting list and asked how many patients per year require a new pump, M Strachan indicated there is an estimated 520 adults on the current waiting list. The 10.7 years refers to someone added the waiting list from today, those at top of waiting list may receive a pump in 2-3 years' time. Approximately 90 patients per month are added to the waiting list. M Strachan indicated the situation across Scotland is patchy i.e. Dumfries and Galloway and Borders are unable to initiate new pumps, however there are other Boards who are lower adopters of technology and do not have the same length of waiting list as have tighter pump access criteria.

A Grant referred to NICE guidance update and enquired if SIGN recommendations are similar. M Strachan indicated in England and Wales there is a legal requirement that Health Authorities have to meet health priorities within a specified period. NHS England have applied for an exemption to roll out technology over a 5 year period which has been granted by NICE. The lack of legal obligation in Scotland to fund technologies causes the difficulties.

5. Type 1 and Type 2 Patient Education Update

a. DESMOND

A McGregor provided an overview of current position with DESMOND and referred to the slide pack circulated for the meeting. She highlighted the last update was 2021-22 and therefore an opportunity to review progress. A McGregor spoke to the slides circulated at the meeting, highlighting:

- Other referral routes to DESMOND now includes self-referral which is increasing
- Attendance rates c75% (c25% DNA rate)
- Waiting times: average wait 56 weeks, current bookings reduced to 47 weeks
- MyDESMOND engagement is improving and keen to ensure the app is utilised as much as possible
- Starting first course in Wester Hailes where the educator based in Wester Hailes with specific targeting of the local population noting delivery in an area of deprivation

- The service continues to monitor referral rates, capacity and the financial position
- Feedback from those who have attended courses is consistently positive

P Collings referred to the on-going development of a 'Once for Scotland' approach to providing patient education. A McGregor indicated Lothian is leading the way as agreed to pilot the new Diabetes Scotland workbook which may be recommended for use across Scotland.

M Strachan commented on the length of time taken recommend Scotland approach to delivery of patient education and noted this approach remains aspirational.

A Job referred to a conversation he had with a patient who recently attended a DEMSOND course and mentioned the fall off from the start to the end of course and enquired if this was a one off situation. A McGregor indicated she was aware, due to a health issue, one person had to leave the course early and a small minority leave as feel the course is not suitable for them. The majority booked attend from 9am – 4pm, if people leave a course early there is always follow up contact with the individual to offer further support

A Cumming agreed to contact co-ordinator for the national MCN leads group to ask for update on discussions associated with the 'Once for Scotland' approach / recommendations for patient education.

Action: A Cumming to contact E Ramsay, Scottish Government – Completed

b. DAFNE

J Thomson provided an update on Type 1 DAFNE education, work is on-going associated with waiting list validation and referral processes with guidance which will be issued to clinicians. A further three educators have been trained to support remote training but will also continue with a face to face option. The T1 diabetes provision of technology position may allow provision of a bit more education as numbers of new pump starts will decrease. However, there is a need to continue to train more staff to support delivery of education. There is no refresher waiting list and the service is keen to pursue hybrid closed loop education and database completion for national reports.

6. **Subgroup Updates**

a. Foot subgroup

E Brewin referred to challenges relating to induction of new staff and non-clinical work on projects. A number of team members will be leaving St John's Hospital resulting in a re-shuffle of the team. Foot screening competencies are being reviewed with development of short videos to be posted on the intranet to provide easy access. A resource pack for the MCN professional education conference delegate pack is being pulled together. Developments include some dedicated consultant time at acute sites and developing links with joint clinics with vascular services and also dedicated ward time to support in-patient care. CRP for feet includes discussion and ideas for Quality Improvement projects to support ward recording and awareness raising. It was noted S Ritchie is presenting the outcome of the recent NADIA in-patient audit to NHS Lothian Corporate Management Team.

b. Diabetes Prescribing Subgroup

A Cockburn provided the following updates:

- Sharps Short Life Working Group which is focussing on safety needles, it was noted the group is still to report final outcomes.
- Biosimilar insulins: undertaking background work for a formulary submission which has approval from Fife and attempting to progress Borders approval. M Strachan indicated he met with Rachel Williamson who has taken over Borders MCN and suggested A Cockburn make contact.
- Testing Sundries: some work taking place on achieving efficiencies and West Lothian studies to standardise use of test strips for roll out across Lothian.
- Teratogenic warnings for SGLT2s and GLP1s: K Miles indicated whilst attempting to include on ScriptSwitch there is a need to check with classification on Vision and the specialist interest group however no other NHS Boards are progressing work. There are some warnings on Vision but appears to be patchy.

J Little asked for further details on test strip project in West Lothian. A Cockburn indicated she will circulate update following the meeting.

Action: A Cockburn to share details of the West Lothian test strip project

GLP1 shortages continue with update advice published on the MCN webpage however noted shortages continue to be an on-going issue. K Miles indicated Lilly is indicating both 3mg and 4.5mg availability at end of March, however, in practice outages are being reported. There are 680 patients on 4.5mg dose in Lothian and difficulties in obtaining supply updates was highlighted. J Barclay requested guidance on starting people on Trulicity on 3mg/4.5mg. It was highlighted the medicines shortages team is unable to provide information to inform decision making.

M Strachan commented on the challenging GLP1 situation and indicated he has refused to meet Novo Nordisk representatives as the company is failing people with diabetes due to continuation of private sales. The advice from Lilly and Novo Nordisk is not appropriate as they have no control over imports to Scotland. There is a need for patients who have been off GLP1 to re-start on low dose and titrate.

P Collings referred to LDRG question and highlighted personal experience of shortages. M Strachan referred to limited supplies and if there were a surge in requirements for one particular dose this will have a knock on impact on wider supplies. M Strachan referred to a recent technology meeting in Florence, Italy associated with the roll out of pump technology for T2DM and indicated he had taken the opportunity to have a frank conversation with the Lilly representative highlighting there is no help and support available to NHS Boards and nothing being taken forward to resolve the supply issue.

c. PPP subgroup

S Wild referred to the sub group report and review of the remit with agreement prescribing is dropped from the remit as there is an active prescribing sub group reporting to the MCN.

The proposed revision to the Type 2 Diabetes Local Enhanced Service (LES) was noted with the aim of improving delivery of key processes of care undertaken least well i.e. ACR and foot screening. It was noted discussion of the revised LES had taken place at a recent GP Sub Committee meeting resulting in a disappointing response with the revisions to the service specification not being supporting for political reasons. Therefore the existing Type 2 LES will continue for 2024-25 which focusses on the first year of diagnosis.

M Strachan referred to 9 processes of care, highlighting latest figures indicate only 61% of those with T2DM have a foot check, the purpose of the suggested revisions to the LES is about improving the quality of care and cost effective preventative medicine. It was highlighted J Chowing, Associate Medical Director Primary Care was very supportive of the LES revisions.

The PPP group also discussed the HbA1c diagnostic test and communication from the laboratory team to ensure people do not have HbA1c measured more frequently than three months.

d. Professional Education Subgroup

J Little provided an update from the sub group meeting held on 6 March where Terms of Reference for the group were approved. There continues to be close working with Community DSNs and MCN support for booking and delivery of community nurse education. Work is progressing on new community referral guidance and algorithm of support has been completed.

It was highlighted there is no further AstraZeneca funding to support recording of diabetes modules and also noted attendance at face to face education is low due to staff pressures. J Little is hopeful E Campbell, new MCN secretary will be able to negotiate links to ensure the education portfolio is available on-line and availability of analytics associated with those who access virtual education will be able to provide further breakdown of attendance information.

The current 2023-24 Lilly education programme continues until July. A meeting with Lilly takes place at the end of March to discuss and agree the 2024-25 programme, it was noted there is lots of contact from healthcare professionals after the webinars seeking additional information.

The MCN Diabetes Professional Education Conference takes place on June 19th at COSLA. An exciting programme for the day has been developed and it is hoped conference registration is now live via the professional education website, the link for registration will be widely distributed in next few days.

It was noted diabetes education is continuing within forensic service along with education support for practice nurses.

S Scarlett welcomed Emma Campbell, new MCN secretary to the meeting and introductions were made, formal introductions will take place at the next meeting.

7. Review of Type 2 Diabetes Local Enhanced Service

See update agenda item 6c: PPP Sub Group.

8. Changes to Diabetes Diagnosis in Lothian

M Strachan indicated the HbA1c pilot went well. In January 2024 HbA1c was launched as the primary diagnostic test for T2DM in Lothian. This change has been positively received by primary care teams. Some early data indicates increased identification of people with pre-diabetes. Tests will be kept under review over the next year. Revised guidelines have been issued to primary care teams which has simplified diagnostic guidance.

9. Type 1 Diabetes Technology Service Update

See update, agenda Item 4: Clinical Director Update

10. Diabetes Prevention Framework: Public Health Priority 6 Update

M Simpson provided an update on work undertaken within the public health department and referred to a national population health strategy due to be published in June. She highlighted jurisdiction for diabetes prevention priorities sits within community services. There has been a request to review for the T2DM prevention framework and identify what could be influenced through the public health department. M Simpson has been linking in with S Wild, L Eyles, A McGregor and analytical services. She presented a paper to NHS Lothian's Corporate Management Team (CMT) to review prevalence and cost and considered the impact of pre-diabetes. It was noted maternal and infant feeding support, inequalities and the W Lothian project on breast feeding which has had positive impact along with weight management service and Let's Prevent patient education programme. Recommendations to CMT included influence national priority and community planning partnerships along with a look to shift spend and East Region Partnership prevention funding for up-stream prevention and consideration of active case finding. Reviewing some weight management interventions from an analytic perspective and where considering where a digital approach could free up face to face capacity. The CMT noted a strong overlap with the MCN and linkage with PPP Sub Group and work with Public Health Scotland analytical resource and Scottish Burden of Disease and support from a Health Economist.

Further work will be undertaken looking at projections, modelling, impact on primary/secondary care, individuals and families and early intervention. The PHAT (public health action team) has T2DM sub group therefore potential overlap with work with other groups. M Simpson highlighted she is seeking support with linkage from MCN and how can we support each other to co-ordinate activities.

S Wild referred to meeting with NHS Borders Director of Public Health who was unaware of prevention framework. She welcomed reinvigoration with prevention of diabetes.

A Cumming referred to East Region Prevention Partnership re-invigoration. It was noted an East Region Prevention Board takes place next week, A McGregor will be conduit to provide updates.

S Wild commented M Simpson's work has pushed Lothian at the forefront of diabetes prevention in Scotland.

11. LDRG Questions

Responses to LDRG questions are appended to the minutes of the meeting.

P Collings referred to responses for LDRG meetings and need for update from meeting in 2023. N Martin will review and forward to P Collings.

Action: N Martin to locate LDRG questions update from December 2023 - Completed

Medicine shortages: M Strachan indicated requirement for an individual plan for dealing with shortages. S Scarlett indicated GPs are trying their best and often there are a variety of opinions with the need for shared decision making between GPs and patients when considering the guidelines and potential for variation in practice.

P Collings asked if there are any reports of mental health issues associated with prescriptions not being fulfilled. M Strachan indicated services are inundated with concerns from patients who are unable to obtain prescriptions. He highlighted that in addition to distress caused to patients the position is also creating stress on healthcare professionals as the shortages situation is out with the control of the clinical team.

Reference was made to communication between NHS Lothian and patients and different updates on shortages on the website, it was noted some updates relates to 2023 therefore out of date. K Miles indicated the pharmacy team do try to provide update information on shortages, however unfortunately sometimes shortages highlighted after the event i.e. no advance communication from drug company/suppliers.

Text Reminders : J Bladen, Service Manager is aware of issues, details have been sent to the eHealth team to raise awareness.

Annual recall – 17 months for T1 follow up appointment: M Strachan confirmed this is the position for review appointment waiting time, the increase in waiting time is a combination of availability of trainees, sickness absence of medical staff and huge numbers of non-attendance (DNA) by patients i.e. two thirds of people with appointments did not attend a recent clinic. The current waiting for return appointment is circa 18 months. M Strachan indicated NHS is under huge pressures which have not been experienced before which is a difficult situation to manage.

J Thomson indicated the service team is looking at capacity issues and challenges and referred to an average 20% DNA rate and need for consideration as to how best to ensure patient engagement. It was noted whilst follow up calls are made with patients, there is limited benefit to a telephone call as unable to undertake examinations i.e. feet.

Link to T1 Diabetes and Covid Vaccination: M Strachan indicated there is nothing definitive and work in Scotland did not show any links to Covid infection. Incidence rates in Scotland now reduced to pre-pandemic levels and the reasons remain unexplained.

<https://pubmed.ncbi.nlm.nih.gov/38113438/>

Physician Associates (PA): M Strachan indicated there are no PAs involved in diabetes service. He reflected on his personal experience of working with PAs working on the wards indicating with all healthcare professionals there are some good and some not so good.

12. Scottish Diabetes Survey 2022

M Strachan indicated he intended to share some slides, however given time pressures, he provided a verbal update to indicate Lothian is doing very well overall with performance metrics.

- T2DM with glycaemic control below 58 mmol/l: NHS Lothian is ranked second behind NHS Orkney and NHS Highland.
- T1 control, Lothian is also ranked third behind NHS Orkney and NHS Shetland. Within mainland Boards, Lothian is top for T1DM and second for T2DM
- Nine Processes of Care: Lothian third an improvement from fifth last year, whilst percentage achieved is 29% - 30% which is still not good.
- BP Target: Lothian does not do so well on BP target 130/80 is not a target referred to within guidance, it should be 140/80. There is no clear understanding on why Lothian does less well on this metric. However there the potential for more people in Lothian to use home BP monitors which is not recorded on SCI diabetes. 24 hour ambulatory BP monitor has been requested for inclusion on SCI-Diabetes and revision of target to 140/80. S Scarlet referred to frailty and the need for lenience under these circumstances.

A Cockburn enquired about EMIS and VISION inclusion of BP on SCI-DC therefore potential for further investigation in primary care.

M Strachan summarised performance metrics for the survey and dashboard, Lothian is above average for Scotland and leading for some metrics however noting room for improvement. M Strachan will share slides.

Action: M Strachan to share performance slides

13. My Diabetes My Way (MDMW) Update

S Scarlett referred to the recent updates provided by Dr Scott Cunningham, MDMW which included a letter (circulated with papers) to advise My Diabetes My Way is looking for people living with or caring for people with diabetes to join their new Patient Advisory Group. This Group is being set-up to advise My Diabetes My Way on strategic direction and to help prioritise developments. MDMW is seeking suggestions from local networks or patient groups and help in building a group that is genuinely representative of the diabetes population of Scotland.

MDMW also provided an update on MDMW registration in Lothian and other NHS Board areas. Lothian currently has 19.9% of those with diabetes registered with MDMW of which 9.9% accounts are active. The MDMW team continue to offer support for MDMW awareness raising in Lothian via:

- provision of leaflets for general practice/clinic
- demonstrations of system functionality at conferences/patient groups,
- letter/leaflet/text/email mail out on behalf of GP practices encouraging registration

S Scarlett to remind practices of MDMW offer for mail out for practices at the next clinical practice meeting.

Action: S Scarlett to highlight MDMW offer for practice mail outs.

14. National No Smoking Day – Quit Your Way

A Rumbles, Team Lead Acute Smoking Cessation attended the meeting and highlighted every day is a no smoking day. She indicated few people are admitted to hospital due to their diabetes, most referrals are through GP practices and clinics. Referral pathways have been shared in acute sites. GPs can now refer to the smoking cessation service via SCI-Gateway. S Scarlett enquired about vaping and individuals who have stopped smoking with the use of an electronic cigarette are now stuck on vaping with no cessation support. A Rumbles indicated there is no funding support for vaping cessation and recognises vaping is not a long term alternative to smoking cessation. Whilst individuals who vape can be referred to the smoking cessation service there is but no guidance on nicotine replacement for vaping. Patients who vape and wish to address behavioural change could sit in on stop smoking class. S Scarlett commented it is good that the service can offer something to those who vape. A Rumbles indicated vaping best replacement to switch to from cigarettes however should only be considered as an alternative to smoking for a period of twelve weeks. It was noted there is lots on on-going discussion associated with stop vaping services within the Scottish Government.

15. AOCB

a. Healthcare Governance Committee Report

A Cumming thanked MCN members for their support with contributions to the report and advised the MCN annual report is submitted to the Committee to meet MCN governance requirements and has been circulated to MCN members for their information. The report provides an update on delivery of the 9 diabetes processes of care and key activities over the past year. The report has been approved by the Medical Director and submitted for the Healthcare Governance Committee meeting which takes place on 26 March.

b. Diabetes Scotland ‘Newly Diagnosed with Type 2 Diabetes workbook’

N Martin advised the Diabetes Scotland Newly Diagnosed with Type 2 Diabetes workbook pilot began on 5th February 2024. Five hundred introductory bundles were sent to all GP practices in Lothian based on number of patients diagnosed with Type 2 in the practice in 2022. Further copies are available via the resource centre (re-order quantities will be capped). There is an electronic version available on the MCN website for download and the MCN encourage promotion of this version to those who it is suitable for.

The pilot will be evaluated at 3 months (April), 6 months (July), 9 months (Oct) and ending on a 12 month review on 7th February 2025. Healthcare Professional evaluation will be done collaboratively with Diabetes Scotland and patient evaluation is in-house using information governance approved evaluation software. A communication was sent out to all practices detailing the pilot and information has been shared in the previous two newsletters.

The information from the pilot will be shared with the National Scottish Diabetes Group and will also inform the future plan for Type 2 patient education resources.

c. Pre-diabetes coding

S Jenks, biochemistry laboratory was welcomed to the meeting. She provided an update on the introduction of HbA1c as a diagnostic test and increases in pre-

diabetes patients. She asked when laboratory results are in the pre-diabetes range should laboratories include advice on laboratory reports, ensure correct coding and follow up for annual review. She indicated the Primary Care /Laboratory Interface Group (PLIG) is keen to undertake a pilot and download lists of those in a pre-diabetes range as keen to receive feedback. M Strachan indicated the idea of coding recommendation is sensible and also provision of the link to the pre-diabetes Reffhelp page may also be helpful, he confirmed support of a pilot to review number of un-coded individuals. It was agreed the best way to take forward will be to put information on laboratory reports and pilot co-ordinated through PLIG may be way to go but MCN happy to support. S Wild referred to S Tait, NHS Lothian Analytical Services who could check with managers to confirm analytical support and happy to be involved if necessary. S Scarlett indicated she is happy to become involved.

Action: S Jenks to take forward pilot to ensure coding of those identified pre-diabetes as a result of HbA1c testing

16. Schedule of Future Meetings 2024

| Date | Time | Venue |
|-------------------------------------------|-------|----------|
| Wednesday 12 th June 2024 | 2-4pm | MS Teams |
| Wednesday 18 th September 2024 | 2-4pm | MS Teams |
| Wednesday 11 th December 2024 | 2-4pm | MS Teams |

Appendix

Appendix 1 – Written LDRG Q&A

MCN March 2023 Lothian MCN questions from LDRG

We appreciate that some of these questions may be answered by other Agenda items, see notes above Item 11.

Q1 Medications shortages

How confident are you that GP Practices and Pharmacists know about alternative pathways and can react quickly to issue changed prescriptions? We have 4 members of LDRG who all have different stories.

A We have tried to send out updated communications to GP practice staff and community pharmacies when the shortage situations have changed. However, due to the nature of the shortages with supplies being very variable between some community pharmacies this remains challenging. – A Cockburn

Q2 When a “Plan B” is introduced will an HbA1c test be offered, say, after 3 months? S Scarlett

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Q3 Has any thought been given to the mental health issues a patient may suffer because of the shortages? S Ritchie

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Q4 Communication about the shortages between NHS Lothian is poor. It looks like a “wait and see what happens” situation but we worry about delays cause once a prescription cannot be fulfilled. Could NHS Lothian webpages be updated regularly so that concerned patients can inform themselves? S Ritchie

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Q5 What is the updated position on Tresiba?

A Patients on Tresiba in primary care have all been contacted and changed to Novopen 6 and Tresiba cartridges. Outpatients requiring Tresiba are now receiving Toujeo Solostar pens if they do not have a supply of Novopen 6 at home. – A Cockburn

Q6 Text message reminder of appointments

This appears to be working at WGH but not at RI. Within the LDRG we have a case of no reminder and a case of a reminder but no appointment letter. Are any patients working with the group who are implementing text reminders? S Ritchie

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Q7 OPD waiting lists

Within LDRG we have waits of up to 5 months for OPD appointments. We thought waiting lists were getting better but these experiences hint at otherwise. What is the current position? Presume referring to 2nd care – S Ritchie

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Q8 Covid and T1

Is ant research being done to link T1 to Covid/Covid vaccine? A member has done some research before raising this question. IS this a true or a spurious correlation? M Strachan

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Q9 Physician Associates

We have been looking at the qualifications required by a Physician Associate and are a little concerned about how Physician Associates will be used by the NHS. Are PAs used within the Diabetes Team? S Ritchie/M Strachan

If so:

How do we know we are being treated by a PA?

Where are they located?

What role do they play?

If not, are any likely to join the Team in the near future?

A No written response provided, for discussion on Wednesday 13th March at Diabetes Quarterly MCN Meeting.

Action Log

| Date Raised | Actions | Owner | Due Date | Status |
|-------------|--------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------|-----------------------------------|
| 07/06/2023 | A McGregor to update group on Saxenda formulary decision in due course or at the next meeting. | A McGregor | | Ongoing |
| 07/06/2023 | Biosimilars | M Strachan | | Ongoing – on Prescribing workplan |
| 06/12/2023 | Provide examples of patients attending DESMOND who were not aware of their type 2 diabetes diagnosis to S Scarlett | B Luke | | |
| 13/03/2023 | Pilot to ensure coding of those identified pre-diabetes as a result of HbA1c testing | Sara Jenks | | Not Started |
| 13/03/2023 | Highlight MDMW offer for practice mail outs at next primary care clinical practice meeting | S Scarlett/N Martin | | Not Started |
| 13/03/2023 | Request update from Scottish Diabetes Group on Once for Scotland patient education developments | A Cumming | June 2024 - for update at next meeting if answer available | Completed |
| 13/03/2024 | Share Lothian performance metrics slides with MCN | M Strachan | | Completed |
| 13/03/2024 | Provide LDRG questions update from December 2023 to P Collings/A Job | N Martin | | Completed |