Diabetes Managed Clinical Network
Network Meeting

12th June 2024
14:00 – 16:00
MS Teams

Minutes of Meeting

Attendees: E Campbell, M Strachan, J Thomson, J Little, A Cockburn, P Collings, K Miles, A Job, S Ritchie, M Lyall, S Scarlett, N Martin, R Wright, B Luke

Apologies: E Brewin, A Cumming, S Wild, A McGregor, A Dawson, A Grant, G McRobert, H Ali Akbar

Welcome & Introductions
MS welcomed everyone to the meeting, followed by a round of formal introductions.

Minutes of previous meeting – 13th March 2024
Amendment requested by Stuart Ritchie on "5% patients on hybrid closed loops". The previous minutes will be corrected to state true figures of 10% of patients on Hybrid Closed Loop and 12% on standalone pumps.

Action – NM to amend minutes and redistribute – completed.

Clinical Director Update

a. Technology

SR advised of the change in Scottish Government funding in relation to diabetes technology. There will be a significant reduction (around 75%) in pump allocation for adults within NHS Lothian with and 70 devices less in paediatrics. NHS Lothian plan over the next 2 years is to ensure that 90% of under 18s are on a pump and there is no waiting list for paediatrics. Prioritisation in adults will be severe hypoglycaemia and pregnancy. This is a challenging time for diabetes technology, but we are keen to reassure patient groups that there is a lot of work ongoing in the background to increase access. Frustrations are shared across the whole of Scotland and boards are advocating strongly for communication to go out to patients.

PC thanked the group for the continued work they are putting in and wished patients across Lothian could understand how much is going on behind the scenes.

SR continued the update by answering a number of LDRG questions. LDRG questions and answers are included in the appendix.

National MCN Lead Meeting
The summary from the national meeting was shared with the agenda. The main highlight from the meeting is that Professor Robbie Lindsay has been appointed as the replacement for Brian Kennon as Chair of the SDG, the role is going from 4 clinical sessions per week to 1 clinical session.

Type 1 Patient Education Update

- **DAFNE**

MS noted apologies from Gayle McRobert and advised the DAFNE written update was circulated with the agenda. Highlights from the report include: the increase in

the number of bolt-on education available to the DAFNE programme and the DAFNE waiting list is over 6 month for face to face course.

JT advised of the challenges in filling courses; patients are not attending at last minute and are also not accepting appointments when offered. There is work ongoing to review appointment utilisation, barriers to accessing education and to consider delivering education virtually to ensure flexibility for patients.

Action – Gayle McRobert to update on review of appointment utilisation, barriers to accessing education and virtual options.

Type 2 Patient Education Update
a. DESMOND
BL report has been circulated with the agenda.
Jan – Mar there were 18 face to face groups and 1 virtual group at Lothian wide venues (Linlithgow, Westerhailes, Bonnyrigg). The monthly referral rate increased to 160 patients per month and the wait for an appointment is 66 weeks.

MyDESMOND online learning platform to date has 388 patients registered and there is no waiting list. There are 114 active, 127 inactive and 143 have completed the MyDESMOND course.

SS queried if a patient opts in the for the MyDESMOND option, can they also sign up for the DESMOND course?
BL advised that patients can do both. Patients often complete MyDESMOND whilst they are waiting on a DESMOND place.

Action – Bree Luke to see if a mandatory question can be added to DESMOND pathway on SCI-Diabetes to clarify if patients prefer face to face or virtual education with the aim of triaging to the appropriate education option.

Action – Weight Management to share an update of key things that have changed on RefHelp and SCI-Gateway in the next diabetes MCN newsletter.

Let's Prevent
No update available, to be carried forward to the next meeting.

Diabetes Scotland Workbook Pilot
NM provided an update on the Diabetes Scotland Newly Diagnosed with Type 2 Workbook pilot.

Subgroup Updates
b. Foot subgroup
The West Lothian Diabetes foot team said goodbye to Moira Gibb and Colette Cargill and will be losing 2 additional members of the team due to Maternity leave. EB advised that funding for the Diabetes foot Coordinator role for Scotland has been withdrawn and Duncan Strang has now stepped down from his post. The Scottish Foot Action Group will continue but without Duncan's guidance and drive. EB extended a warm welcome to the new Head of Service for Podiatry who started this week, Ewan McGivern.

EB advised of the continued development of the Diabetes foot services at WGH, St John's and the RIE, including MDT discussion of patients and links with OPAT and Vascular. Further potential for MDT clinics at the RIE following Laura Reid's appointment to a Consultant post.

CPR for feet: Joint discussions with the WGH team, Catriona Kyle, the TVNs, Talarmade rep ready to support any training needs, securing funding of £250 for any additional posters/ printing requirements and meeting with the Quality improvement team.

Diabetes foot screening, continued support in primary care to help improve screening figures and ensure a standardised approach. Correction of typos and circulated the current foot screening competency document for comments. Resources made available for the professional conference. Secured some additional Traffic light posters and the remaining Diabetes foot leaflets from Duncan Strang, including low, moderate, high, holiday etc.

From July, there will be change in the templates to allow protected non-clinical time to the Diabetes foot teams to work on audit, research and project work.

c. Diabetes Prescribing Subgroup

AC advised the prescribing subgroup met last Friday and discussed shortages at great length. The group were advised of the plan to put a link to the NHS Lothian shortages on the MCN webpage. A summary paper was shared with the agenda. The group discussed the LDRG questions on insulin shortages and Rybelsus the answers to these can be found in the appendix 1.

Action – NM to put a link to the NHS Lothian medication shortages page to on the MCN website and AC and KM to check the shortages pages link to MSANs – partially completed.

AJ queried if there was an opportunity for patients to be proactive and to request a review if on Trulicity? The answer to this question is captured in the appendix 1.

AC advised the prescribing group are looking to implement a pilot that has been ongoing in West Lothian looking at testing sundries and cost efficiencies in this area.

The Trurapi (insulin aspart) formulary submission is still awaited and the formulary submission for Mounjaro (tirzepatide) will be submitted for the July meeting. ML advised the cost implications of Mounjaro are very significant and shared information on the cost implications on screen. The draft tirzepatide prescribing algorithm was also shared on screen.

An implementation toolkit has been launched by Scottish Government to support the Diabetes Quality Prescribing Strategy and this was shared with the group.

KM advised that teratogenicity warnings are variable on Vision. KM has been in contact with team. Awaiting outcome and update will be provided via diabetes prescribing subgroup.

Action – AC to provide further update on testing sundries efficiencies at next meeting.
Action – Updated Type 2 Diabetes Prescribing Algorithm to be shared widely once approved.

d. PPP subgroup
NM provided the PPP update on behalf of Sarah Wild.
Public Health action teams are under development, one of which will be chaired by the Public Health Director in NHS Borders. There will be more information to follow on the scope and aim of these groups.

The most recent East Region Prevention Group meeting was cancelled, however, the groups overall aim is to match funding with resources and move towards more balanced NRAC funding. The PPP group plan to invite Peter McLoughlin to the next PPP meeting for a wider update.

The National and Lothian Diabetes Dashboard discussions are ongoing between Suzy and Peter Cairns. The Diabetes LES was not accepted by LMC, however, key indicators are being added to the multimorbidity dashboard through Datalock.

My Diabetes My Way (MDMW) quarterly reports show that Lothian are in line with other Health Boards. Practice specific data shows that 20% of patients with diabetes are registered to MDMW and 10% are actively using the platform. Colleagues from MWMD will be exhibiting at the Diabetes MCN Professional Education Conference on Wednesday 19th June.

e. Professional Education Subgroup
The education portfolio for professional education continues to grow. The current video modules on the MCN Professional Education website are aimed at level 3 learning and there has been increasing requests from care homes and third sector for education to support their diabetes patients. The new planned video modules will be aimed at Level 1 or 2 learning and this will support the education of those individuals. The pan Lothian education for HCSWs and Registered Nurses in Lothian continues to be popular and we will develop a new programme for 2025 which will be shared in due course.

JL advised she is currently supporting education at Westerhailes for diabetes patients, is assisting Jacqui and Janet with developing band 4 competencies and is engaging with Midlothian and East Lothian to implement a titration sheet for once daily insulin titration which will be utilised by District Nurses who can find this problematic.

Lilly webinars will continue next year and the programme has been decided. This will be shared widely in due course. The attendance number for the Lilly Webinars sits around 50-60 each month. Lilly have offered to support and fund two face to face education session in November and February and details will be available on the new programme. The content will be GLP1 management and it will be aimed at practice nurses.

There will also be an education session ‘Flash Week’ in September to support education on the Libre 2+ sensor.

Action – EC to distribute Lilly 2024/25 Lilly Webinar programme – completed.

Type 1 Diabetes Technology Service Update
Discussed in Clinical Director Update.

Coding of pre-diabetes and foot screening
SS reiterated that coding is often unclear and clarity is required. PLIG are looking at improving the quality of coding of pre-diabetes in Lothian by undertaking an audit. MS would be good to get a national steer on what we code in primary care. Work on coding of pre-diabetes, foot screening and ACR is ongoing.

Action – SS to pick up national coding with Laurie Eyles and to provide update from PLIG meeting at next meeting.

The Diabetes MCN Clinical Leads have identified 5 practices from the SCI-Diabetes Dashboard, who have a low number of recorded foot screening. On most occasions this was identified as coding issues and therefore a 'Coding for foot screening' infographic has been created by the MCN. SS shared the draft on screen and opened the conversation up for comments.
MS queried if this resource could be printed and provided to practices? NM advised that this could be shared at the diabetes professional education conference on the 19th June if there were no further comment or amendments.

Action – MS to review infographic and provide comment. NM to include in conference delegate pack once approved.

LDRG Questions
Please see appendix 1.

AOCB
NRS Diabetes Register
The team behind the national diabetes register has approached the MCN to seek support in a campaign via post, which will ask patients with Type 1 or Type 2 Diabetes if they wish to be added to the diabetes register to be included in clinical trials if eligible. This has been undertaken in other health boards and the team are seeking support to roll this out in Lothian. There were no objections from the group and John Kerr from the NRS team will be invited to the next meeting to discuss this in more detail.

Action – AC to go back to John Kerr with approval and invite him to the next MCN meeting – completed.

Know your numbers leaflet
RW introduced a new patient information leaflet that has been developed to support patients with what their diabetes results mean. The leaflet can be used by any healthcare professional involved in a patient's diabetes care to help the patient understand their test results associated with the 9 processes of diabetes care.
AJ agreed this was a great resource for patients to be able to see where their results sit on a risk scale and hoped that this would support self-management.

RW advised the leaflet has been reviewed by the LDRG and Sara Keir from a realistic medicine point of view. The last step is to seek approval by the Lothian Patient Information team and for this to be published and shared widely.

Action – RW to share final with the MCN once approved by PIL and this will be uploaded to the website.

GDM follow-up

SS queried who is responsible for a patients 3 month HbA1c check following discharge from GDM clinics?
SR advised that if a patient has been seen at a GDM clinic in the Western General Hospital, the team will offer to do the HbA1c. If the patient was seen at RIE, they will be offered an appointment at Lauriston. The Lauriston DNA rate however is around 50%. RW advised the repeat HbA1c is completed in Primary Care in West Lothian. SS advised this information is not available on RefHelp. MS agreed it would be a good idea to pull together a RefHelp page.
Action - Bree Luke will link in with GDM dietitian colleagues to gather information for new RefHelp page.

Diabetes Week – Launch of Using Data to Improve Diabetes Care webpage

As part of Diabetes Week this week, and to coincide with the theme of Your Diabetes Check-Ups Matter'. The Diabetes MCN team have developed a new webpage, 'Using Data to Improve Diabetes Care' which introduces SCI-Diabetes as a tool to support quality improvement and provides links to videos on how to use the SCI-Diabetes Dashboard.

Action – NM to request a link to data page to be added to RefHelp.

Recording Smoking/Vaping on SCI-Diabetes

KM queried if someone vapes but doesn't smoke, do we put no for smoking?
MS Correct. The smoking field is for smoking only. There is currently no mechanism to capture if a person is vaping on SCI-Diabetes. SCI-Diabetes have brought in a recent update where you will not be required to update the smoking status for a patient who is over 30 years of age and who has had the same 'never smoked' status for the last 11 months. If the patient is an ex-smoker or currently smokes, you will still be required to update this annually.

Action – MCN team to share update on recording smoking on SCI-Diabetes on RefHelp and at a future Clinical Practice Meeting.

BP Data SCIDC Dashboard

MS advised that BP data is unclear in Lothian and for BP we are consistently below average on the SCI-Diabetes Dashboard. Many believe that the target levels are too tight, particularly for frailty patients.

AC advised there is an issue with the Vision download of BP information into SCI-Diabetes and therefore figure on the dashboard may not be a true reflection. MS advised he wasn't aware of any BP download issues from Vision. SS advised that BP targets have been the same on SCI-Diabetes since it was implemented.
Action – MS/SS review BP data from practices to see if there is a theme.

Schedule of Future Meetings 2024

Date	Time	Venue
Wednesday 11th December 2024	2-4pm	MS Teams

Appendix

Appendix 1

LDRG Questions for MCN 12th June 2024

Q **As patients on lengthening waiting lists, LDRG are concerned about the number of DNAs. Are there any plans for Outreach Clinics? We note that Ayrshire have a versatile "Activator Bus" for health checks and advice, seemingly sponsored by Leisure Centres.**

A SR answered this question verbally at the meeting and advised that 1 in 7 diabetes appointments results in a DNA (around 12%). There are also a number of patient cancellations between 48-72 hours prior to clinic, which is capacity that cannot be filled. Work is planned to analyse the volume of lost capacity related to late cancellations and to look at how we manage patients that do not come to clinic. The aim is to look at a more patient initiated follow-up model, which will take several months to come into effect and will take up to 6 months before we can tell the impact of this. Car parking at the hospital sites is a key feature of why patients do not attend.
Cannot comment on the Ayrshire bus. Lothian are up for innovative models of care or tests of change. SJH have a very good house of care model were patients attend, have screening and this is followed up with a timely appointment and would could take learning from the vaccination model. We recognise that we need to look at how we are delivering care, but delivery has to be based on quality data and based on service user feedback.

Q **Are any concerning patterns of increasing complications being noticed due to the extended time between patient clinical reviews?**

A SR answered this question verbally at the meeting on behalf of secondary care. Diabetes is blessed with great data, using SCI-Diabetes and the acute sites use the SCI-Diabetes Dashboard to focus on the 9 diabetes processes of care that patients should have done. The data shows that a high number of Type 1 and Type 2 patients, who are attending retinopathy are not meeting BP or glucose targets and this is an area that we can look to improve. At WGH, from August, there will be a Trainee Doctor doing a quality improvement project, looking at ophthalmology clinic lists to check is a patient has been to a diabetes appointment recently and if they have had their BP and other processes of care checked. Of note, there is a question of whether the BP targets on the dashboard are too tight and therefore unrealistic, this could be up for debate.

Action – SR to update the group on the outcome of the ophthalmology/diabetes quality improvement work.

Q **Are there any data to show if there are differences between the 3 sites in waiting time trends? Are there any data relating to Primary Care?**

A SR answered this question verbally at the meeting and advised that we know waiting times from Primary to Secondary Care are consistent across sites with a target of 12 weeks and we are able to meet this. However, the review waiting time (the gap between return appointments) is increasing due to capacity differences between sites. This data is currently being looked at in

more detail at SMC level. There is a risk that having less trainees will also impact capacity.

Q **We talk about patients treated in Primary Care and those treated in Secondary Care. Are data available to show the T1/T2 split between Primary and Secondary Care?**

A SR answered this question verbally at the meeting and advised the dashboard shows 5146 patients with T1DM, with 88% of T1 patients coming to a hospital clinic. There is a total of 46443 T2DM patients, 19% of whom come to a hospital clinic.

Q **Given the GLP supply issue and increasing applications for its use, we have a concern about the safety and health of patients. We are told that Semaglutide tablets are not as effective for glucose control. Is HbA1c to be offered more frequently? Is increased input from lifestyle/weight management professionals available?**

A GLP1 medications will be supported by specialist endocrine or medicalised weight management pathways. When prescribed for weight management purposes, weight management input will be provided using the guidelines of the Scottish Medicines Consortium (SMC) and agreed local service criteria. We are directing new specialist weight management resource towards providing appropriate support for GLP1 medications as part of weight management pathways for those that meet individual medications' prescribing criteria. The Weight Management service welcomes referrals from anyone in Lothian looking for support with lifestyle factors/weight management – Audrey McGregor

MS highlighted another point raised by the LDRG on whether oral Rybelsus is less effective than injectable semaglutide and advised he is unsure if there have been any head to head comparisons between oral and injectable. ML explained that the Pioneer 6 study (Rybelsus) did not show a positive outcome in terms of specific cardiovascular events, but the subcutaneous study Sustain 6 and Rewind did. Looking at weight loss over time, subcutaneous GLP1s better sustained at 18 months point. Rybelsus weight loss tends to taper off, or weight gain tends to recur at around the 18 months point (in Pioneer 6) and it is suspected that this is related to concordance with treatment. Concordance with injectables is certainly better. MS advised good stocks of Rybelsus.

Q **AJ queried if there was an opportunity for patients to be proactive and to request a review if on Trulicity?**

A MS advised that there is guidance in place that supports patients who have not received and injectable treatment for 2 weeks to enquire about a swap to oral Rybelsus. There is a relative contraindication with diabetic retinopathy with semaglutide, if patients have moderate or advanced diabetic eye disease. However, if a patient has background retinopathy it could be considered. MS agreed he is cautious with subcutaneous semaglutide but with oral Rybelsus the study did not show any worrying signals and therefore is more relaxed with oral treatment.

Q **We note that some Insulin supplies are on the shortage list. How are patients recalled to the clinic? Is it automatic or self-referral? Apart from a shock when their prescription cannot be dispensed, how are patients notified of the problem?**

A MS answered this question verbally at the meeting and advised of specific shortages with Humulin M3 in vials which is a particular issue for patients in care homes. District nurses administering insulin, are unable to carry equipment and medication with them. KM advised the vials went out of stock early May with a recommended alternative of Humalog Mix25 vials. These are now also out of stock. Following a meeting with secondary care and district nurses and the plan in primary care is to move patient who are on Humulin M3 or Humalog Mix25 vials to NovoMix 30 FlexPens and safety needles. Secondary Care will use Insultard and Act Rapid with guidance on how to commence – memos have been issued and in Primary care the memo is linked to Scriptswitch. PC queried why insulin is in short supply?
MS advised many areas of medicine are seeing medication shortages and the reasons are complex, there is no doubt that Brexit has had an impact. The NHS generally pays less for medicines than other countries and therefore, is now at a disadvantage. The Pre-Brexit protection we had has now been removed. The manufacturing capacity for NovoNordisk and Lilly, is now being taken up with weight loss medications.

Q **We note that Fife are withdrawing funding for Dexcom G6. Does Lothian have similar plans? If so, how many Patients will be affected and what is the alternative?**

A SR answered this question verbally at the meeting and advised the group are unclear if this question is in relation to Dexcom One or Dexcom G6?
PC advised the LDRG were unable to clarify at this point.
SR advised that Dexcom G6 links to Hybrid Closed Loop (HCL) systems and Dexcom One is more like a Libre device and is standalone. NHS Lothian will continue to have Dexcom One available for use. Many of the HCLs will have Libre compatibility with Libre 2+ and Libre 3 and using Libre is significantly more cost effective that using Dexcom G6 or G7. Lothian are in a process of moving patients currently using Dexcom G6 and G7 to suitable Libre devices. This is an ongoing piece of work and will not reduce quality. It will provide more resources and therefore will improve access to the number of pumps for patients.

Q **At a time of complexity for teenagers, we wonder about the transition from adolescent to adult Diabetes care. Is the MCN satisfied that this is a smooth experience for the young people?**

A SR answered this question verbally at the meeting and advised that up until age of 14, children with Type 1 are managed under sick kids. When aged 14-18 young adults will start the transition process, where they will come to an acute site for a joint clinic. In light of this questions, clinicians do recognise that the transition from the joint clinic to the adult clinic could be refined. SR will take this forward with colleagues and aim for a clear structure for the first two years of a patient being in the adult service, although there are ongoing challenges with workforce across all sites.

Action – SR to take forward discussions about the transition pathway from the joint diabetes clinic to the adult clinics and feedback at next meeting.

Q **After many years of asking, Lothian Patients still cannot get Clinic letters via MDMW. Some Patients have been told to get their letters there so clearly there is a hiccough. Please can this be given new attention?**

A SR answered this question verbally at the meeting and advised that this is a long-standing issue. MS has emailed Debbie Wake for update and work around however, the team feel this is an internal issue to do with permissions within SCI-Diabetes during generation of clinic letters.

Action - MS to clarify for next meeting.

Q **A comment made at the recent Cross Party Workgroup has raised another question for us. LDRG attendees picked up (not verbatim) "Closed Loop System gives good control of blood glucose and this in turn can lead to over-eating and weight gain". Are we seeing this in Lothian and if so, is there a plan for Weight Management input?**

A The effect of closed loop systems and weight will vary amongst individuals. Improved blood sugar control will reduce the need for additional carbohydrate intake to balance hypoglycaemic episodes. Insulin will also be better matched to immediate metabolic requirements. The benefit to lifestyle factors such as easier engagement with physical activity will also be positive. These highlighted factors support better, rather than poorer, weight management. Weight management input is available throughout Lothian, to all that meet the various criteria for the wide range of programmes available within the NHSL weight management service – Audrey McGregor

The group verbally discussed at the meeting that there has been local data presented that shows minimal weight gain in adults on closed loop systems and slightly more weight gain during pregnancy but this is not massively significant.

Q **What progress been made on the Secondary Care text messaging reminder service so that it works for all 3 hospital clinics?**

A SR answered this question verbally at the meeting and advised there is a piece of work ongoing to ensure that data entry of mobile phone numbers is consistent i.e. ensuring that there is a continuous 11 digit number to allow SMS messaging to function properly. Work is also ongoing to improve the content of the messages. JT advised SMS messaging is live across all sites and will pick up telephone number entry with teams. The group were reminded that there is strict information governance around how much information can be shared via text and therefore this service would not work for some departments.