

# The NHS Low Calorie Diet Programme

## Common Questions and Answers for General Practice

### How will this programme benefit our patients?

The programme offers your patients an option to help them achieve **remission of their Type 2 Diabetes**. It follows the principles of the DiRECT and DROPLET clinical trials and is based on the latest available evidence to support remission for people with type 2 diabetes<sup>1,2</sup>. Even if patients do not achieve remission, they may achieve significant weight loss and the associated benefits e.g., reduced need for diabetes medications, reduced symptoms associated with excess weight and improved quality of life. The whole programme is free (including the products).

### What do we need to do as a practice to invite eligible patients?

**Identify eligible patients:** We have an EMIS search to help screen for eligible patients. We provide template letter and SMS invites (along with leaflets for letters and a weblink for texts) which provide patients with an overview of the programme and signpost them to a patient facing website where they can check their eligibility and find out more. You can refer from annual reviews / ad hoc appointments subject to the caveats below.

### What about clinical time to complete referrals?

We recommend a 15-minute appointment with interested patients to complete the referral and medications adjustment form. Please note the form can be completed by professionals other than a GP e.g., practice / diabetes nurses and/or pharmacists as long as the medications adjustments are signed off by a GP or someone they give authority to do so on their behalf. Full medications adjustment guidance is available on the service [TeamNet page](#). This is more involved than a referral to a standard weight management programme or the diabetes prevention programme but the potential benefits to patient and practice significantly outweigh benefits of those less intensive programmes.

### Do we need to complete medication adjustment forms for all referrals?

Yes, even if patients are not on medications. This is part of the NHS England specification.

### What about patient safety?

Patients on the programme have their weight, blood glucose levels and blood pressure monitored regularly (the latter only if on BP medications at referral). **Reassuringly, feedback from active programmes suggests very few patients are exceeding the monitoring thresholds** as the protocol for medications adjustments is much more conservative than in the initial RCT trials. For the small number who do, Momenta (the provider) have a medical director (GP) whom they consult with to ensure the patient's GP is only contacted when necessary. In addition to this, clear written instructions will be provided to GPs informing them of the issue and actions needing to be taken.

## How does this help our practice?

It gives your patients the opportunity to achieve significant weight loss, resulting in potential remission of their Type 2 diabetes, improve their overall health, and reduce the risk of complications from 'active' Type 2 diabetes and other associated weight related health issues. Medications are reduced or stopped altogether when patients start the programme.

In addition to the above, anecdotal feedback suggests patients have fewer contacts with their GP practice once they start the programme. This may be for several reasons, which include significant weight loss and associated reduction in other weight related symptoms, as well as having regular support from their health coach and peers.

## What happens after we make referrals?

Momenta attempt to contact all referrals who appear eligible within 5 working days (ideally 2) of referral to complete registration and book them in for an individual assessment before offering what is normally a choice of local programmes (venues, days, times). Prior to this Momenta return ineligible referrals and contact the practice for any missing information. Momenta then notify the practice at certain points of the programme, as well as with any safety or discharge information if relevant.

## Why are we being asked to make several referrals at the same time?

As an ICB we have selected an in-person group delivery model, as we think that will provide the most benefits to patients. As a result, we are requesting practices to refer in PCN clusters so that Momenta receive enough referrals to set-up an in-person group whilst keeping waiting times as short as possible. If practices make ad hoc referrals only, some patients may have to wait for some time for there to be a programme in their area.

## What support is available?

We offer monthly education events and regular drop-ins for practice staff to help resolve any issues or answer any questions they might have. Contact me for details [Lesley.harper1@nhs.net](mailto:Lesley.harper1@nhs.net) or visit our [Team Net page](#). We can also discuss potential additional practice support.

## References

1. Churuangsuk, C., Hall, J., Reynolds, A. *et al.* Diets for weight management in adults with type 2 diabetes: an umbrella review of published meta-analyses and systematic review of trials of diets for diabetes remission. *Diabetologia* **65**, 14–36 (2022). <https://doi.org/10.1007/s00125-021-05577-2>
2. Brown A, McArdle P, Taplin J, Unwin D, Unwin J, Deakin T, et al. Dietary strategies for remission of type 2 diabetes: a narrative review. *J Hum Nutr Diet.* 2022;35:165–178. <https://doi.org/10.1111/jhn.12938>