

NHS Type 2 Diabetes Path to Remission Programme in BSW

Referrer education session

September 12th, 2023



Agenda

- ♥ Welcome, questions, recording
- ♥ Background and benefits
- ♥ The programme
- ♥ Roles and responsibilities, referral pathways
- ♥ Medications adjustments
- ♥ Searches and referral forms
- ♥ Next steps

Background and benefits



Research

- ♥ Studies: DiRECT, DROPLET
 - ‘Remission’ of T2D possible
- ♥ Intervention group at 12 mths:
 - 24% lost 15kg+
 - 46% achieved remission (70% retained at 24 mths)
 - Fewer adverse events
- ♥ Remission closely linked to weight loss
- ♥ Remission: HbA1c <48mmol/mol, >6 mths, no meds

Benefits

- ♥ Patients:
 - Weight loss, T2D remission
 - Reduction in medications (av. 50%)
 - Impact on comorbidities
 - Healthy living / Quality of life
 - 12 month programme & TDR free
 - [Participant case studies](#)
- ♥ Practices:
 - Free service (NHSE-commissioned)
 - Referrals: WM Enhanced Service
 - Anecdotal: Reduces demands on practice by successful participants (weight loss, impact on comorbidities, peer support). Also medications reviews
 - Extensive support

Framework and Momenta



NHS England approach

- ✔ Piloted as NHS Low Calorie Diet (2020+) in 20 ICBs
- ✔ Similar emerging results to DiRECT
- ✔ Now a national Framework (like NDPP):
 - NHS Type 2 Diabetes Path to Remission Programme (T2DR)
 - Design similar to DiRECT
 - Jointly commissioned w' ICB
- ✔ **BSW: Referrals from 1/8/23**

Momenta Newcastle

- ✔ BSW provider: Momenta
- ✔ Delivering since 2020
 - Originally: Birmingham & Solihull
 - Now in 7 of 20 T2DR ICBs + others
 - Including Somerset
- ✔ Early outcomes in line with DiRECT / NHSE pilot:
 - 11-13% weight loss at 3 months
 - Maintained into Phase 3
 - Positive uptake (70-80%)
 - Helps address health inequalities

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NHS Type 2 Diabetes Path to Remission



- ♥ Follows principles of DiRECT, delivered by trained Coaches
- ♥ Three phases over 12 months, ALL free to participants:
 - 12 weeks: 8-900 calories/day TDR products
 - 6 weeks: Real food reintroduction
 - 7-8 months: Building healthy eating and activity habits into daily life
 - Plus: TDR Rescue package for those relapsing (>2kg regain)
- ♥ Delivery format: Participant choice of In-person or Digital 1:1
- ♥ TDR product supplier: Exante
- ♥ App platform: Habitual (Momenta content and coaches)
- ♥ Coaches: Comprehensive training, pref. nutrition qualification
- ♥ 500 'starters' over 2 years

Eligibility criteria (summary)



Inclusion

- Aged 18-65
- T2D diagnosis within last 6 years
- BMI $\geq 27\text{kg/m}^2$ ($\geq 25\text{kg/m}^2$ if BAME origin)
- Attended monitoring and diabetes review in last 12 months
- HbA1c within 12 months:
 1. If on diabetes medication, HbA1c ≥ 43 mmol/mol (6.1%)
 2. If **not** on diabetes medication, HbA1c ≥ 48 mmol/mol (6.5%)
 3. In all cases, HbA1c must be ≤ 87 mmol/mol (10.1%)

Exclusion

- Current insulin user
- Currently breastfeeding
- Pregnant or planning pregnancy within 6 mths
- Heart attack or stroke in last 6 months; severe heart failure (New York Heart Association grade 3 or 4); severe renal impairment (most recent eGFR $< 30\text{mls/min/1.73m}^2$); active liver disease (not including NAFLD); active substance use disorder; active eating disorder; porphyria; or known proliferative retinopathy that has not been treated
- Had bariatric surgery
- **Health professional assessment; or for whom safe and robust medications adjustment is not practical in a primary care setting**

These sessions follow Registration, Individual Assessment and Booking.

**PHASE 1:
REBOOT**

Total Diet
Replacement
12 weeks

- S00 Setting up for success
- S01 Understanding Type 2 diabetes
- S02 Embrace the shake!
- S03 Know your external triggers
- S04 Know your internal triggers
- S05 Reset your mindset
- S06 Relax and destress
- S07 Preparing to REBALANCE
- S08 Final prep

**PHASE 2:
REBALANCE**

Food
Reintroduction
6 weeks

- S09 Embrace healthy meals
- S10 Mindful eating
- S11 Make every day active
- S12 Meal planning and shopping

**PHASE 3:
RETUNE**

Weight
Maintenance
To end of
12 months

- S13 Know how to eat well
- S14 Main meals and snacks
- S15 Carbs, carbs, carbs
- S16 Build your strength
- S17 Sugars under the spotlight
- S18 Fats under the spotlight
- S19 Protein under the spotlight
- S20 Get your heart rate up
- S21 Moving forwards

RESOURCES

Digital participants also receive access to our App

Phases 1 & 2 Workbook and Lifestyle logbook*
 TDR product booklet
 High performance toolkit cards
 Fibre supplement
 Monitoring equipment
 Closed Facebook group
 All TDR products - plus initial sample

Recipe booklet
 Pedometer
 EXi app (Premium access)
 All TDR products

Phase 3 Workbook and Lifestyle logbook*
 Momenta-in-my-pocket
 Any TDR products required

Participant experience: Sessions and resources

* Digital pathway participants do not receive the full Workbooks.

Meal replacement products

- ♥ ~40+ products (vegan options available)
- ♥ Participants order directly (voucher codes provided, support available)
 - Free next-day delivery to home / office
 - Includes 12-week TDR, transition & Reset plan if required
 - Example link: [Phase 1 | Exante UK \(exantediet.com\)](https://www.exantediet.com)
- ♥ No cost to participants



Participant resources



TDR booklet



Workbook

- Session overview
- Content & explanations
- Activities and quizzes
- Goals and targets
- Backup information
- Safety information



Trackers e.g. weight, activity, behaviours, specifics



Digital pathway

- Scales
- BGM + consumables
- BP monitor (if required)

Plus Momenta Habitual App

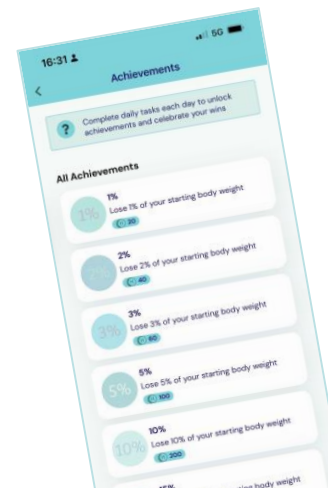
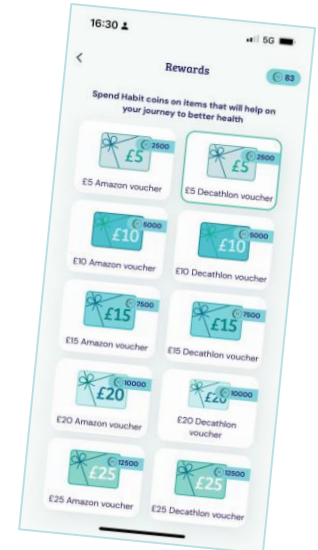
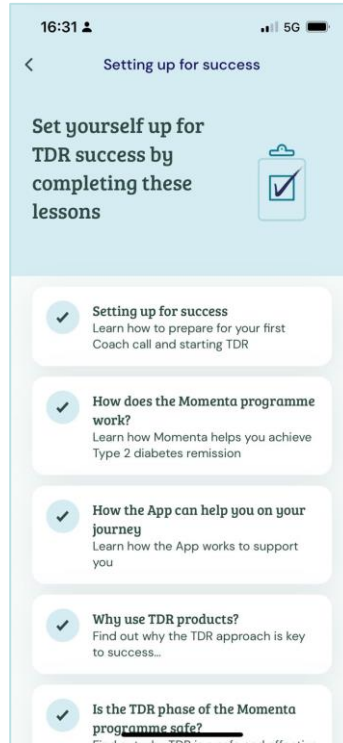
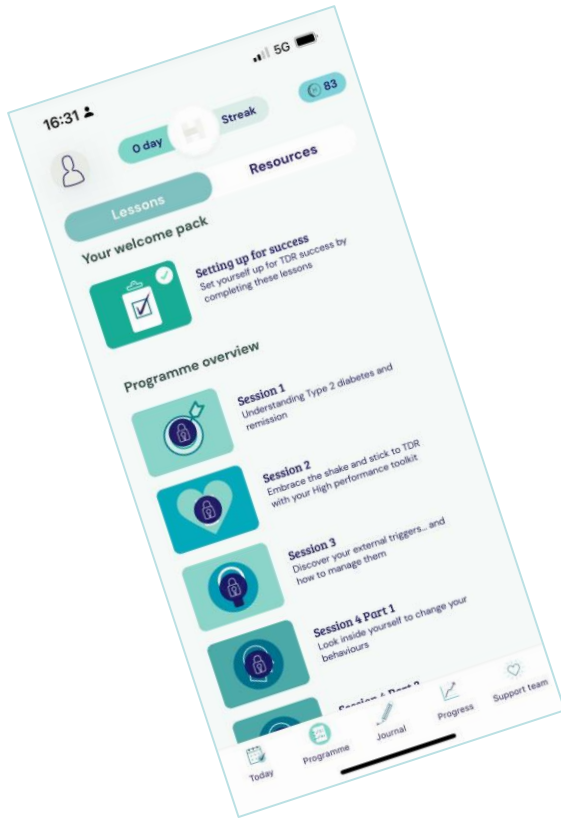


Recipe book



- TDR app (12 mths premium)
- Wallet card
- Pedometer

Momenta T2DR App snapshots



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- ♥ Next steps

NHS T2DR: GP practice & provider responsibilities



GP practice

- Register search
- Shortlist
- Patient outreach
- Referral & Medication Adjustment

Repeat HbA1c at 6 & 12 months

Medications and other reviews: on discharge / as required

Referral

Registration & Individual Assessment

Phase 1: TDR

Phase 2: Food Re-introduction

Phase 3: Weight Maintenance

Provider (Momenta)

- Patient information materials
- Drop-ins
- Proactive support
- Attend events
- ...
- Register and check
- IA
- Book on chosen pathway
 - In-person
 - Digital

Service delivery

Patient monitoring:

- BG, BP, weight, BMI, side-effects, adverse events
- Medical Director as required

Reporting

Communication to GP practices

Communication with patients

Signposting on discharge

✔ Search-based referrals minimise patient travel & waiting times if participants opt for in-person

✔ Delivery venue registration: Your venue or recommendations

Identifying interested patients

Three choices

Search & invitation

- ✔ Search
- ✔ Screen
- ✔ Invite & signpost

✔ Most efficient

Opportunistic

- ✔ Diagnosis
- ✔ Annual review
- ✔ Patient request

✔ Most relevant

Bespoke

- ✔ E.g. Patient event at practice / PCN / community group
- ✔ ICB & Momenta support available

Patient information



- ▶ Patient landing page – for invitation texts, social media
 - <https://momentanewcastle.com/t2dr-bsw>

The NHS Type 2 Diabetes Path to Remission Programme*

Worth approx. **£1,200****

A FREE new one year programme to support you to:

- Lose weight - approx. 2 stone / 14kg on average in 3 months
- Stop or reduce your diabetes medications on Day 1 of the programme
- Feel fitter, healthier and happier
- Potentially put your diabetes into remission.

Type 2 diabetes remission

This means your blood sugar levels are no longer in the range for diabetes and you don't need to take any diabetes medications! Some people call this reversing but we prefer the term remission because your diabetes can come back so you still need regular reviews.

Research tells us that you're more likely to achieve remission if you:

- Have been recently diagnosed
- Take fewer or no diabetes medications
- Take more weight and keep it off
- Lose more weight and achieve remission

Although not everyone can achieve remission there are many other health benefits to losing weight and adopting an active and healthy lifestyle.

*Formerly known as the NHS Low Calorie Diet or 'soups and shakes' programme
**Based on DIRECT research, including nutrition and ALL required Excess meal replacement products.

Am I eligible?

You need to be:

- Registered with a GP practice in Bath, North East Somerset, Swindon or Wiltshire
- Aged 18-65
- Diagnosed with Type 2 diabetes within the last 6 years
- Above a healthy weight programme
- Willing to be coached in-person or using an app
- Comfortable with just shakes for the first 8 weeks

You also need to meet eligibility criteria, including:

- Not on insulin, not pregnant or planning pregnancy in the next 6 months and not had a baby in the last 12 months
- If you're eligible, your GP practice will refer you to the programme

What is the programme?

The NHS Type 2 Diabetes Path to Remission has three-phases over one year – all at no cost to you:

1. You'll follow a low calorie diet for 12 weeks – your choice of soups, shakes and bars totalling 800-900 calories per day
2. You'll gradually replace these products with healthy, tasty meals over 6 weeks
3. You'll receive ongoing support for the next 8 months to help you maintain your weight loss.

Our trained Coaches will support you with easy-to-use tools and techniques to lose weight and keep it off. Each of the 21 in-person or app-based 'sessions' focuses on a new topic about nutrition, physical activity or lifestyle change.

You'll be given the meal replacement products and a range of high-quality resources including Workbooks, a Lifestyle logbook, recipes, a pedometer and a year's premium version for - ALL FREE. If you choose the digital service you'll also get access to our app.

How will it help me?

Participants have told us how they've lost weight and reduced their diabetes have even put their Type 2 diabetes into remission.

Many have become fitter, healthier and happier, seeing improvements in their mental and physical health and a range of other conditions.

Overall, my quality of life has improved so much! // *Wendy, 36*

I'm caring more for myself and feel more energetic. It's changed my life! // *Joanna, 40*

If I was feeling low or demotivated, I came out of the meetings feeling positive! // *Melanie, 40*

At last, I've been offered something to help me! // *Austin, 46*

Visit momentanewcastle.com/case-studies for participant videos and for more detailed stories.

What next?

The NHS has funded only 500 places on the NHS Type 2 Diabetes Path to Remission Programme across Bath, North East Somerset, Swindon and Wiltshire. If you're interested don't delay as places are limited. You can find out more here: momentanewcastle.com/t2dr-bsw

If you decide this is the right programme for you then you'll need to be referred by your practice. This will include getting advice about any medications ongoing monitoring.

Ask your GP practice for more details.

Service provided by **Momenta Newcastle**

NHS

Have you or a family member been diagnosed with Type 2 diabetes in the last 6 years?

Patients need to be:

- Aged 18-65
- Above a healthy weight
- Able to commit to a 12 month programme
- Willing to attend either in-person or digitally
- Comfortable with just soups & shakes for the first 12 weeks

If you/they meet these and some other specific criteria the FREE NHS Type 2 Diabetes Path to Remission Programme may be suitable.

Some NHS Type 2 Diabetes Path to Remission Programme (formerly the NHS Low Calorie Diet) participants have achieved remission from Type 2 diabetes and reduced or completely come off their diabetes medications. Participants have also lost significant amounts of weight and feel fitter, healthier and happier. Speak to your GP practice about a referral.

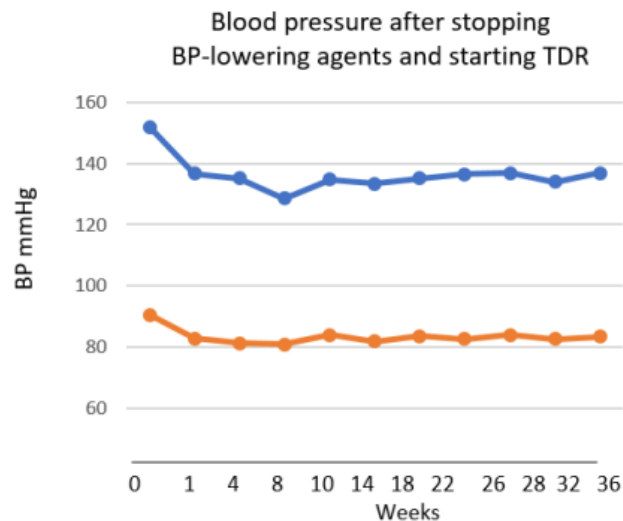
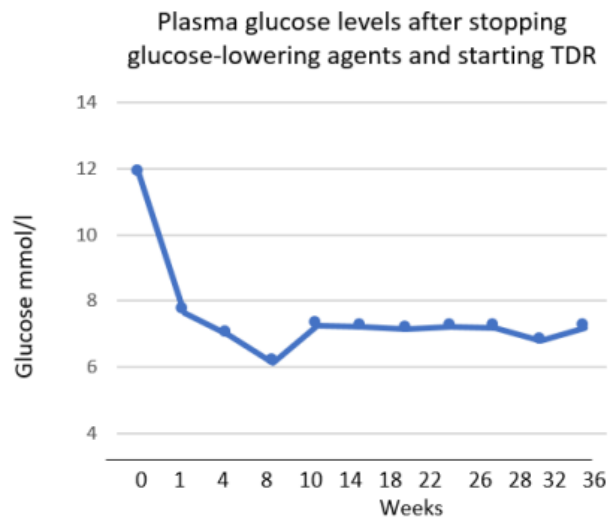
For more details and patient stories: momentanewcastle.com/t2dr-bsw

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Deprescribing: First day of TDR



Data from Counterbalance study (informed DiRECT)

- Starting medications more familiar than stopping to most
- Comprehensive NHSE Expert Reference Group guidance
 - Safe, evidence-based, pragmatic
 - More conservative than DiRECT
 - **Clinical responsibility remains with referring GP**
 - **Do not replace clinical judgement**

Deprescribing glucose medication



- ♥ Blood glucose levels drop significantly on day 1 of TDR so patients should adjust medications on the **first day of TDR products** (not before)
- ♥ If on 1 or 2 glucose lowering medications, stop them all
- ♥ If on ≥ 3 medications, continue with metformin only (or a DPP4i “gliptin” or pioglitazone if not on metformin)
- ♥ Sulfonylureas, meglitinides, SGLT2 inhibitors are NOT safe with TDR and MUST be stopped

- ♥ GLP-1 analogues should be stopped due to cost (and availability)

Which glucose-lowering agents are safe with TDR?



Class of medication	Examples of drugs	Is this safe with TDR?
Biguanides	Metformin	Yes – safe
Sulfonylureas	Gliclazide, Glibenclamide, Glimepiride	No – risk of hypoglycaemia
Meglitinides	Repaglinide, Nateglinide	No – risk of hypoglycaemia
Thiazolidinediones	Piogliazone	Yes - safe
DPP4 inhibitors (-gliptins)	Linagliptin, Alogliptin, Sitagliptin, Saxagliptin, Vildagliptin	Yes - safe
SGLT2 inhibitors (-flozins)	Dapagliflozin, Canagliflozin, Empagliflozin, Ertugliflozin	No – risk of ketoacidosis
GLP-1 analogues (-tides)	Exenatide, Dulaglutide, Liraglutide, Lixisenatide, Semaglutide	Yes - safe
Alpha-glucosidase inhibitors	Acarbose	Yes – safe

(insulin is not included here as people treated with insulin are not eligible for the NHS LCD Programme pilots)

NHS England and NHS Improvement



Glucose-lowering agents



x 1 agent



x 2 agents



x 3 agents

0 Agents

1-2 Agents

3+ Agents

Insulin

STOP medications at start of TDR

STOP 2+ agents
STAY on metformin or other 1st line agent (not sulfonylurea/SLGT2i/meglitinide),

Exclusion

Counsel patient about osmotic symptoms & seeking support

Complete Referral & Medication Adjustment Form (RAMAF):
1 copy to patient (what to do on 1st day TDR)
1 copy to provider (referral)

Note: This MUST be completed even if not on any medications or no adjustments are needed

Use clinical judgement.
Give clear advice NOT to adjust medications until day 1 of weight loss diet (TDR)

Commence total diet replacement (TDR) products



Restarting glucose-lowering agents

If Momenta flags that blood glucose is >15 , or HbA1c at 6 or 12 months has risen:

- Metformin first line and is also safe in TDR
- Pioglitazone or DPP4 inhibitors are also safe in TDR

Sulfonylureas, meglitinides or SGLT2 inhibitors **MUST NOT** be used during TDR for safety reasons

 If insulin initiation is deemed clinically necessary at any stage patients **MUST** stop the programme

Adjusting BP-lowering agents

♥ On referral:

If BP is raised
(systolic ≥ 140 mmHg
or diastolic ≥ 90 mmHg)

Make **NO** changes to
BP-lowering agents

If BP is in range
(both systolic < 140 mmHg and
diastolic < 90 mmHg)

One BP-lowering agent
should be
stopped/adjusted on
the first day of the TDR
products - **not before**

Which BP medication to adjust?



Check notes and check with patient if any of the BP medications are also prescribed for another reason

e.g. nephropathy, angina, heart failure, BPH, migraines

Stop the agent that is purely prescribed for BP which would have been added last according to current NICE guidelines.

This would be (in order of stopping first):

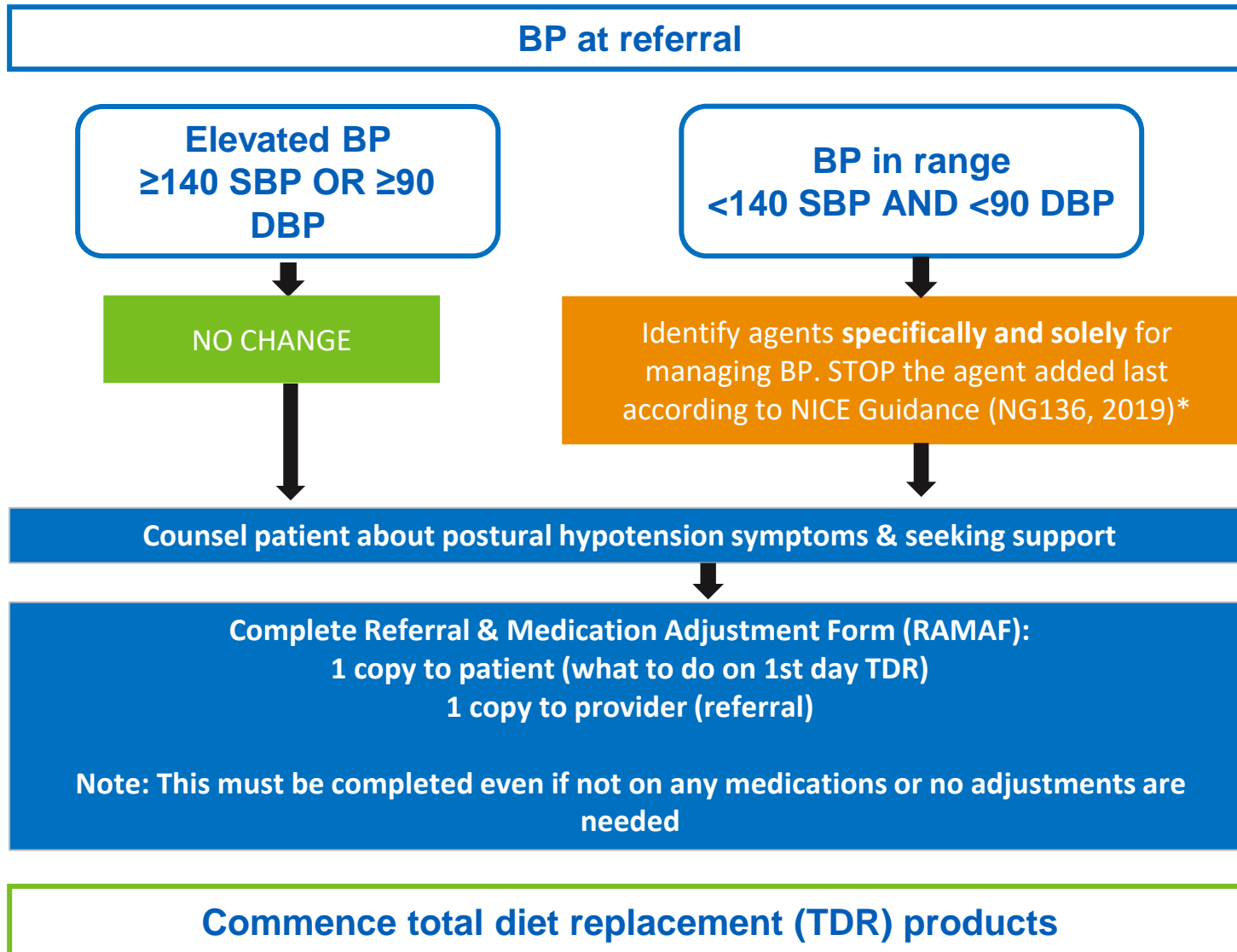
Spironolactone or alpha-blocker or beta-blocker

Calcium-channel blocker or Thiazide diuretic

ACE-inhibitor or Angiotensin receptor blocker

If the patient is taking agents which affect blood pressure but **all** are being used for other indications then **cautiously reduce the dose of one or more agent in discussion with the patient.**

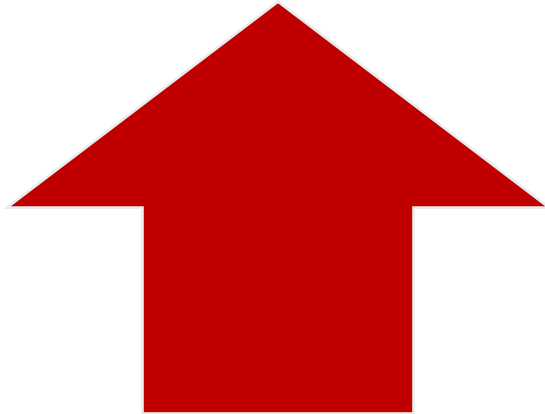
Adjusting BP-lowering agents



i.e. not also being used for nephropathy, angina, heart failure, BPH, migraines etc

Use clinical judgement. Give clear advice NOT to adjust medications until day 1 of weight loss diet (TDR)

Subsequent BP agent adjustment



Blood pressure too high

- SBP 160-179 OR DBP 100-119 : Increase or uptitrate as per NICE Guideline
- SBP \geq 180 OR DBP \geq 120: Same day contact with GP practice. Increase/uptitrate per NICE



Blood pressure too low

- SBP<90 or DBP<60 or postural symptoms reported: Repeat the same process for BP adjustment (on previous slide)

Agents being used specifically and solely for managing BP in a particular patient, are the priority for adjustment

Medications needing adjustment: Weight / dietary changes



Some medications may need to be adjusted due to changes in body weight or dietary intake

Some may be prescribed or administered by other services or settings

Ask yourself 'if someone lost weight or had a major dietary change, is the dose of this medicine likely to need adjustment?'

Responsibility of referrer to make sure that processes are in place for medications to be adjusted

If this cannot be done safely then the patient should not be referred to the T2DR programme

Examples – not exhaustive

- Warfarin
- Direct oral anticoagulants (DOACs)
- Digoxin
- Phenytoin
- Ciclosporin
- Antifungals voriconazole
- Long term antibiotic therapy (e.g. isoniazid) Low molecular weight heparin
- Infliximab (and other biologics)
- Long term antibiotic therapy (e.g. macrolides, aminoglycosides, fluoroquinolones, beta lactams)

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- ♥ **Searches and referral forms**
- ♥ Next steps

Making a successful referral



Step 1: Identify & invite eligible patients

Search, screen and invite: searches, template SMS / letter, patient landing page

Opportunistically: Discuss at diagnosis, annual review, patient request

Bespoke: Patient event

Step 2: Referral appointment, including medications adjustments

Appointment (typically 15 mins): Explain programme and discuss medication changes

Make patient aware medication changes to start on **day 1 of TDR**

Provide patient with **copy of MAF**

Step 3: Send referral

Ensure all sections on referral form and MAF are fully completed and email to:

momenta.t2dr-bsw@nhs.net

Searches and referral forms



On Ardens:

- Search: 'T2DR Path to Remission'
- Referral form: Under 'T2DR'

Largely autopopulated

NHS Type 2 Diabetes Path to Remission Programme Referral

Referrals can be made by health care professionals including GPs, nurses, pharmacists, dietitians and other approved individuals. Clinical responsibility remains with the patient's GP and medication adjustment guidance must be signed off by an appropriate professional.

Actions required by referring practitioner BEFORE referral into the programme:

1. Review the patient in a telephone appointment or in person, to support completion of the referral and medication adjustment forms below for all patients. If no medications need adjusting simply select 'No' in the first row.
2. Discuss medication changes with the patient. Instruct them to adjust their medications only on the day they start them.
3. Give or send a copy of the Medication Adjustment Form adjusting or not even if the patient is NOT taking a. Please note that SGLT2 inhibitors, Meglitinide day of TDR products
4. Submit the completed Referral and Medication Adjustment forms to momenta.t2dr-bsw@nhs.net

- The programme is delivered by Momenta Newcastle Limited, who will securely share this data and other programme-related data, including test results and outcomes, with their GP practice and NHS England to enable the programme to be delivered safely and evaluated.
- Their data will be treated as confidential and held, shared and disposed of in line with all legal requirements (including the Data Protection Act) and NHS guidance (which includes the Caldicott Guidelines)

In addition to seeking their consent (in common law) as a patient of the GDRR legal basis relied upon to be Momenta Newcastle's privacy policy is available at the www.momentanewcastle.com

Please complete all sections of this form and please refer to the referral. Please note that missing information will delay the process request this from you before proceeding.

Patient information (essential information is marked*)

Patient Name: Title Full Name
 Sex: Gender
 NHS Number: NHS Number
 Address: Home Full Address (single line)
 E-mail address: Patient E-mail Address
 Telephone: Provide at least one phone number
 Home: Phone number
 Can we leave a voicemail? Yes/No
 What is the patient's first language? Does the patient speak English?

Clinical information

Date of diagnosis of Type 2 diabetes:
 Weight (kg): must be within last 12 months:
 Height (cm):
 BMI (kg/m²):
 HbA1c (mmol/mol) * must be within last 12 months:
 Blood pressure (mmHg):
 Is the patient on the Learning Disability Register?
 Is the patient on the SMI Register?
 Describe any relevant disability?

Current medication
 Medication

Relevant medication information (essential information is marked*)

Diabetes: current medications:
 Metformin* Yes/No
 Sulfonylureas* Yes/No
 DPP4 inhibitors (-glitazins)* Yes/No
 SGLT2 inhibitors (-flozins)* Yes/No
 GLP-1 analogues (-tides)* Yes/No
 Pioglitazone* Yes/No
 Meglitinides (-glitazoles)* Yes/No
 Acarbose* Yes/No

Are any medicines currently taken which affect blood pressure? Yes/No
 Detail below:

Eligibility criteria

Inclusion criteria	Exclusion criteria
• Aged between 18-65 inclusive	• Current insulin user
• Diagnosed with Type 2 diabetes within last 6 years	• Currently breastfeeding
• BMI of >=27kg/m² (adjusted to >=25kg/m² in people of BAME origin)	• Pregnant or planning to become pregnant within the next 6 months
• Attended monitoring and diabetes review in last 12 months, incl. retinal screening, and commit to continue annual reviews, even if achieve remission. If newly diagnosed no need to wait for retinal screening.	• Has at least one of the following co-morbidities: Active cancer; heart attack or stroke in last 6 months; severe heart failure (New York Heart Association grade 3 or 4); severe renal impairment (most recent eGFR <30ml/min/1.73m²); active liver disease (not including NAFLD); active substance use disorder; active eating disorder (including binge eating disorder), porphyria, or known proliferative retinopathy that has not been treated (not excluding newly diagnosed awaiting retinal screening).
• HbA1c within 12 months, with values as follows: • If on diabetes medication, HbA1c >=43 mmol/mol • If not on diabetes medication, HbA1c >=48 mmol/mol In all cases, HbA1c must be <=87 mmol/mol	• Has had bariatric surgery • Health professional assessment that patient is: Unable to understand or meet the demands of the NHS T2DR Programme and/or monitoring requirements; or for whom the programme is not appropriate clinically (consulting with relevant Specialist teams for patients with relevant conditions) or for whom safe and robust medication adjustment would not be practical in a primary care setting.

Medication Adjustment Form – NHS Type 2 Diabetes Path to Remission Programme (page 1 of 2)

Do any medications need adjusting and, if so, have all changes been noted in the table below? (If no, no further action required).	Yes / No
<i>* Please note: This must be completed</i>	
Have all required medication changes been discussed and agreed with the patient (including if the patient does not take any relevant medication and/or no adjustments are required)?	Yes / No
<i>* Please note: This must be completed</i>	
Date form completed:	Short date letter merged

Instructions for Patient

1. The table below lists the changes to medications you will need to make on the first day you start meal replacement products on the NHS Type 2 Diabetes Path to Remission Programme
2. For your safety do not make any changes to your medications before you start the meal replacement products – unless you have been specifically told to do so by your GP, nurse, GP practice pharmacist or other referring healthcare professional, in which case you will need to ask them for an updated copy of this form
3. Please read this document and keep it safe. You will need to understand the medication changes you have been advised to make before you start the NHS Type 2 Diabetes Path to Remission Programme. If you cannot remember these, you will need to request a copy from your GP Practice before you can start the programme
4. If you have any concerns or questions about this form please discuss with your GP, nurse, GP practice pharmacist or other referring health care professional in an appointment (e-consult or telephone are appropriate).

N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
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N/A	
N/A	
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N/A	
N/A	
N/A	
N/A	

Medication Group	Medication Name	Action	Changes to be made ON THE FIRST DAY OF MEAL REPLACEMENT PRODUCTS (not before)
Any other relevant medication requiring adjustment or monitoring e.g. weight-based			
Metformin	N/A	N/A	
Sulfonylurea	N/A	N/A	
DPP4 inhibitor	N/A	N/A	

T2DR Referral Momenta v1

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T2DR Referral Momenta v1

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T2DR Referral Momenta v1

Location of referral form (1)



BaNES

The screenshot shows the BaNES web application interface. The main navigation bar includes 'Home', 'Admissions', '2ww', 'Rapid Access', 'Investigations & Treatments', 'Generic', and 'Community A - G' (highlighted). The 'Community A - G' section is active, displaying a grid of referral forms categorized by medical specialty:

- Cardiology:** Chest Pain - Bristol, Chest Pain - RUH, Heart Failure - RUH, Palpitations, Phase 4 Cardiac Rehabilitation, Specialist Lipid Management ...
- COVID-19:** Advice Covid Vaccine, BSW Long Covid Rehab, Certificate COVID-19 recover..., COVID CMDU, Post Covid Risk Assessment ...
- Dermatology:** Dermatology - RUH, Low and High Risk BCC
- Diabetes & Endocrinology:** Diabetes Oviva, Diabetes Prevention - NDPP, Invitation Letter + PIL (highlighted with a blue arrow), Invite Letter - Gestational Dia..., Diabetes Specialist Nurse, Diabetic Foot Clinic, Diabetic Eye Screening, Diabetes Prevention informati..., Eye Screening De-registration, Healthy Living T2 Diabetes, NDPP - Diabetes Prevention - ..., NDPP - Gestational Opt-out L..., NDPP - Patient Invitation, NDPP - Patient Opt-out Letter ..., **T2DR Path to Remission** (highlighted in yellow)
- Elderly Care:** Care Home CITT Referral, Falls Clinic, RICE - Memory Clinic
- ENT:** Adult Audiology & Hearing Th..., Deaf Service, Hearing Therapy & Audiology, Nasal Symptoms
- Gastroenterology:** Bladder & Bowel Service - H..., BaNES Colorectal FH, CareUK - Lower GI, FIT For Occult Blood, Gastro - BaNES / RUH, Gastroscopy - BaNES / RUH, Gastroscopy - CareUK, Gastroscopy - Prime Bristol
- General Medicine / Surgery:** General Surgery Referral, Generic Referral Form, Lower GI Surgery, Minor Surgery - Fairfield Park, Renal Medicine Assessment ...

At the bottom right, there are checkboxes for 'Show recordings from other templates' (checked) and 'Show empty recordings'. A 'Send Task' button is located at the bottom left. The footer contains buttons for 'Information', 'Print', 'Suspend', 'OK', 'Cancel', and 'Show Incomplete Fields'.

New 'A Referral Letter' Word letter from yourself to a textual entry with the 'T2DR Type 2 Diabetes Path to Remission - BSW' template

Location of referral form (2)



Swindon

Communications - BSW, Swindon

Home | Admissions | 2ww | Rapid Access | eReferral | **Community A-L** | Community M-O | Community P-Z | BSW ICB EFR Li...

Community A-L

Home help & feedback

- Cardiovascular**
 - Ambulatory Blood Pressure
 - Cardiac 72Hr Event Monitor
 - ECG 24Hr Holter Recorder
 - Echo - RUH
 - Heart Function Specialist Outr...
 - Specialist Lipid Management ...
- Colorectal**
 - FIT Request Form
 - Provision of faecal immunochemical test kit
- COVID-19**
 - BSW Long Covid Rehab
 - COVID CMDU
 - COVID-19 End of Life
 - Covid-19 Vaccine Allergy - R...
 - Covid-19 Vaccine Adverse R...
 - Post Covid Risk Assessment ...
 - Certificate COVID-19 recover...
 - [COVID-19 Positive Discharge Process](#)
- Continuing Healthcare**
 - CHC Full Consent Information ...
 - CHC Fast Track Pathway Tool
 - CHC Health Nursing Needs A...
 - Placement form
- Dental**
 - Dentistry Special Care - <18s
 - Dentistry Special Care - Adult
 - Oral Surgery - UHB
- Diabetes**
 - Diabetes Community Services
 - Diabetic Eye Screening
 - Diabetes MDT Meeting
 - DRP - Counterweight Plus
 - NDPP Patient Invitation Letter ...
 - On-Track Diabetes referral fo...
 - Diabetic Foot Attack
 - Diabetes Prevention informati...
 - Healthy Living T2 Diabetes
 - NDPP Diabetes Prevention
 - NDPP - Gestational Opt-out L...
 - NDPP - Patient Opt-out Letter ...
 - T2DR Path to Remission**
- Dietetics**
 - Community Dietician
 - Gastroenterology Dietitian
 - Oncology Dietetic referral
- Family & Carer Support**
 - Baby Steps - Antenatal
 - Butterflies Family Centre
 - Carer GWH Referral
- Gastroenterology**
 - Breath Test Carbon 13 Urea
 - Gastroscopy - Gloucester
 - Lower GI Endoscopy - Care UK
 - Routine Gastroscopy -Care UK
 - Sigmoidoscopy & Colonoscop...
- Imaging**
 - MRI Imaging - EGH
 - US / Xray - DSC
- Lifestyle & Wellbeing**
 - Change Grow Live
 - Healthwise Referral
 - Live Well
 - Tier 3 Weight Management Sp...
 - Swindon Wellbeing Programme

Send Task To Administration

Send task

Show recordings from other templates
 Show empty recordings

Information Print Suspend **Ok** Cancel Show Incomplete Fields

New 'A Referral Letter' Word letter from yourself to a textual entry with the **T2DR Type 2 Diabetes Path to Remission - BSW** template

Location of referral form (3)



Wiltshire

Communications - BSW: Wiltshire

eReferral D-RSS | Investigations | BSW ICB EFR Links | Private | **A-L** | M | N-O | P-Z | Lifestyle | Paeds | Letters

Referral Directory A-L

Home help & feedback

1. Write

- Audiology**
 - Audiology - General
 - Audiology - HCRG
 - Audiology - SFT
- Cardiovascular**
 - Cardiac Diagnostic Advice ...
 - Cardic Rehab - Andover
 - Cardiac Rehab - RUH
 - Comm. Ambulatory Electro...
 - Deactivation of ICD/CRT-D
 - Heart Failure - WHC
 - Send Heart Failure WHC
 - Specialist Lipid Manageme...
 - Varicose Vein Referral
 - Vascular Consultant
- COPD + Respiratory**
 - COPD Nurse
 - HOCF & IHORM
 - Home Oxygen Assessmen...
 - Pulmonary Rehab - Chippe...
 - Pulmonary Rehab - Salisbury
 - Respiratory & Oxygen Team
 - Sleep Apnoea - Hampshire
 - Sleep Apnoea - SFT
- COVID-19**
 - BSW Long Covid Clinic
 - COVID CMDU
 - COVID-19 recovered statu...
 - COVIDPositive Discharge Process**
 - Covid-19 Vaccine Allergy -...
 - Post Covid Risk: Assessme...
 - Prospect - Covid-19
- Dental**
 - Dental Special Care: Adult
 - Dental - Medical History
 - Oral Surgery - UHB
- Diabetes**
 - Diabetes Education - WHC
 - Diabetes - Eye De-registrat...
 - Diabetes - Eye Screening
 - Diabetic Foot Attack - GWH
 - Diabetic Foot - GWH COVID
 - Diabetic Foot - RUH
 - Diabetic Foot - SFT
 - Diabetes Outpatients - WHC
 - Diabetes - Pregnancy
 - Diabetes Specialist Nurse
 - Diabetes Support - Oviva
 - Healthy Living T2 Diabetes
 - NDPP Gestational Diabetes ...
 - NDPP - Gestational Opt-out ...
 - NDPP - Patient Invitation
 - NDPP - Patient Opt-out Lett...
 - NDPP Referral
 - Non-Diabetic Form
 - T2DR Path to Remission**

2. Send To email: right click > send via NHSmail

Arden's Ltd - Referrals: Last one day view cannot be shown when previewing a template

Show recordings from other templates
 Show empty recordings

Information Print Suspend **OK** Cancel Show Incomplete Fields

New 'Community' Word referral to T2DR - Type 2 Diabetes Path to Remission Programme using T2DR Type 2 Diabetes Path to Remission - BSW

Searches and referral forms: Tips



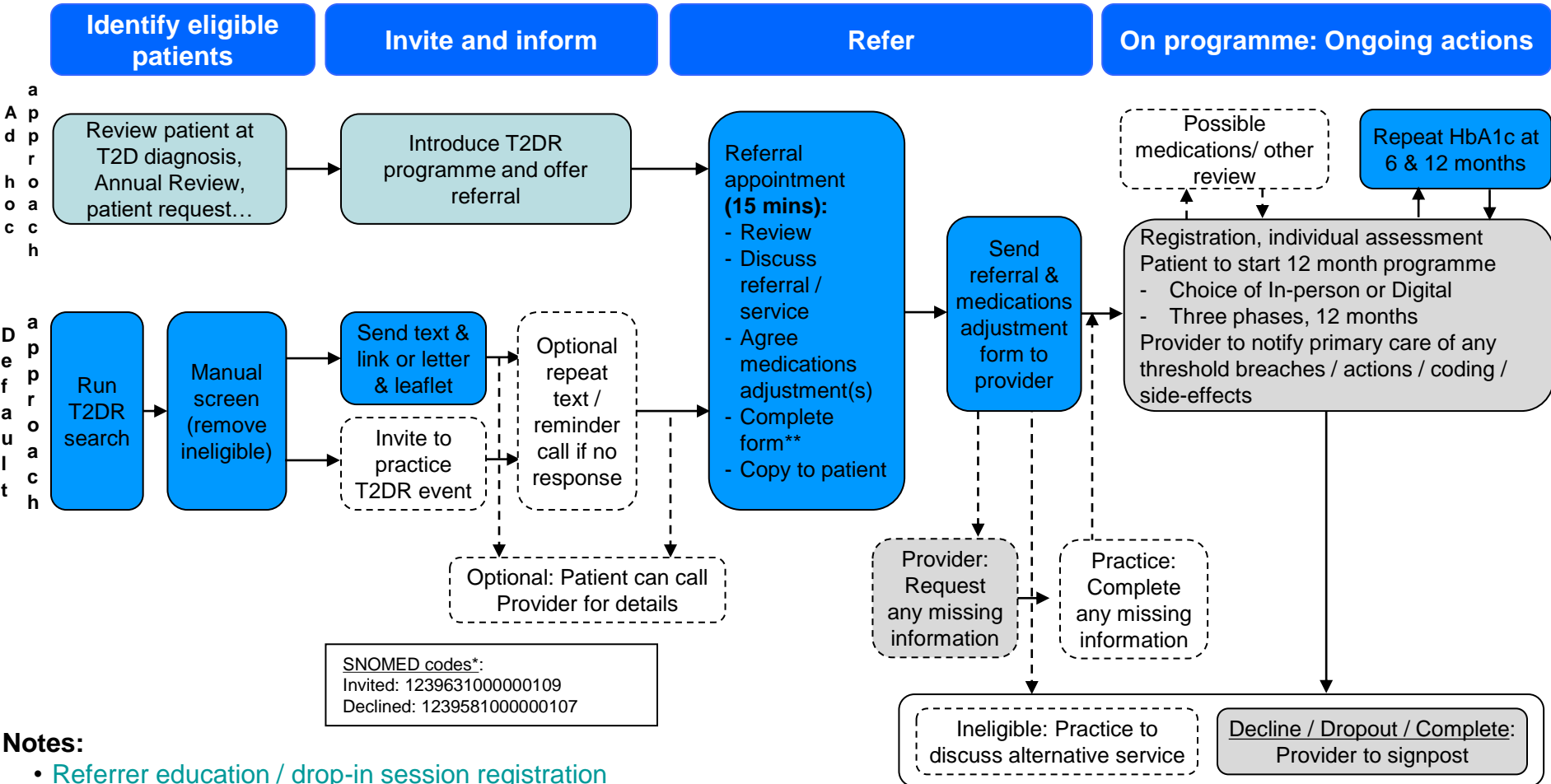
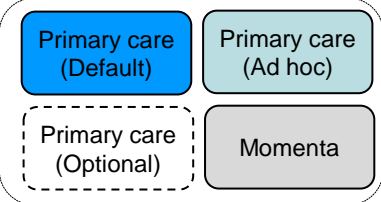
♥ Searches

- Sense check
- Manual screen to confirm eligibility / appropriateness
- Historical coding challenges
- Long lists can be reviewed and invited in batches or triaged

♥ Referral And Medications Adjustment Form (RAMAF)

- Confirm eligibility criteria before proceeding
- Ensure patients receive a copy of the MAF
- If no medications need adjusting you must still complete the MAF top section (check acutes as well as repeats)
- *We are unable to progress the referral until it is complete and patients recall the information*

NHS Type 2 Diabetes Path to Remission Programme pathway: Primary care focus



SNOMED codes*:
 Invited: 1239631000000109
 Declined: 1239581000000107



Agenda

- ♥ Welcome, questions, recording
- ♥ Background and benefits
- ♥ The programme
- ♥ Roles and responsibilities, referral pathways
- ♥ Medications adjustments
- ♥ Searches and referral forms
- ♥ **Next steps**

Next steps

- ♥ Questions / discussion
- ♥ Follow-up email and pack
 - Slides, resources, pathway, NHSE guidance, DPIA, recording
- ♥ Update colleagues – ‘soft launch’ from today
- ♥ Venues: Let us know
- ♥ Happy to attend PLT / PCN / other events

- ♥ **We look forward to your referrals!**

Contacts

- ♥ Referrals to momenta.t2dr-bsw@nhs.net
- ♥ Supporting referrals – feedback welcome
 - [Referrer resources](#)
 - [Participant page](#)
- ♥ Ongoing support: [Register here](#)
 - Drop-ins: 30 mins, any questions Wednesday 1300-1330
 - Education session: TBC
- ♥ [Participant case studies](#)
- ♥ Want T2DR delivered at your practice? [Register here](#)
- ♥ Key contacts:
 - ICB: [Brian Leitch](#) and [Jo Ross](#)
 - Momenta: [Anna Agar](#)

Thank you for your time

Harry MacMillan

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Anna Agar

anna.agar@momentanewcastle.com



T2DR venue requirements



Essential

- ♥ Comfortable space for 3 seated participants
- ♥ Chairs and a table / desk
- ♥ Good local public transport (and parking if needed)
- ♥ Clean and appropriately lit and heated / cooled
- ♥ Meet accessibility requirements
- ♥ Free wifi internet access

Ideally

- ♥ Open for extended hours (evenings, weekends)
- ♥ Staffed
- ♥ Used for other health / community services
- ♥ Qualified first aider onsite