NHS Type 2 Diabetes Path to Remission Programme in South Yorkshire

Referrer support and training

September 28th, 2023

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NHS South Yorkshire Integrated Care Board

Agenda

- Welcome, questions, recording
- Background and benefits
- The programme
- Roles and responsibilities, referral pathways
- Searches: Top tips
- Searches: How to run clinical searches
- Medications adjustments
- Making successful referrals
- Next steps

Background and benefits

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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

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Framework and Momenta

NHS England approach

- Piloted as NHS Low Calorie Diet (2020+) in 20 ICBs, including South Yorkshire
- 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 with ICB

Momenta Newcastle

- SY provider: Momenta since 1/6/23
  - Previously Reed Wellbeing
- Delivering since 2020
  - Originally: Birmingham & Solihull
  - Now in 7 of 20 T2DR ICBs + others
  - Including NENC, GM, LLR …
- Early outcomes in line with DiRECT / NHSE pilot:
  - 11-13% weight loss at 3 months
    - Maintained into Phase 3
  - Positive uptake (70-80%)
  - Health inequalities e.g. BSOL referrals
    - ~70% lowest 2 IMD quintiles
    - ~50% BAME

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NHS Type 2 Diabetes Path to Remission

- 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)

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Inclusion

- Aged 18-65
- T2D diagnosis within last 6 years
- BMI >=27kg/m² (>=25kg/m² 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 <30mls/min/1.73m2); 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**

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NHS Type 2 Diabetes Path to Remission Programme

Momenta participant journey over 12 months

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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

* Digital pathway participants do not receive the full *Workbooks*.

Participant experience: Sessions and resources

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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)
- 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

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

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Momenta T2DR App screenshots

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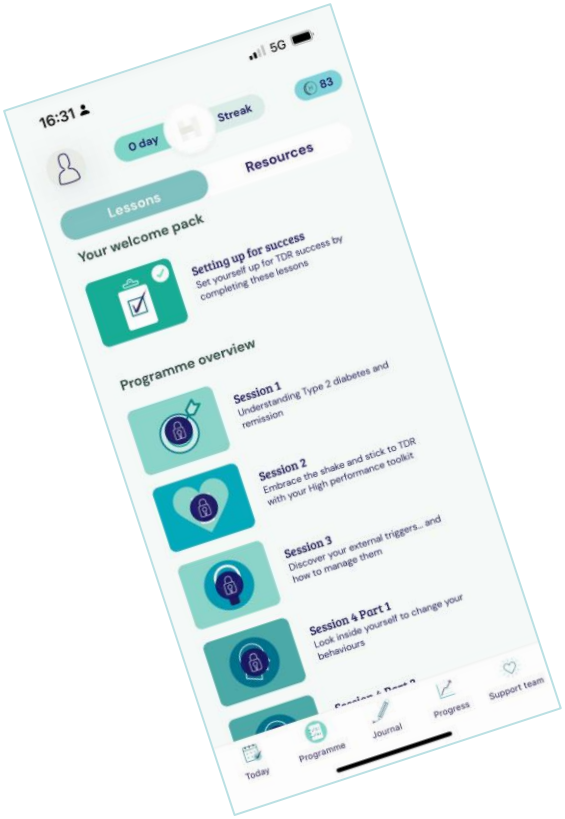

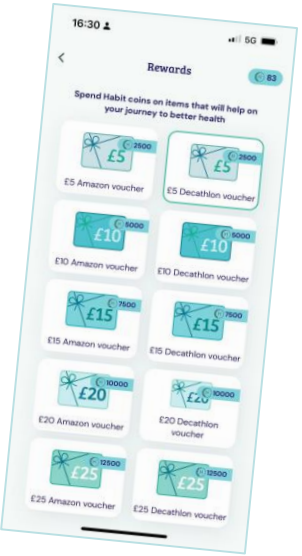

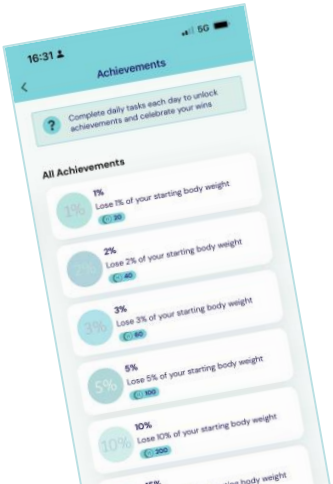

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NHS T2DR: GP practice & provider responsibilities

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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: Venue recommendations

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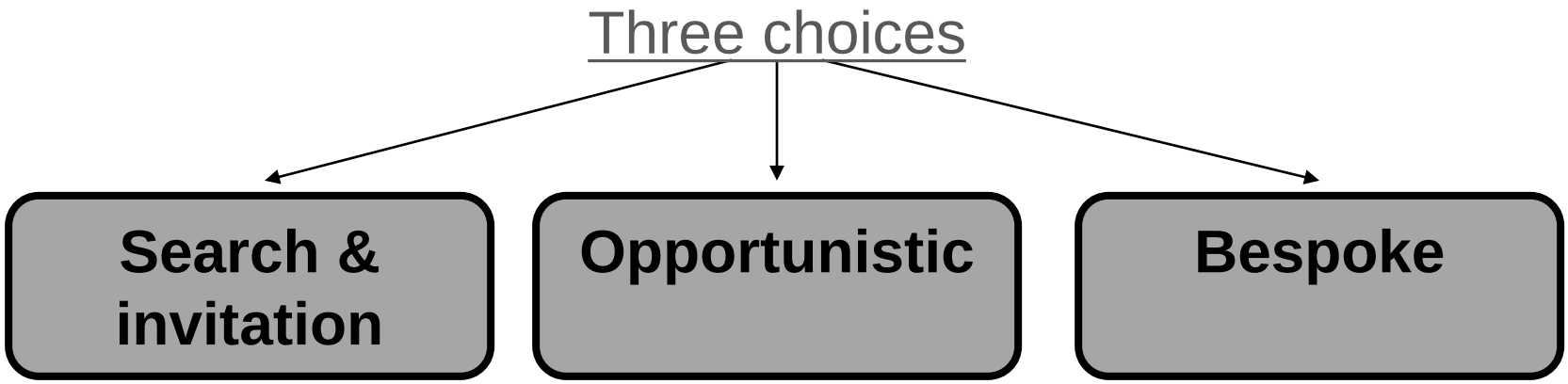
Identifying interested patients



- Search
- Screen
- Invite & signpost

- Diagnosis
- Annual review
- Patient request

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

- *Most efficient*

- *Most relevant*

Patient information

- Patient landing page – for invitation texts, social media
  - https://momentanewcastle.com/t2dr-sy

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Top Tips for increasing referrals to T2DR

Clair Thompson and Bernie Lynch

Primary Care Development Nurses
September 2023

NHS South Yorkshire Integrated Care Board

Primary Care Development Nurses

Team of nurses who -

- Support primary care
- Improve quality of care
- Support with education
- Deliver project work

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Diabetes Care and Prevention Project

The aim was to increase referrals to the Low Calorie Diet now called Type 2 Diabetes Path to Remission (T2DR)

Practices were contacted via email and information was sent out in the Communication Bulletin

After discussion with interested primary care staff we offered support to promote confidence and familiarity with the referral process

Practices who expressed an interest were visited by members of the PCDN team and a plan was devised specific to the needs of each practice

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Support offered to practices

Searches were generated to identify eligible patients

(PCDN searches targeted the less complex patient not full usual search criteria)

Patient's notes were screened to ensure they met the inclusion criteria

The practice contacted the patient, usually by Accurx Florey questionnaire offering path to remission referral and information

This was a standard message personalised by practices and allows read coded data to be entered in the notes depending on response.

Interested patients saw a nurse who checked the patients understanding of the project requirements then completed a referral form

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What else did we do?

- Attended Network, Nurse and Practice Meetings
- Encouraged practices to make a point of asking if patient wants a referral at DIAGNOSIS
- Provided resources and quick links on the Hub
- Offered and provided training and support

  Including on other weight loss projects such as Digital Weight Management and Live Lighter

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Why did this work?

Knowledge is key – if they didn't know about it how could they refer!

Keeping it simple!

Encouraged the staff to make a point of asking AT DIAGNOSIS……

Sharing Knowledge – if you get an advocate in a practice – word spreads

Nurses and GP felt supported

Built confidence – in completing the referral form by starting with the less complex patients first

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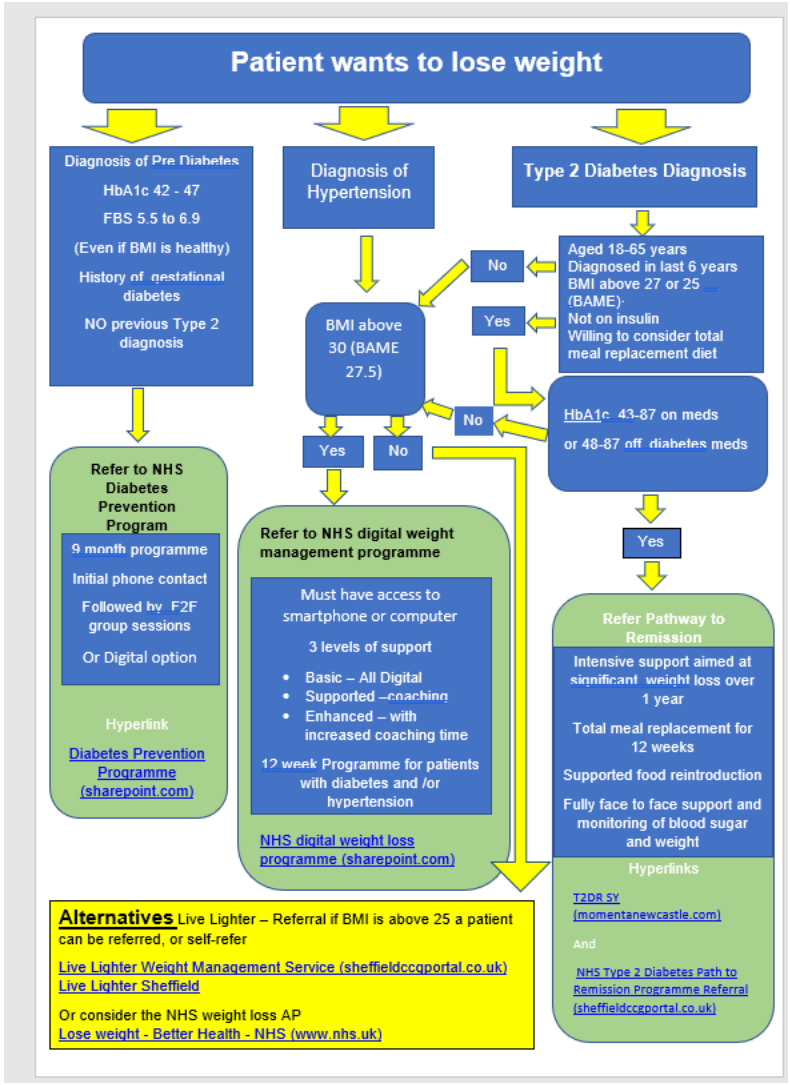
Weight loss Project Online form you can right click open hyperlinks	**Referral process**	**Criteria**	**Eligible BMI**	**Exclusion Criteria**	**Information re the sessions**	**Duration**
Live Lighter **https://www.livelightersheffield.com/health-professionals** **0114 2702043**	Self or via GP	**Adults**	Above 25 BMI in adults.	Is unable to commit to the 12 sessions. (Services for families and children 5-17 see website).	Run Face to Face (also online option) sessions covering The Eat well guide Food Labelling Comfort Eating	12 sessions over a max of 6 months
NHS weight loss APP **https://www.nhs.uk/better-health/lose-weight/**	Self – upload the APP	**Adults**	N/A	Must have access to Smart Phone or Computer	Digital support - calorie counting, weight monitoring & activity diary.	Flexible 12-week plan
NHS Diabetes Prevention Programme **https://healthieryou.reedwellbeing.com/about-the-programme/**	GP referral (ERS)	**Adults** HbA1c 42-47 or FBG 5.5-6.9 or history of gestational diabetes	N/A	Any previous diagnosis of diabetes Pregnancy	F2F group sessions Or digital option (Remote Tailored sessions. Gestational Diabetes, Visual and hearing impaired)	9 month Fortnightly for four sessions & remainder monthly
Type 2 Diabetes Path to Remission **The aim to achieve remission of diabetes.** **NHS Type 2 Diabetes Path to Remission Programme Referral (sheffieldccgportal.co.uk)**	GP referral (ERS) Which must include a review of meds to be stopped if needed.	18-65 Diabetic within 6 yrs of diagnosis **HbA1c** 48-87 off diabetic meds 43-87 on diabetic meds Must have had eye screening	BMI > 27 or > 25 if Black, Asian and other ethnic group	*Current Insulin User *Active cancer *MI or CVA (within 6 months) *Heart failure NYHA grade 3 or 4) *CKD (egfr below 30) *Active substance use disorder *Active eating disorder *Untreated proliferative retinopathy *Planning or Currently Pregnant *Breastfeeding *Bariatric Surgery *Porphyria	Face to Face 1-1 Digital 1:1 This process requires commitment to have 12 weeks **TOTAL MEAL REPLACEMENT** (TMR) and supported food reintroduced (TMR products free) Support for full year.	1 year
NHS digital weight management **ONLY FOR HYPERTENSION or DIABETES.** **NHS England » Information for healthcare professionals**	GP referral (ERS)	**Adults** Diabetes or Hypertension	BMI >30 Or >27.5 Black, Asian, and other ethnic group	Frailty, Pregnancy Active Eating Disorder Bariatric Surgery in last 2 years If over 80 referrer to specify on form risk assessment made	Online behavioural and lifestyle programme Patient choose provider. Triaged on risk to be allocated coaching as well as digital	12 weeks

Designed by: Sheffield Primary Care Development Nurses (PCDN) – Jan 2023. Review Date June 2024 (as updated June 2023)

Key – Adults = aged 18 and over. N/A = Not applicable. Please note programmes are prone to change before referral check on links for updates to referral criteria


Patient wants to lose weight
Diagnosis of Pre Diabetes
HbA1c 42 - 47
FBS 5.5 to 6.9
(Even if BMI is healthy)
History of gestational diabetes
NO previous Type 2 diagnosis
Diagnosis of Hypertension
Type 2 Diabetes Diagnosis
Aged 18-65 years
Diagnosed in last 6 years
BMI above 27 or 25 (BAME)
Not on insulin
Willing to consider total meal replacement diet
No
Yes
BMI above 30 (BAME 27.5)
No
Yes
No
HbA1c 43-87 on meds
or 48-87 off diabetes meds
Yes
Refer to NHS Diabetes Prevention Program
9 month programme
Initial phone contact
Followed by F2F group sessions
Or Digital option
Hyperlink
Diabetes Prevention Programme (sharepoint.com)
Refer to NHS digital weight management programme
Must have access to smartphone or computer
3 levels of support
Basic – All Digital
Supported –coaching
Enhanced – with increased coaching time
12 week Programme for patients with diabetes and /or hypertension
NHS digital weight loss programme (sharepoint.com)
Refer Pathway to Remission
Intensive support aimed at significant weight loss over 1 year
Total meal replacement for 12 weeks
Supported food reintroduction
Fully face to face support and monitoring of blood sugar and weight
Hyperlinks
T2DR SY (momentanewcastle.com)
And
NHS Type 2 Diabetes Path to Remission Programme Referral (sheffieldccgportal.co.uk)
Alternatives Live Lighter – Referral if BMI is above 25 a patient can be referred, or self-refer
Live Lighter Weight Management Service (sheffieldccgportal.co.uk)
Live Lighter Sheffield
Or consider the NHS weight loss AP
Lose weight - Better Health - NHS (www.nhs.uk)

Resources

- Weight loss initiatives including Path to Remission, local Tier 2 weight loss and NHS Digital. (sharepoint.com)
- Practice Team Hub (sharepoint.com)
- If you want the Sheffield Specific Florey How to guide offering path to remission please get in touch.

syicb-sheffield.pcdns@nhs.net

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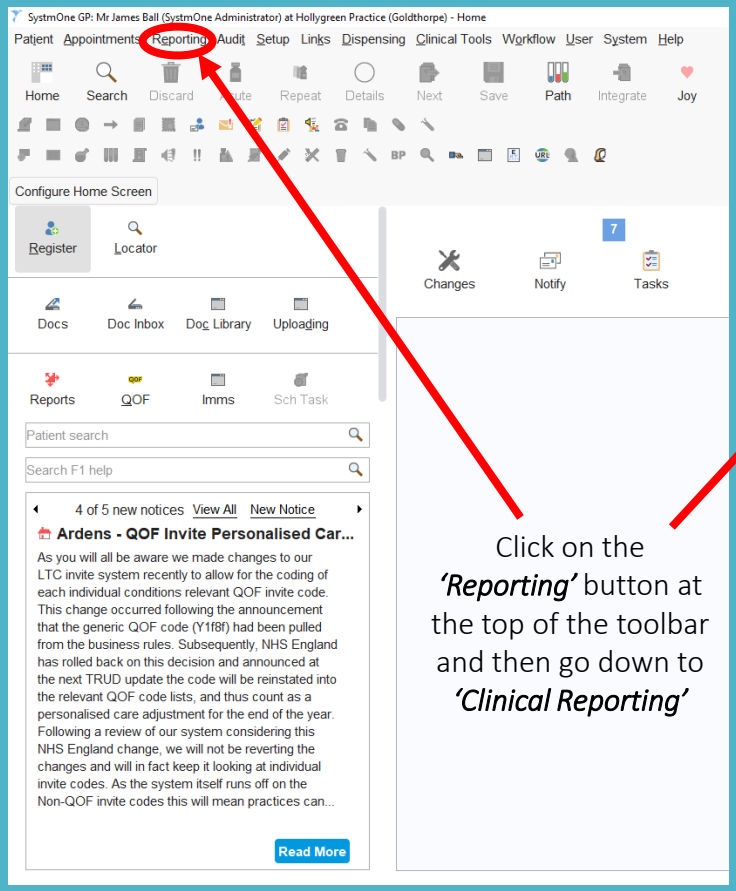
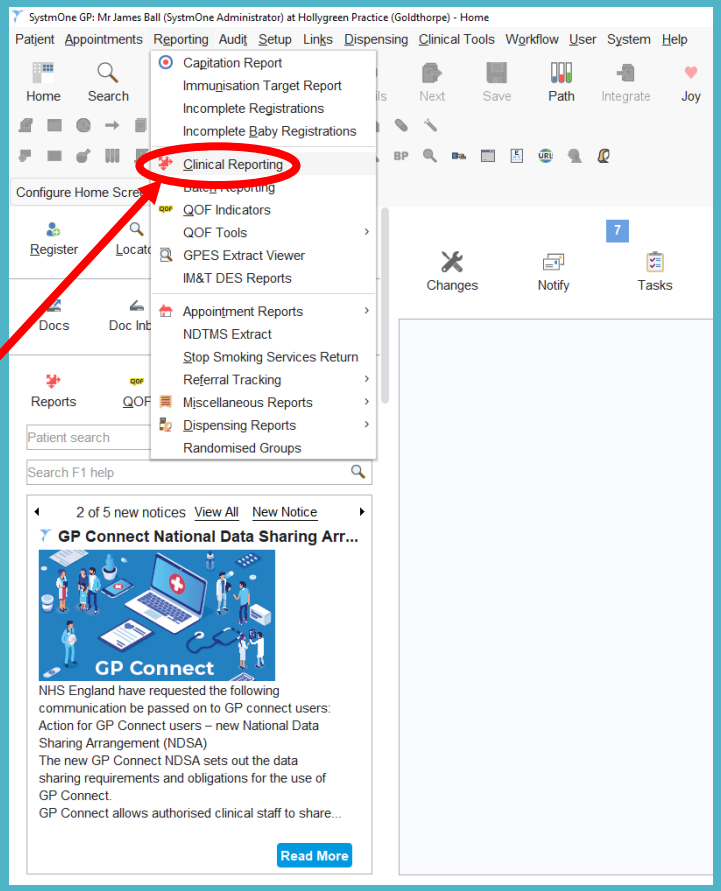
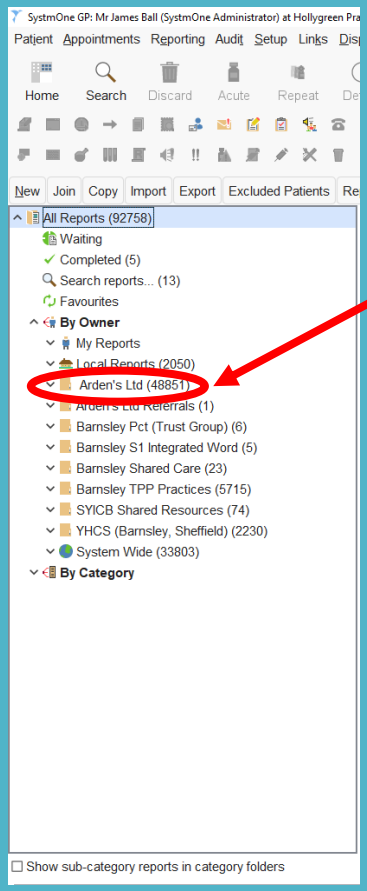
How to run an Ardens Clinical search on SystmOne and EMIS Web

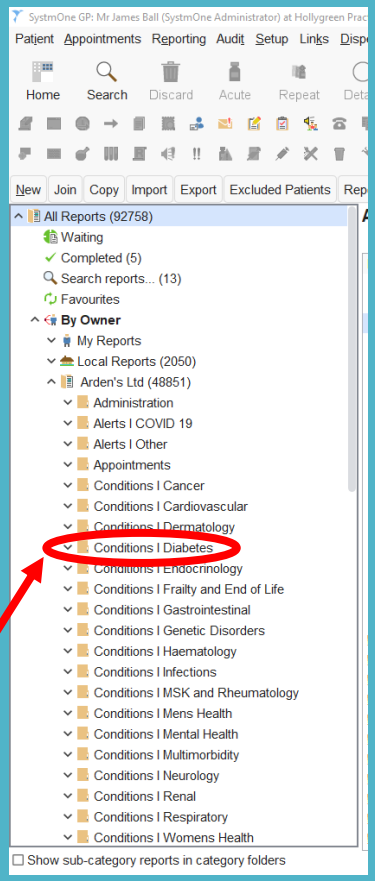


Click on the *'Reporting'* button at the top of the toolbar and then go down to *'Clinical Reporting'*





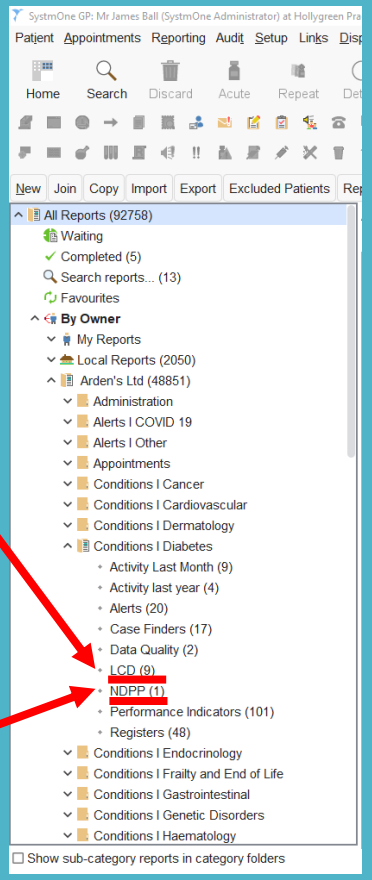
Click on the arrow for ***'Arden's Ltd'***



Then click on the arrow for ***'Conditions | Diabetes'***

Click on ***'LCD'*** for the Low Calorie Diet/Path to Remission search

Click on ***'NDPP'*** for the Diabetes Prevention programme search



NHS Diabetes Prevention Programme Search

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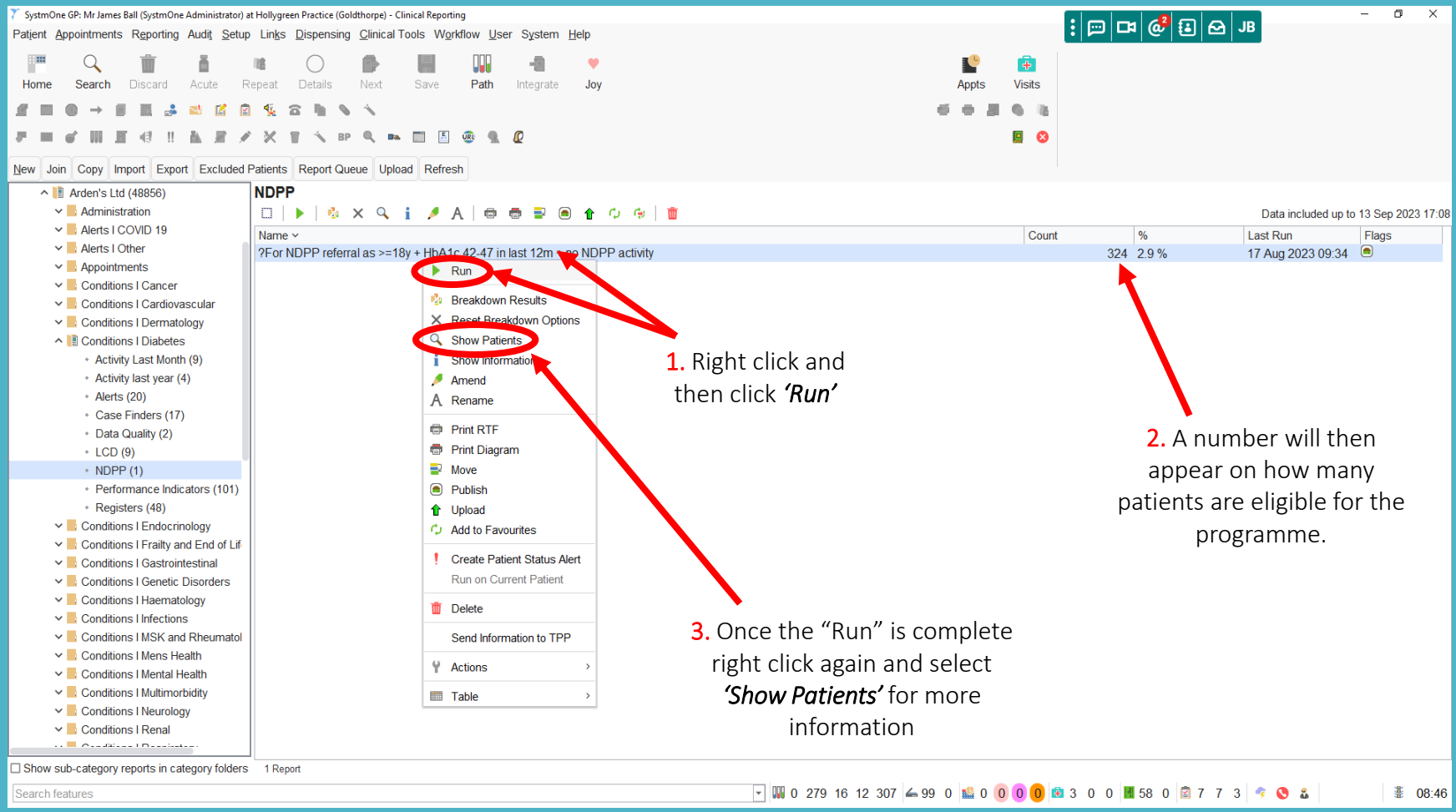
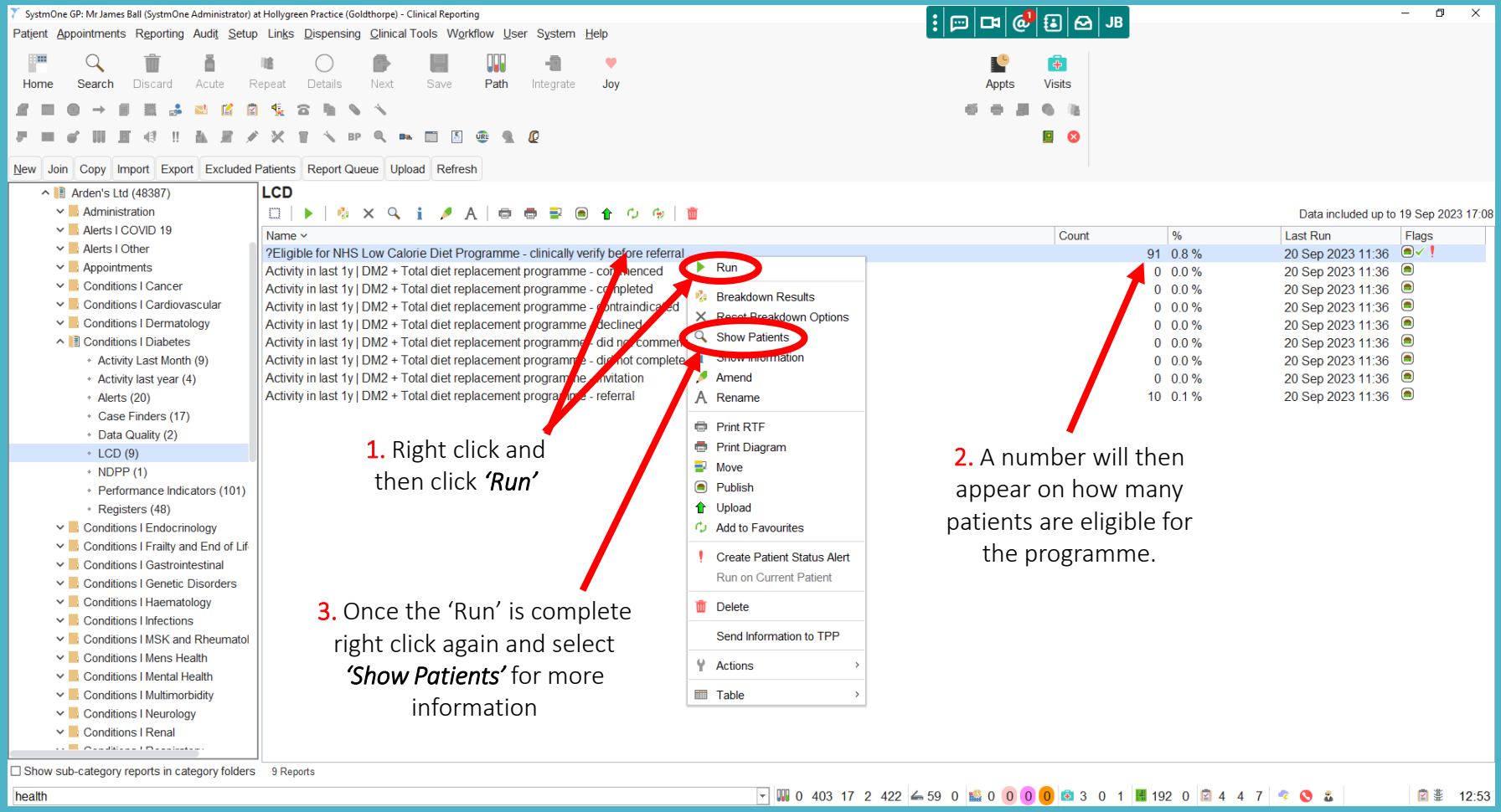


1. Right click and then click *'Run'*

2. A number will then appear on how many patients are eligible for the programme.

3. Once the "Run" is complete right click again and select *'Show Patients'* for more information

The NHS Type 2 Diabetes Path to Remission Programme Search



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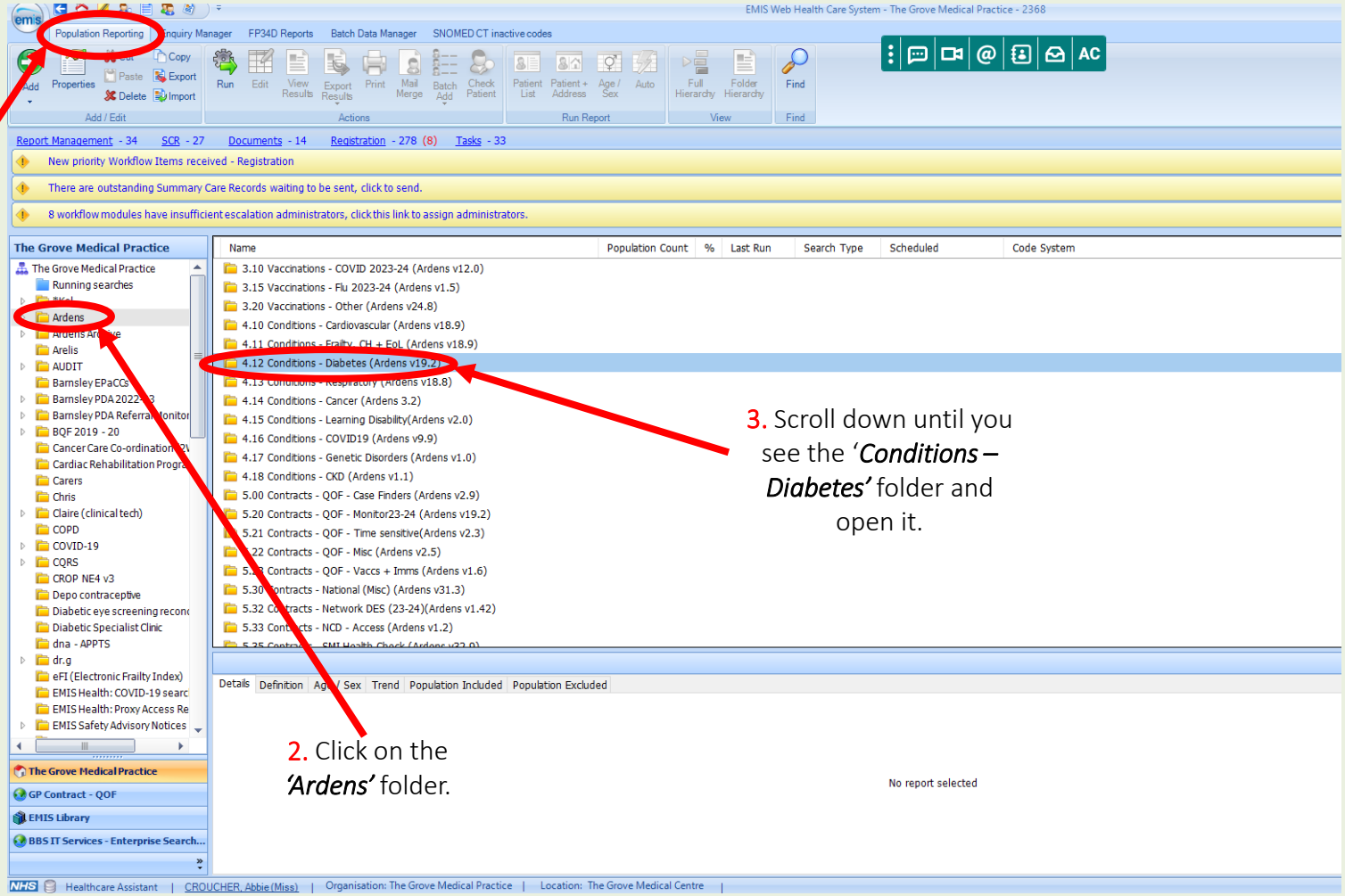
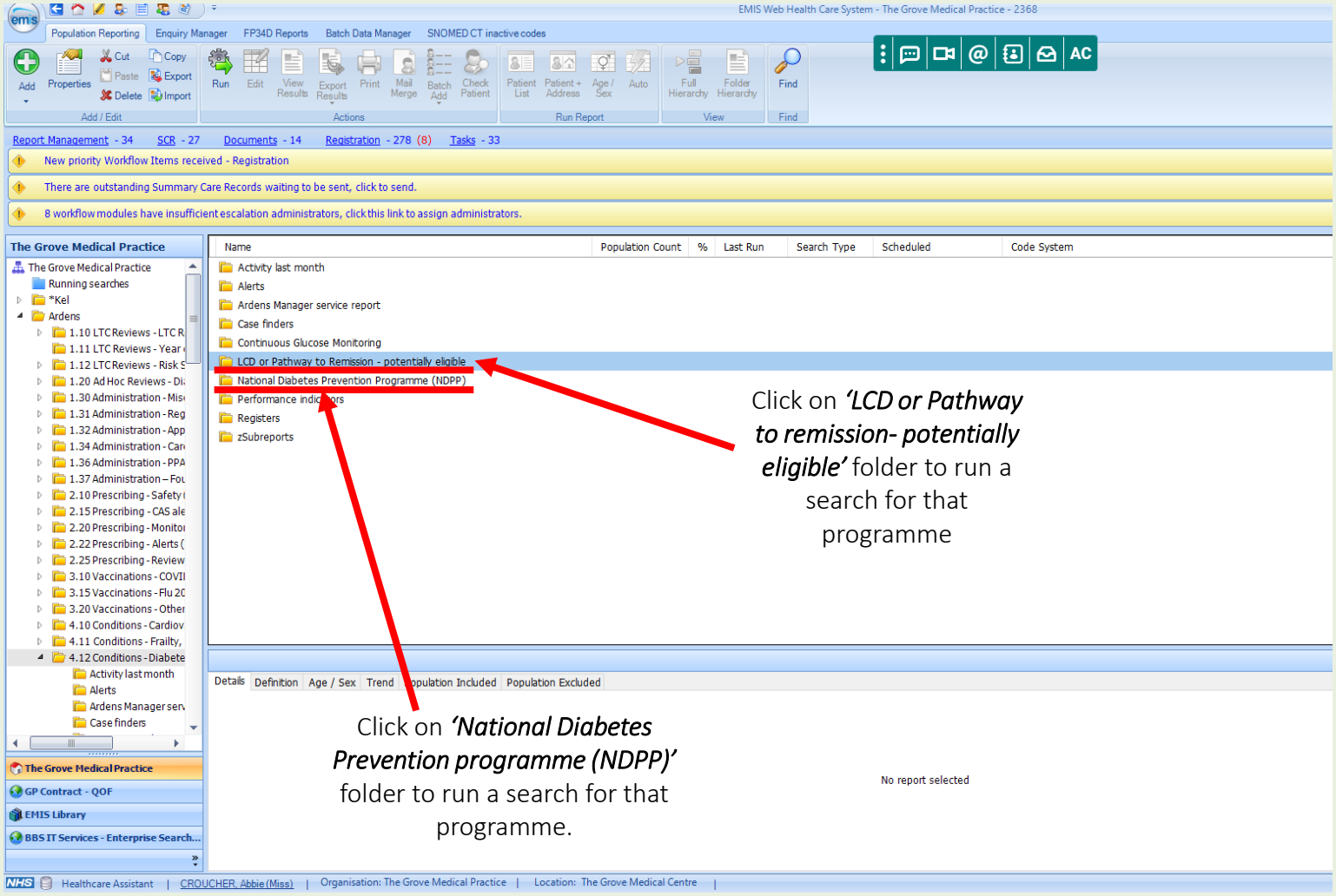
emisWeb

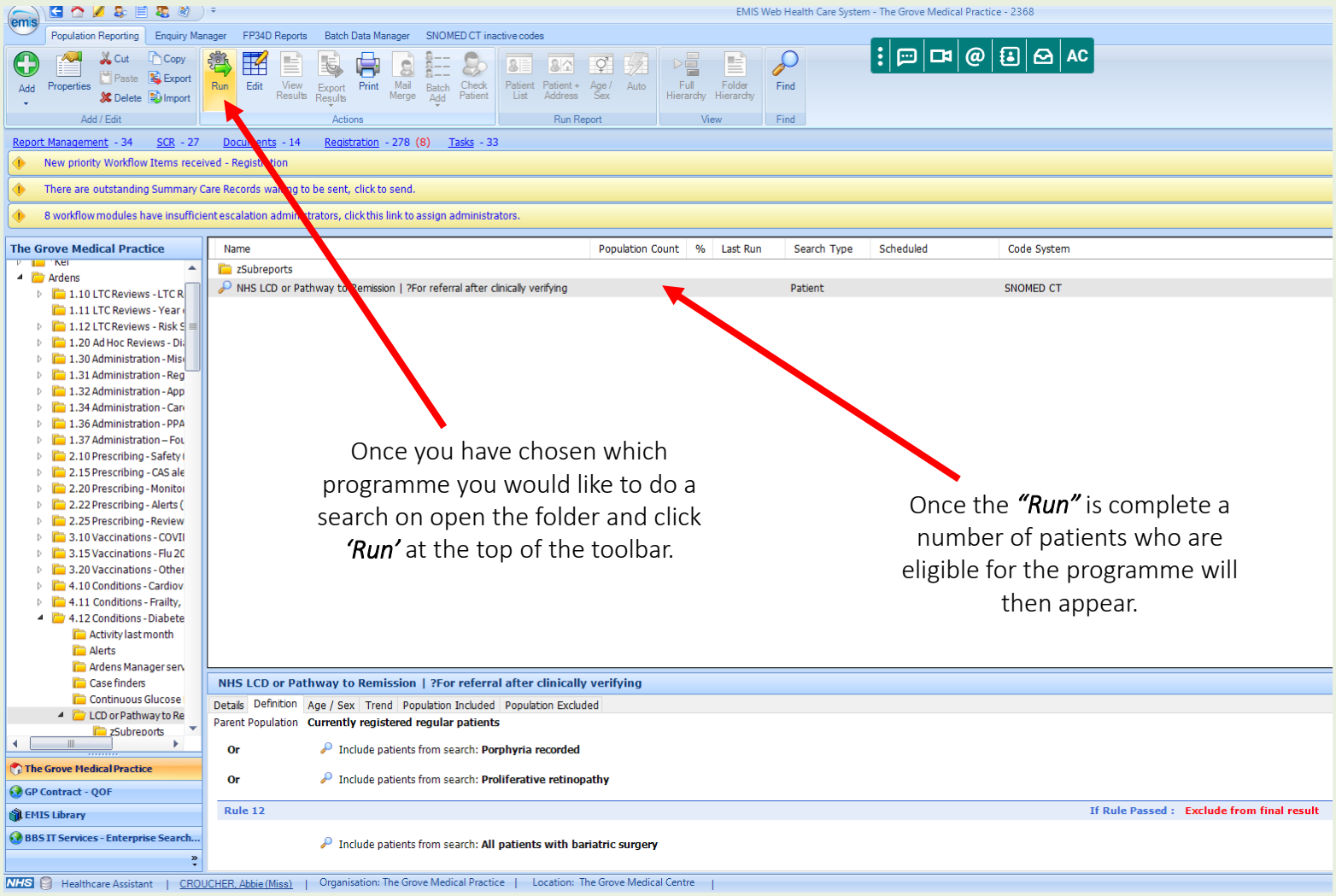
1. First Click on the *'Population Reporting'* button at the top left of the toolbar. If this is not visible on your screen then click the emis button in the top left corner.



2. Click on the *'Ardens'* folder.

3. Scroll down until you see the '*Conditions – Diabetes'* folder and open it.


EMIS Web Health Care System - The Grove Medical Practice - 2368
Population Reporting
Enquiry Manager
FP34D Reports
Batch Data Manager
SNOMED CT inactive codes
Report Management - 34
SCR - 27
Documents - 14
Registration - 278 (8)
Tasks - 33
New priority Workflow Items received - Registration
There are outstanding Summary Care Records waiting to be sent, click to send.
8 workflow modules have insufficient escalation administrators, click this link to assign administrators.
The Grove Medical Practice
Name
Population Count
%
Last Run
Search Type
Scheduled
Code System
Activity last month
Alerts
Ardens Manager service report
Case finders
Continuous Glucose Monitoring
LCD or Pathway to Remission - potentially eligible
National Diabetes Prevention Programme (NDPP)
Registers
zSubreports
Details
Definition
Age / Sex
Trend
Population Included
Population Excluded
No report selected
Click on 'LCD or Pathway to remission- potentially eligible' folder to run a search for that programme
Click on 'National Diabetes Prevention programme (NDPP)' folder to run a search for that programme.



Once you have chosen which programme you would like to do a search on open the folder and click ***'Run'*** at the top of the toolbar.

Once the ***"Run"*** is complete a number of patients who are eligible for the programme will then appear.

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NO SEARCHES ARE PERFECT

Please review each patient before considering referring them into a programme to prevent disappointment and referrals being rejected.

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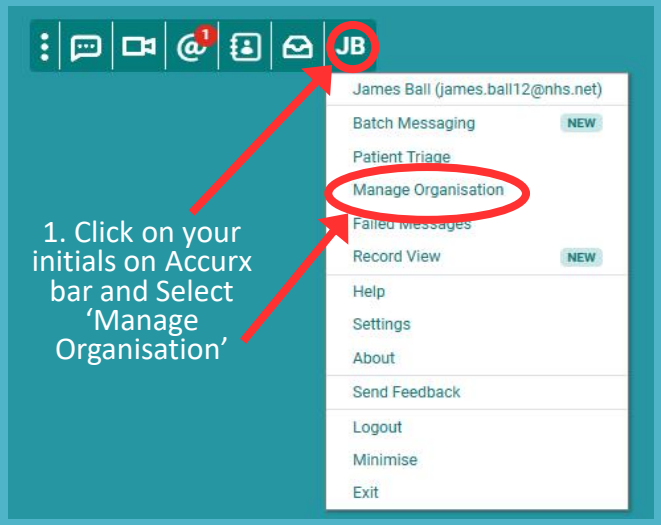
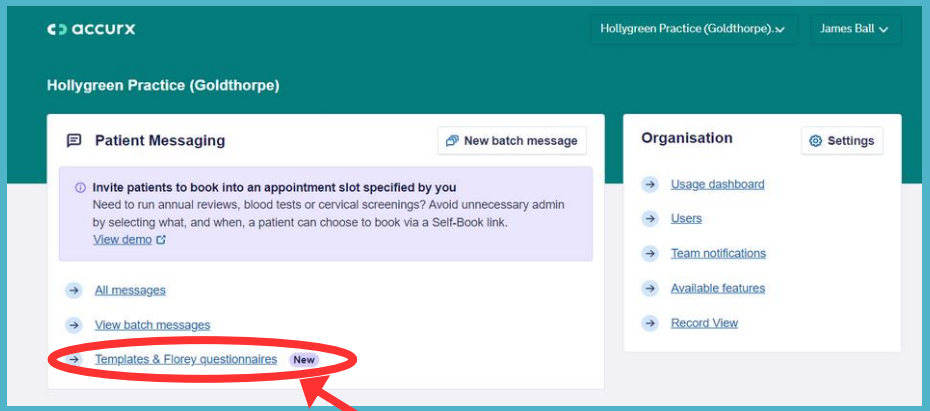
Top Tip for Increasing Referrals to the T2DR Programme

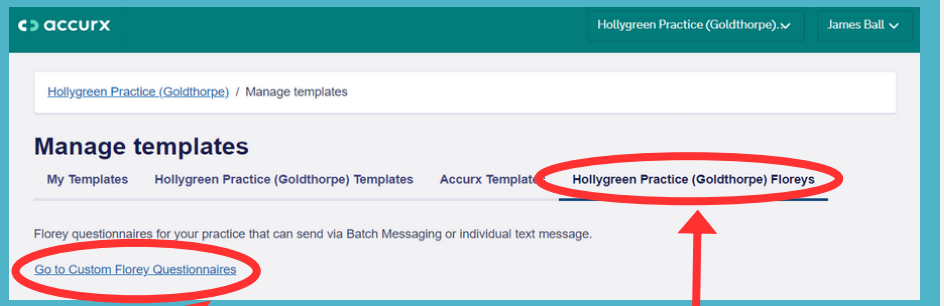
Creating a Florey Questionnaire



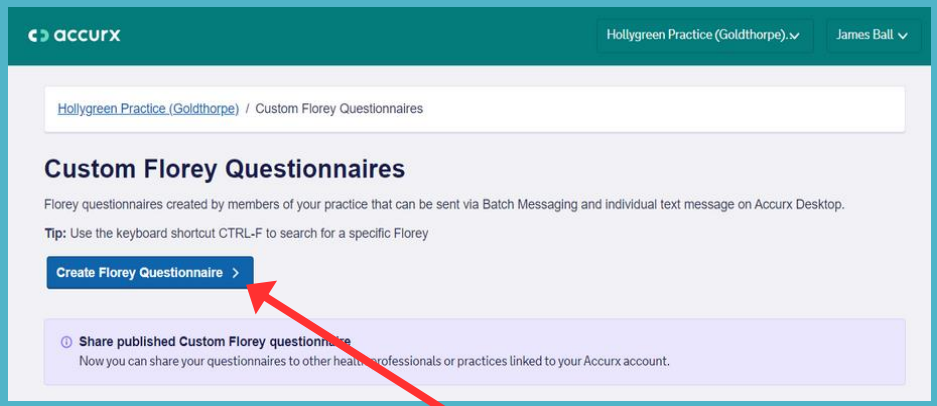
1. Click on your initials on Accurx bar and Select 'Manage Organisation'



2. Templates and Florey questionnaires



3. The Medical Centre's Florey section then 'Go to Custom Florey Questionnaire'



4. Create Florey Questionnaire

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Step 1 of 4

Edit Florey Questionnaire

ADD A QUESTIONNAIRE NAME

NHS Path to Remission Programme

Edit

Q1. MULTIPLE CHOICE QUESTION (ONE ANSWER)

Question
Patients will see each question on a separate page of the Florey as they are completing it.

Did you know you are eligible to be referred for a FREE low calorie diet & have support to lose weight?

Description (optional)
Patients will see this additional explanation but it won't be saved to their record.

The NHS Type 2 Diabetes Path to Remission Programme, also known as the NHS 'soups and shakes diet' can put diabetes into remission (reversal). It isn't for everyone and it means going on FREE total meal replacement for 12 weeks followed by gradual standard food re-introduction. This one-year programme helps you to lose weight, improve your blood sugar levels and reduce medication. For details see https://momentanewcastle.com/t2dr-sy

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Patients can select:

(•) One answer ( ) Many answers

Patients can select one option

OPTION 1

Answer
This will be one of the options that the patient can select.

Yes - Please ask a nurse to call me to talk over my referral.

SNOMED code (optional)

Total diet replacement programme invitation
Concept ID: 1239631000000109 × Remove

Remove option

OPTION 2

Answer
This will be one of the options that the patient can select.

No - Not at this current time

SNOMED code (optional)

Total diet replacement programme declined (situation)
Concept ID: 1239581000000107 × Remove

Remove option

+ Add an option

Save your question

Remove question Cancel Save

Step 2 of 4

Create invite message

Write a message to invite patients for:

NHS Path to Remission Programme

Message

This will be sent as a message to the patient.

Dear [patient]

This is to offer you a free NHS service called Type 2 Diabetes Path to Remission Programme where you get FREE meal replacements and support to help you lose weight.

Please complete this questionnaire: (link will autogenerate here)

Thanks,
Hollygreen Practice (Goldthorpe)

258/612

SNOMED code (optional)

Weight management programme offered (situation)
Concept ID: 819361000000109

Remove

This SNOMED code will be saved to the patient's record when the Florey is sent.

NHS South Yorkshire Integrated Care Board

Step 3 of 4

Create confirmation page

Write a message to patients once they complete:

NHS Path to Remission Programme

Message

This will appear on the final page of the Florey Questionnaire.

Many Thanks for your time - If you wanted to know more a nurse will be in touch in due course. However, if the Type 2 Diabetes Path To Remission Programme is not for you there are other options to help you lose weight, just ask your practice nurse or Health Care Assistant when you see them next.

Check out information below

www.england.nhs.uk/wp-content/uploads/2021/06/digital-weight-management-patient-leaflet-a4-folded-v2.pdf

https://healthyliving.nhs.uk/

SNOMED code (optional)

Patient advised about weight management
Concept ID: 698471002

Remove

The SNOMED code will be saved to the patient's record if they complete the Florey and their response is saved.

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Step 4 of 4

Assign to a group

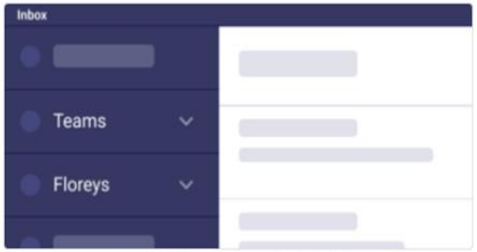
Assign responses to:

Assign a group that handles the responses to this Florey Questionnaire.

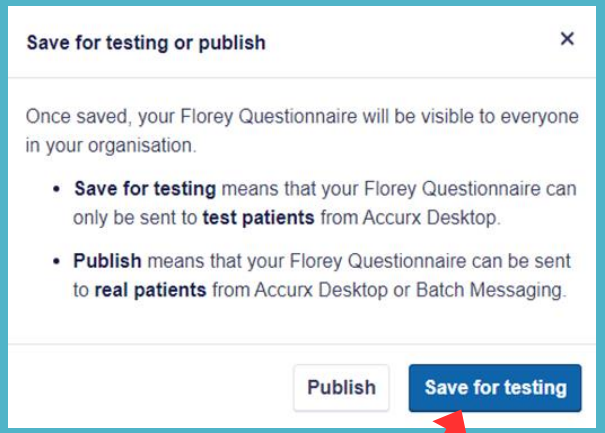
Nurses

The responses will go to the group that you choose, under the Teams or Floreys headings in the Accurx Inbox.

Anyone who needs to see patient responses to this questionnaire will need to turn on Notifications for this group.

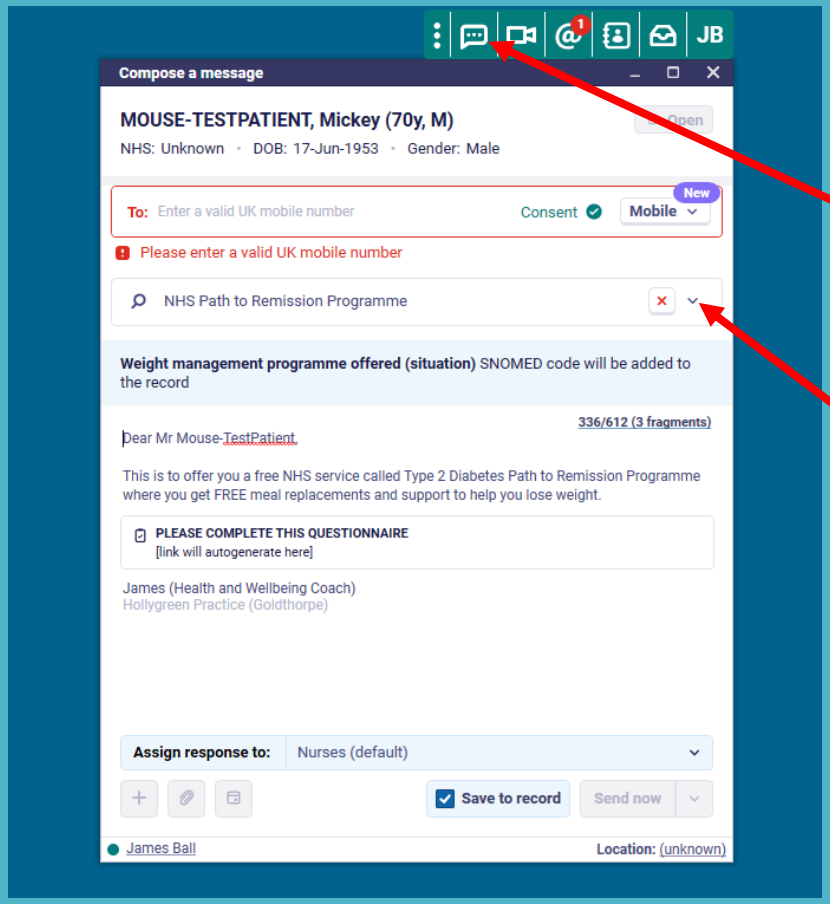


If you are sending this Florey from Batch Messaging, you will have the option to auto-save patient responses to their record.



Always test on a test patient first! - LINKS SOMETIMES NEED CHECKING!

How to Send the Florey Questionnaire and SMS to a patient



Whichever system you are using open the eligible patient you would like to send the Florey questionnaire and text to. Using Accurx click the button to compose your message.

Using the dropdown box click on the Florey questionnaire you have created. Double check everything is correct with valid mobile number and click send now.

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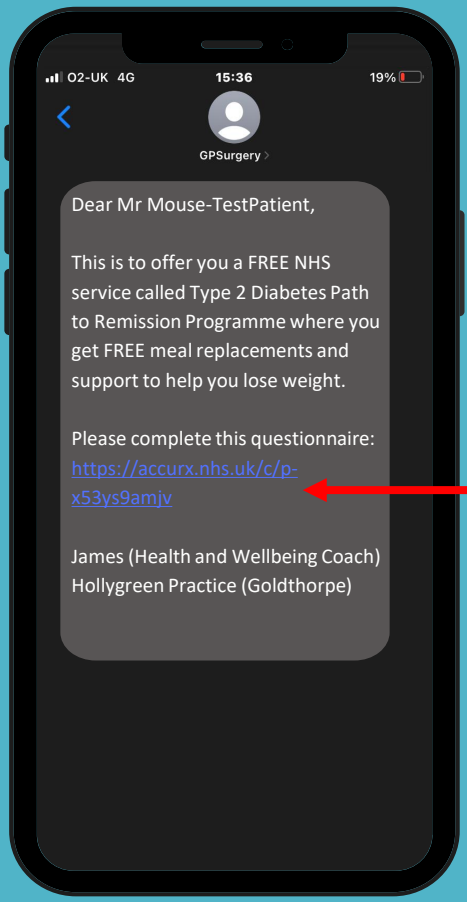
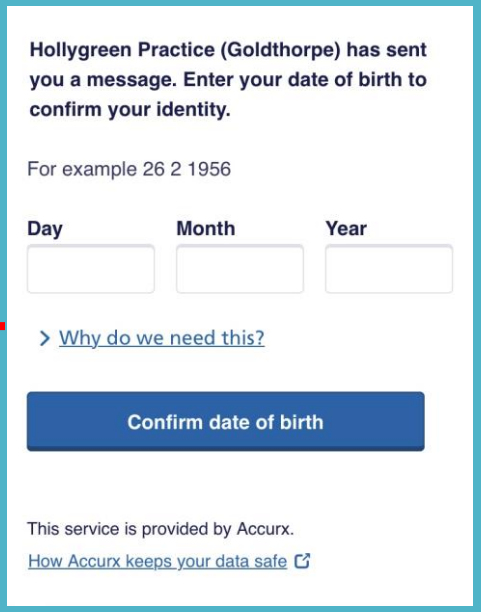
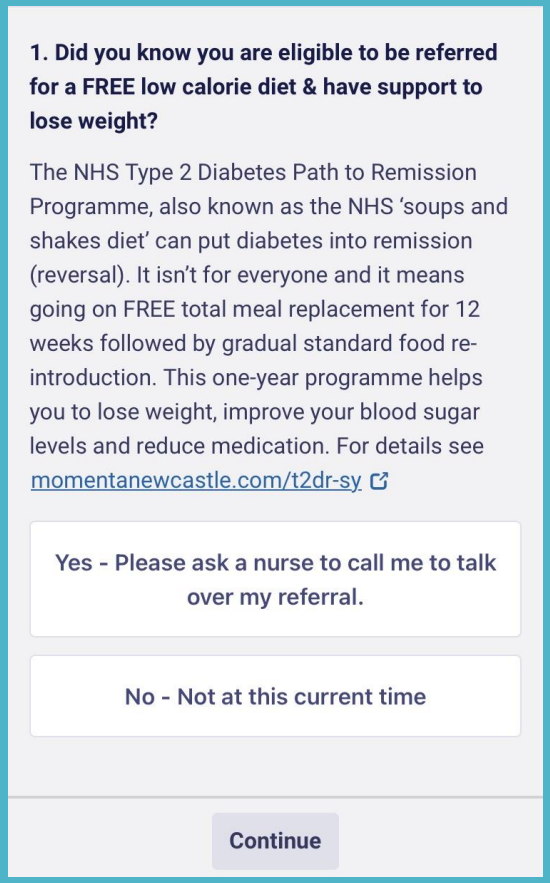
What the Florey Questionnaire and SMS will look like for patients







NHS South Yorkshire Integrated Care Board

Are you happy with this answer?

1. Did you know you are eligible to be referred for a FREE low calorie diet & have support to lose weight?
Yes - Please ask a nurse to call me to talk over my referral.

Back | Submit

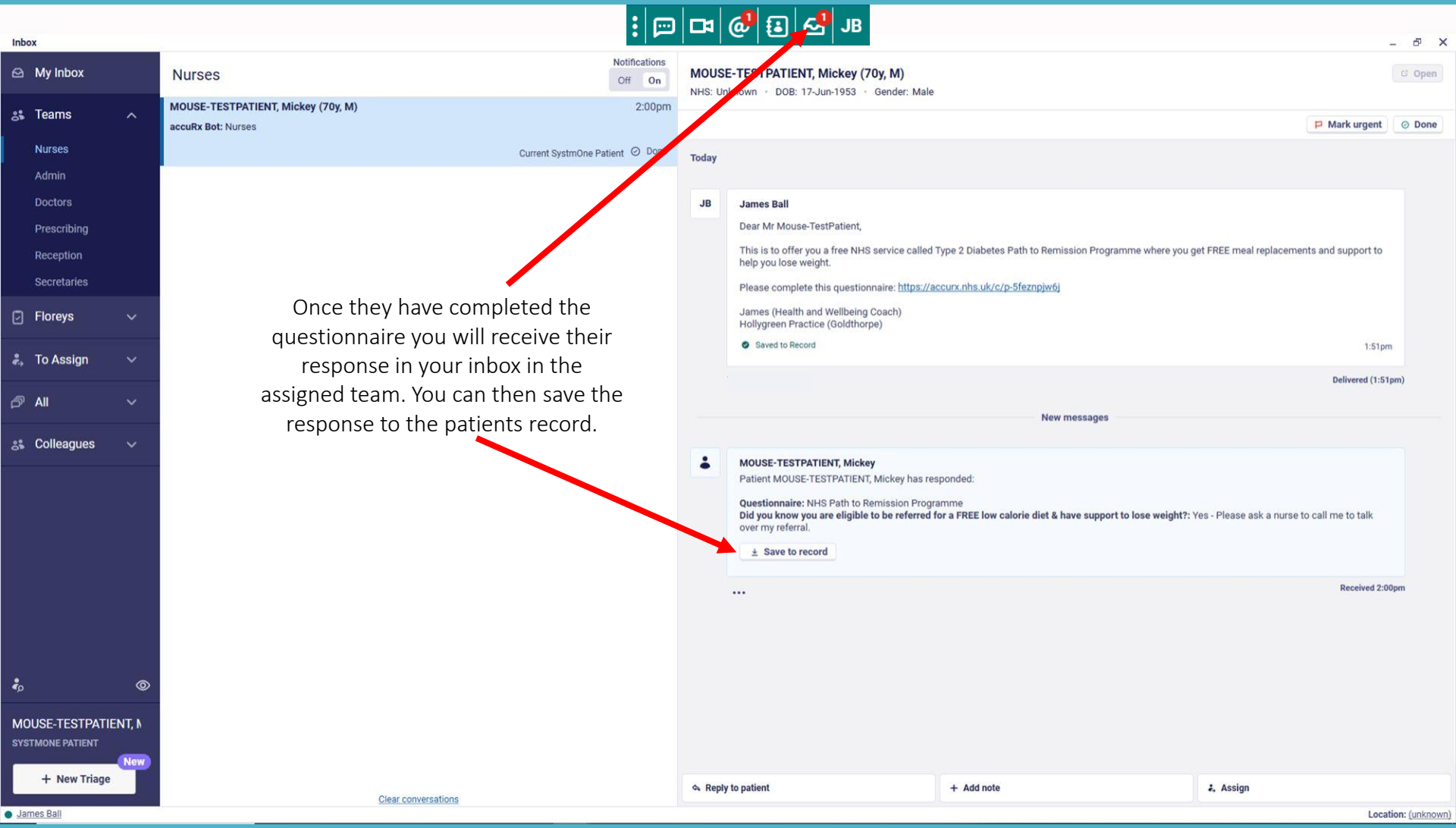
Many Thanks for your time - If you wanted to know more a nurse will be in touch in due course. However, if the Type 2 Diabetes Path To Remission Programme is not for you there are other options to help you lose weight, just ask your practice nurse or Health Care Assistant when you see them next.

Check out information below

www.england.nhs.uk/wp-content/uploads/2021/06/digital-weight-management-patient-leaflet-a4-folded-v2.pdf

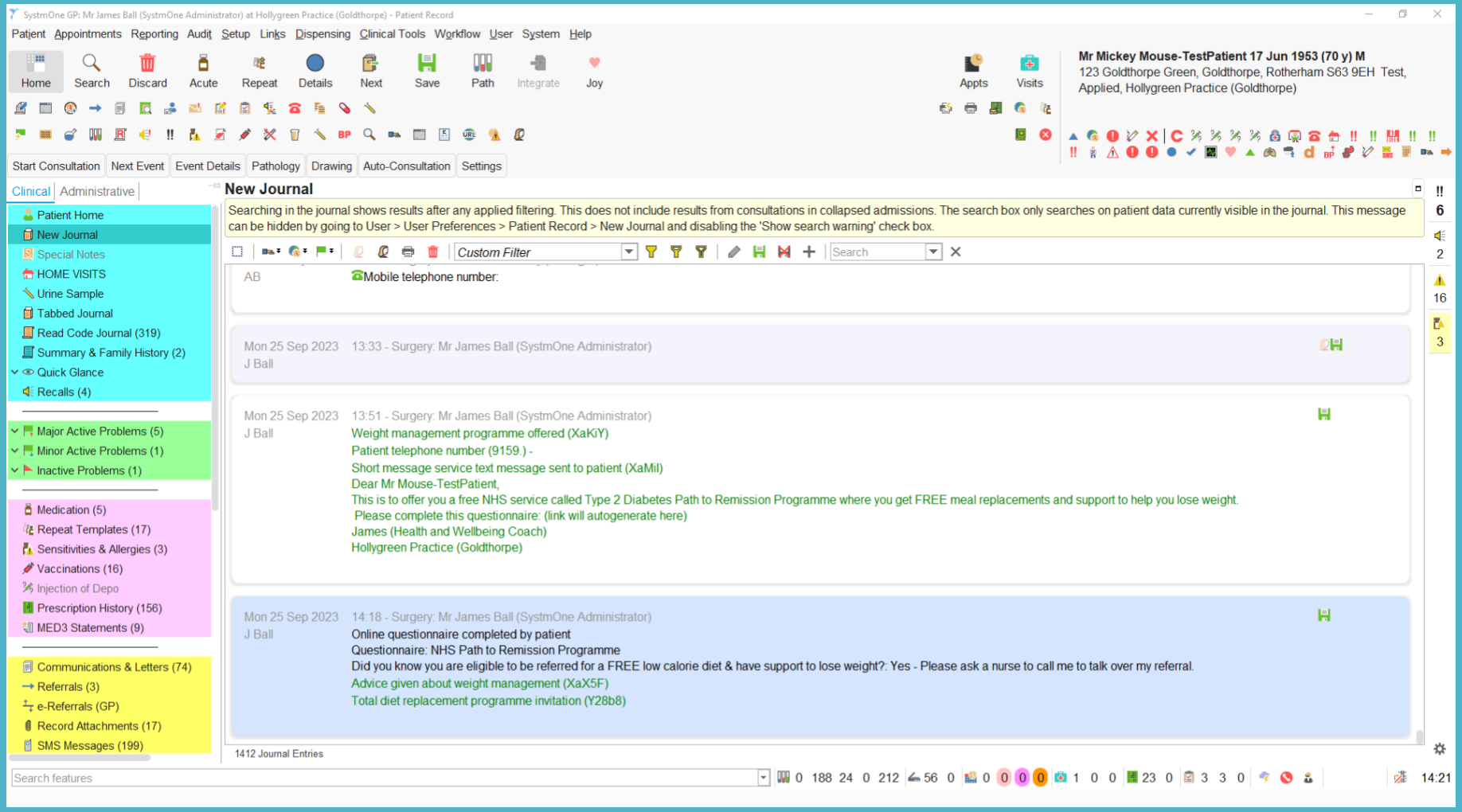
healthyliving.nhs.uk/

Return to conversation


Inbox
My Inbox
Teams
Nurses
Admin
Doctors
Prescribing
Reception
Secretaries
Floreys
To Assign
All
Colleagues
MOUSE-TESTPATIENT, M
SYSTMONE PATIENT
New
New Triage
Nurses
Notifications
Off
On
MOUSE-TESTPATIENT, Mickey (70y, M)
2:00pm
accuRx Bot: Nurses
Current SystmOne Patient
Clear conversations
James Ball
JB
Once they have completed the questionnaire you will receive their response in your inbox in the assigned team. You can then save the response to the patients record.
MOUSE-TESTPATIENT, Mickey (70y, M)
NHS: Unknown · DOB: 17-Jun-1953 · Gender: Male
Open
Mark urgent
Done
Today
JB
James Ball
Dear Mr Mouse-TestPatient,
This is to offer you a free NHS service called Type 2 Diabetes Path to Remission Programme where you get FREE meal replacements and support to help you lose weight.
Please complete this questionnaire: https://accurx.nhs.uk/c/p-5feznpjw6j
James (Health and Wellbeing Coach)
Hollygreen Practice (Goldthorpe)
Saved to Record
1:51pm
Delivered (1:51pm)
New messages
MOUSE-TESTPATIENT, Mickey
Patient MOUSE-TESTPATIENT, Mickey has responded:
Questionnaire: NHS Path to Remission Programme
Did you know you are eligible to be referred for a FREE low calorie diet & have support to lose weight?: Yes - Please ask a nurse to call me to talk over my referral.
Save to record
Received 2:00pm
Reply to patient
Add note
Assign
James Ball
Location: (unknown)

NHS South Yorkshire Integrated Care Board

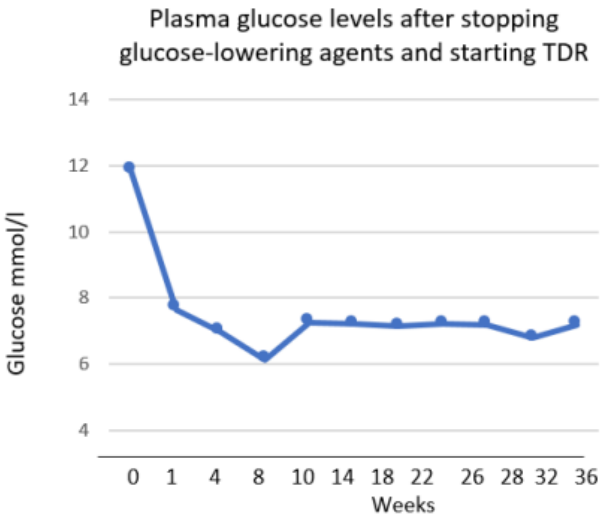
How it will look on SystmOne

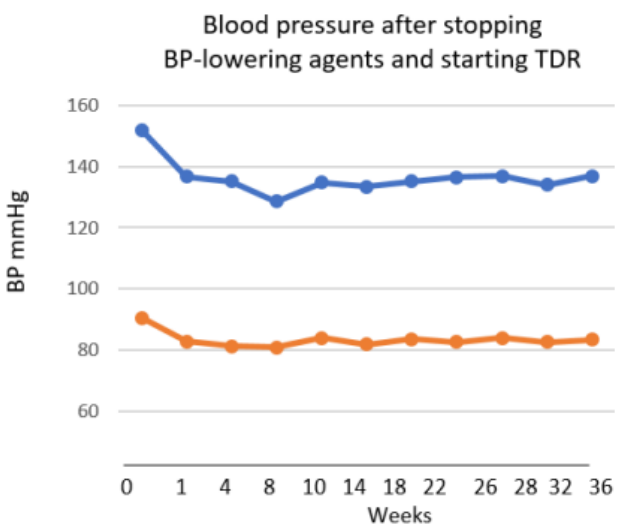


Agenda

- Welcome, questions, recording
- Background and benefits
- The programme
- Roles and responsibilities, referral pathways
- Searches: Top tips
- Searches: How to run clinical searches
- **Medications adjustments**
- Making successful referrals
- Next steps

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?

NHS South Yorkshire Integrated Care Board

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, Dulaglitide, 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

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Glucose-lowering agents

NHS South Yorkshire Integrated Care Board

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

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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 ≥ 140mmHg or diastolic ≥ 90mmHg)	**Make NO changes to BP-lowering agents**
If BP is in range (both systolic < 140mmHg and diastolic < 90mmHg)	**One** BP-lowering agent should be stopped/adjusted **on the first day of the TDR products – not before**

Which BP medication to adjust?

NHS South Yorkshire Integrated Care Board

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.**

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Adjusting BP-lowering agents

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BP at referral

Elevated BP ≥140 SBP OR ≥90 DBP

NO CHANGE

BP in range <140 SBP AND <90 DBP

Identify agents **specifically and solely** for managing BP. STOP the agent added last according to NICE Guidance (NG136, 2019)*

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

Counsel patient about postural hypotension 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

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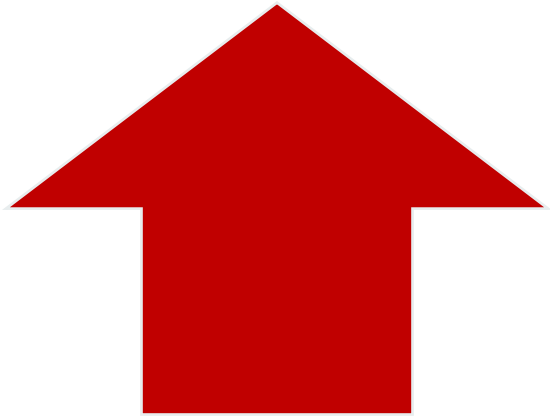
Subsequent BP agent adjustment



Blood pressure too high

- **SBP 160-179 OR DBP 100-119 : Increase or uptitrate as per NICE Guideline**
- **SBP ≥180 OR DBP ≥ 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

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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

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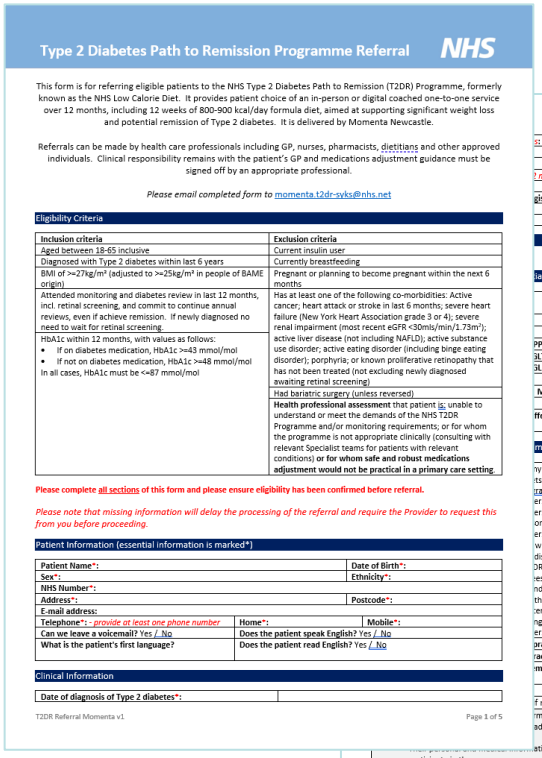
Examples – not exhaustive

- 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)

Referral and Medication Adjustments Form

NHS South Yorkshire Integrated Care Board

- Largely auto-populating
- See www.momentanewcastle.com/hcp-t2dr-sy for details



Type 2 Diabetes Path to Remission Programme Referral NHS

This form is for referring eligible patients to the NHS Type 2 Diabetes Path to Remission (T2DR) Programme, formerly known as the NHS Low Calorie Diet. It provides patient choice of an in-person or digital coached one-to-one service over 12 months, including 12 weeks of 800-900 kcal/day formula diet, aimed at supporting significant weight loss and potential remission of Type 2 diabetes. It is delivered by Momenta Newcastle.

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

Please email completed form to momenta.t2dr-syks@nhs.net

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 <30mls/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	Had bariatric surgery (unless reversed)
	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 medications adjustment would not be practical in a primary care setting**

Please complete all sections of this form and please ensure eligibility has been confirmed before referral.

Please note that missing information will delay the processing of the referral and require the Provider to request this from you before proceeding.

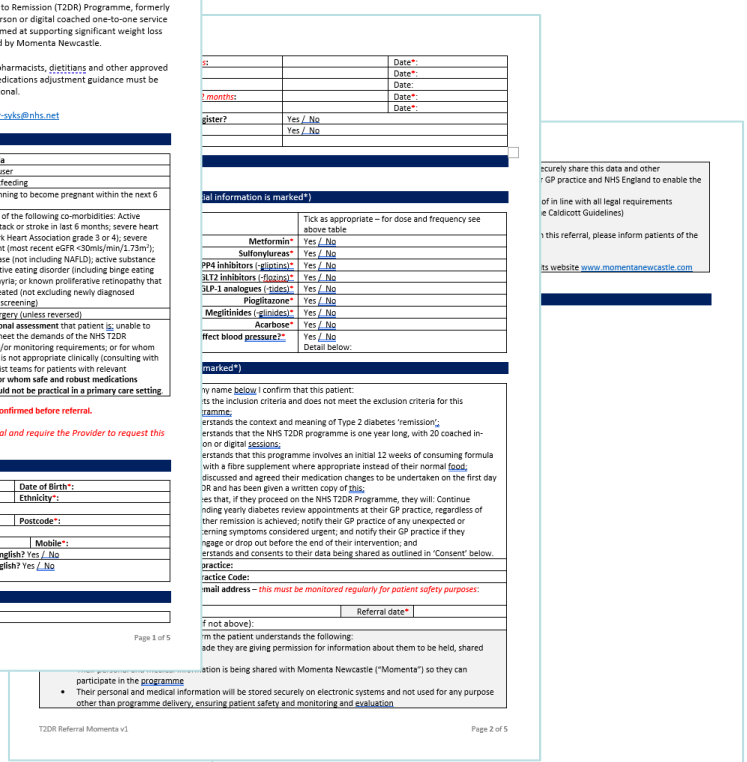
Patient Information (essential information is marked*)

Patient Name*:		**Date of Birth*:**
Sex*:		**Ethnicity*:**
NHS Number*:		
Address*:		**Postcode*:**
E-mail address:		
Telephone*: - *provide at least one phone number*	**Home*:**	**Mobile*:**
Can we leave a voicemail? Yes / No	**Does the patient speak English?** Yes / No	
What is the patient's first language?	**Does the patient read English?** Yes / No	

Clinical Information

Date of diagnosis of Type 2 diabetes*:	

T2DR Referral Momenta v1 Page 1 of 5



	Date*:
	Date*:
	Date:
	Date*:
	Date*:
gister?	Yes / No
	Yes / No

ial information is marked*)

	Tick as appropriate – for dose and frequency see above table
Metformin*	Yes / No
Sulfonylureas*	Yes / No
PP4 inhibitors (-gliptins)*	Yes / No
GLT2 inhibitors (-flozins)*	Yes / No
GLP-1 analogues (-tides)*	Yes / No
Pioglitazone*	Yes / No
Meglitinides (-glinides)*	Yes / No
Acarbose*	Yes / No
ffect blood pressure?*	Yes / No Detail below:

marked*)

ny name below I confirm that this patient:
ts the inclusion criteria and does not meet the exclusion criteria for this ramme;
erstands the context and meaning of Type 2 diabetes 'remission';
erstands that the NHS T2DR programme is one year long, with 20 coached in- on or digital sessions;
erstands that this programme involves an initial 12 weeks of consuming formula with a fibre supplement where appropriate instead of their normal food;
discussed and agreed their medication changes to be undertaken on the first day DR and has been given a written copy of this;
es that, if they proceed on the NHS T2DR Programme, they will: Continue nding yearly diabetes review appointments at their GP practice, regardless of ther remission is achieved; notify their GP practice of any unexpected or erning symptoms considered urgent; and notify their GP practice if they ngage or drop out before the end of their intervention; and
erstands and consents to their data being shared as outlined in 'Consent' below.

practice:
ractice Code:
mail address – *this must be monitored regularly for patient safety purposes*:

Referral date*

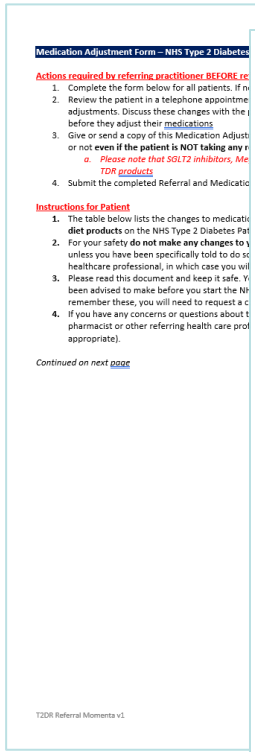
f not above):

rm the patient understands the following:
ade they are giving permission for information about them to be held, shared
ation is being shared with Momenta Newcastle ("Momenta") so they can participate in the programme
- Their personal and medical information will be stored securely on electronic systems and not used for any purpose other than programme delivery, ensuring patient safety and monitoring and evaluation

T2DR Referral Momenta v1 Page 2 of 5

ecurely share this data and other
GP practice and NHS England to enable the
of in line with all legal requirements
e Caldicott Guidelines)
this referral, please inform patients of the
ts website www.momentanewcastle.com

T2DR Referral Momenta v1 Page 3 of 5



Medication Adjustment Form – NHS Type 2 Diabetes

Actions required by referring practitioner BEFORE re

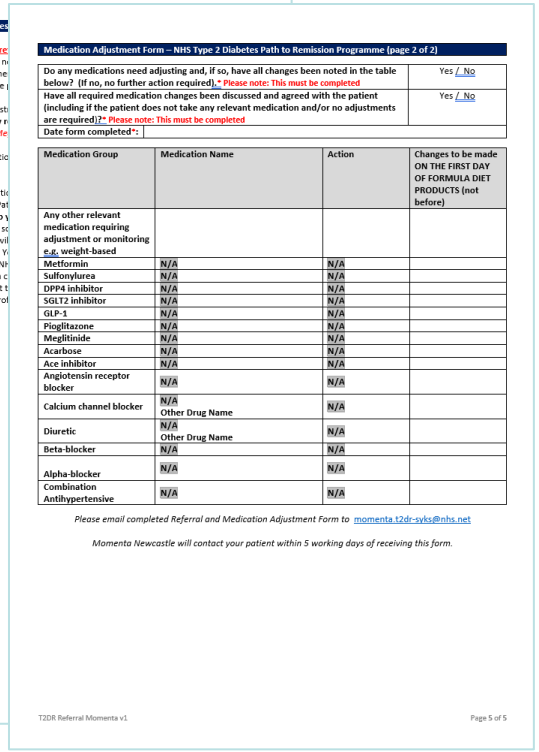
1. Complete the form below for all patients. If n
2. Review the patient in a telephone appointme adjustments. Discuss these changes with the before they adjust their medications
3. Give or send a copy of this Medication Adjust or not **even if the patient is NOT taking any r**
   a. *Please note that SGLT2 inhibitors, Me TDR products*
4. Submit the completed Referral and Medicatio

Instructions for Patient

1. The table below lists the changes to medicati **diet products** on the NHS Type 2 Diabetes Pat
2. For your safety **do not make any changes to y** unless you have been specifically told to do s healthcare professional, in which case you wil
3. Please read this document and keep it safe. Y been advised to make before you start the NH remember these, you will need to request a c
4. If you have any concerns or questions about t pharmacist or other referring health care prof appropriate).

Continued on next page

T2DR Referral Momenta v1



Medication Adjustment Form – NHS Type 2 Diabetes Path to Remission Programme (page 2 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).* Please note: This must be completed	Yes / No
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)?* Please note: This must be completed	Yes / No
Date form completed*:	

Medication Group	Medication Name	Action	Changes to be made ON THE FIRST DAY OF FORMULA DIET 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	
SGLT2 inhibitor	N/A	N/A	
GLP-1	N/A	N/A	
Pioglitazone	N/A	N/A	
Meglitinide	N/A	N/A	
Acarbose	N/A	N/A	
Ace inhibitor	N/A	N/A	
Angiotensin receptor blocker	N/A	N/A	
Calcium channel blocker	N/A **Other Drug Name**	N/A	
Diuretic	N/A **Other Drug Name**	N/A	
Beta-blocker	N/A	N/A	
Alpha-blocker	N/A	N/A	
Combination Antihypertensive	N/A	N/A	

Please email completed Referral and Medication Adjustment Form to momenta.t2dr-syks@nhs.net

Momenta Newcastle will contact your patient within 5 working days of receiving this form.

T2DR Referral Momenta v1 Page 5 of 5

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NHS South Yorkshire Integrated Care Board

Agenda

- Welcome, questions, recording
- Background and benefits
- The programme
- Roles and responsibilities, referral pathways
- Searches: Top tips
- Searches: How to run clinical searches
- Medications adjustments
- **Making successful referrals**
- Next steps

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Making a successful referral

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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-syks@nhs.net

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Searches and referral forms: Tips

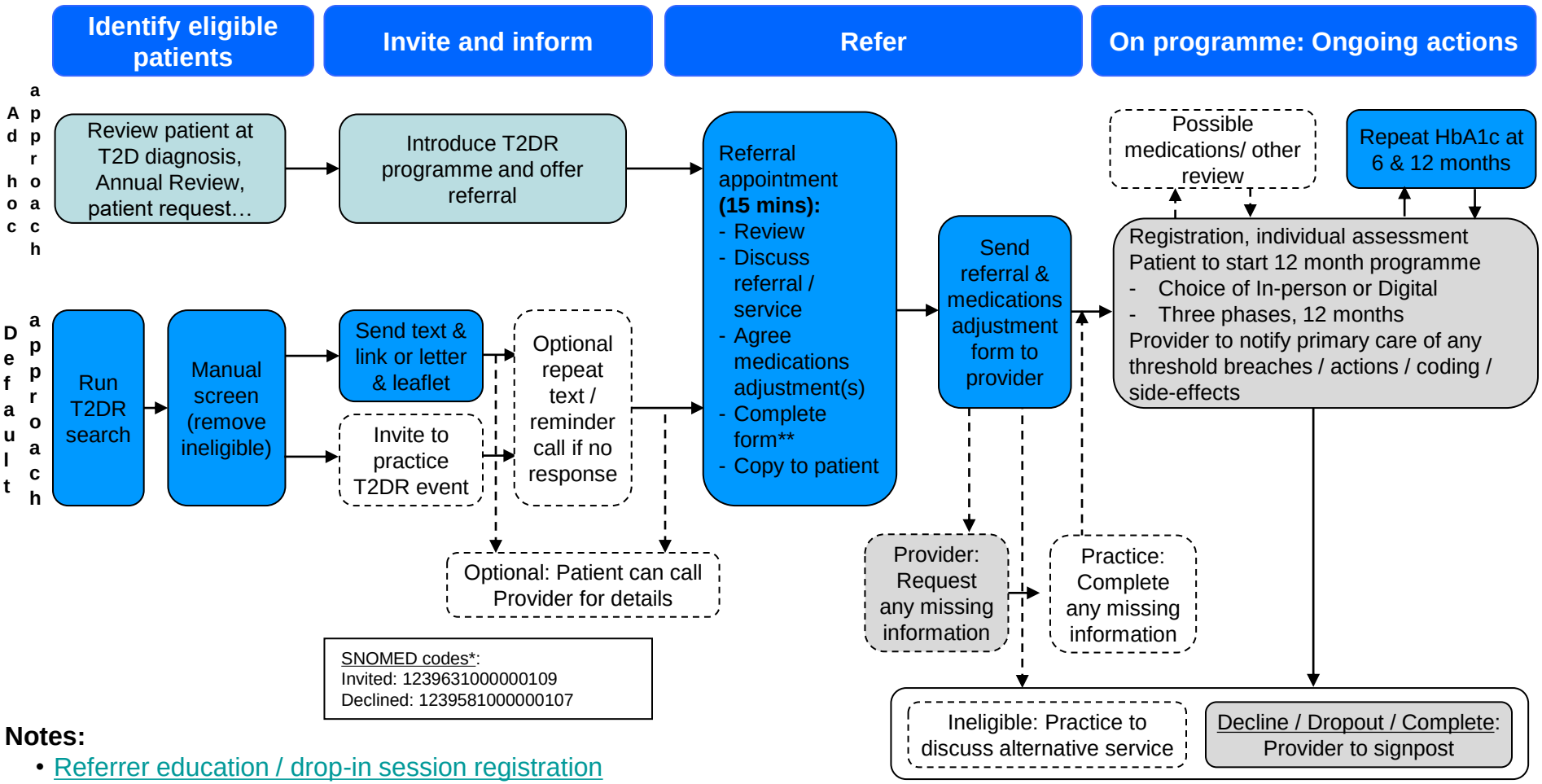
- Searches
  - Sense check
  - Manual screen to confirm eligibility / appropriateness
  - Historical coding challenges
  - Long lists can be reviewed and invited in batches or triaged

- 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*

Primary care (Default) | Primary care (Ad hoc) | Primary care (Optional) | Momenta

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

NHS South Yorkshire Integrated Care Board



Notes:

- Referrer education / drop-in session registration
- Patient landing page: https://momentanewcastle.com/t2dr-sy
- Referrer resources: https://momentanewcastle.com/hcp-t2dr-sy.
- Contact: momenta.t2dr-syks@nhs.net or 0114 350 3646
- *SNOMED codes: Momenta will write to practices with all other relevant codes after referral

**The form can be completed by health care 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.

MOMENTA NEWCASTLE

Agenda

- Welcome, questions, recording
- Background and benefits
- The programme
- Roles and responsibilities, referral pathways
- Searches: Top tips
- Searches: How to run clinical searches
- Medications adjustments
- Making successful referrals
- **Next steps**

Next steps

- Questions / discussion
- Follow-up email and pack
  - Slides, resources, pathway, NHSE guidance, recording
- Publicise programme to colleagues
- Happy to attend PLT / PCN / other events
- Venues: Let us know

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

Contacts

- Referrals to momenta.t2dr-syks@nhs.net
- Supporting referrals – feedback welcome
  - Referrer resources
  - Participant page
- Ongoing support: Register here
  - Drop-ins: 30 mins, any questions Wednesday 1230-1300
  - Training session: TBC
- Participant case studies
- Want T2DR delivered at your practice? Register here
- Key contacts:
  - ICB: Ani Kumar
  - Momenta: Jonny Bruce

Thank you for your time

Jon Scott, Manager
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Jonny Bruce, Engagement Lead
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MOMENTA NEWCASTLE

NHS
South Yorkshire
Integrated Care Board

T2DR venue requirements

NHS South Yorkshire Integrated Care Board

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

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