

## IMPORTANT NOTE

- ♥ This session is being recorded so if you do not wish your face or voice to be recorded, please make sure your microphone and camera are off.
- ♥ Meeting etiquette - If you are not speaking, please make sure your microphone is muted.
- ♥ Please put any questions in the chat and we can pick them up to respond

# NHS Type 2 Diabetes Path to Remission Programme in LLR

Referrer support session

29<sup>th</sup> November 2023



# Agenda

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

# Welcome and Introduction – Becky Hartlett

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- ♥ What is this service and who is it for?
- ♥ Who are Momenta Newcastle?
- ♥ What is the role of General Practice in this programme?

# Background and benefits



## Research

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- ♥ 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

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- ♥ 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

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- ✔ 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

## Momenta Newcastle

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- ✔ T2DR service provider: Momenta
- ✔ Delivering since 2020
  - Originally: Birmingham & Solihull
  - Now in 13 ICBs + others
  - Including SY, GM, BSOL, C&W
- ✔ 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: In-person 1:1 clinic or Digital
- ✔ 500 'starters' over 2 years to 31 August 2025



# Eligibility criteria



## Inclusion

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- 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  $\geq 43$  mmol/mol (6.1%)
  2. If **not** on diabetes medication, HbA1c  $\geq 48$  mmol/mol (6.5%)
  3. In all cases, HbA1c must be  $\leq 87$  mmol/mol (10.1%)

## Exclusion

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- 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**

PHASE 1:  
REBOOT

- S00 Getting started WK 0
- S01 Setting up for success WK 1
- S02 Understanding Type 2 diabetes WK 2
- S03 Embrace the shake! WK 3
- S04 Know your external triggers WK 4
- S05 Know your internal triggers WK 6
- S06 Reset your mindset WK 8
- S07 Relax and destress WK 10
- S08 Preparing to REBALANCE WK 12

PHASE 2:  
REBALANCE

- S09 *Phone call* WK 13
- S10 Mindful eating WK 14
- S11 Make every day active WK 16
- S12 Meal planning and shopping WK 18

PHASE 3:  
RETUNE

- S13 Know how to eat well WK 20
- S14 Main meals and snacks WK 24
- S15 Carbs, carbs, carbs WK 28
- S16 Build your strength WK 32
- S17 Sugars under the spotlight WK 36
- S18 Fats under the spotlight WK 40
- S19 Protein under the spotlight WK 44
- S20 Get your heart rate up WK 48
- S21 Moving forwards WK 52

RESOURCES

Phases 1 & 2  
Workbook and  
Lifestyle logbook  
TDR product booklet  
TDR voucher codes  
Fibre supplement  
Monitoring  
equipment  
Closed Facebook  
group

Recipe booklet  
Pedometer

Phase 3 Workbook  
and Lifestyle  
logbook  
Momenta-in-  
my-pocket  
EXi app  
Premium access

# Participant experience: Sessions and resources

# Meal replacement products

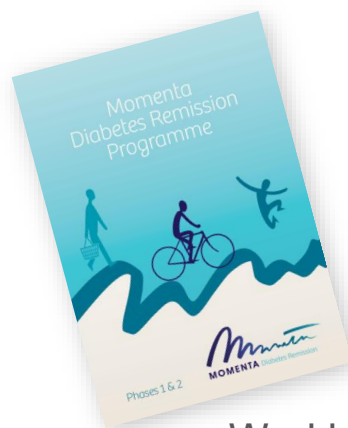
- ♥ ~40+ products (vegan options available)
- ♥ Participants order directly (voucher codes provided, support available)
  - Free next-day delivery to home / office
  - Includes 12-week TDR, transition & Reset plan if required
  - Example link: [Phase 1 | Exante UK \(exantediet.com\)](https://www.exantediet.com)
- ♥ 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



♥ Recipe book



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



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- ♥ Medications adjustments
- ♥ Searches and referrals
- ♥ Next steps

# NHS T2DR: GP practice & provider responsibilities



## GP practice

- Patient outreach
- Register search
- Shortlist
- **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

# Identifying interested patients

## Three approaches

### 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-llr>

**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
- Reduce your diabetes medications
- Feel fitter, healthier and happier
- Potentially put your diabetes into remission.

**Am I eligible?**

You need to be:

- Registered with a GP practice in the North East and North Cumbria
- Aged 18-65
- Diagnosed with Type 2 diabetes within the last 6 years
- Above a healthy weight
- Able to commit to a 12-month programme
- Willing to attend in-person group sessions
- Comfortable with just soups and shakes for the first 12 weeks.

**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
- Lose more weight and keep it off

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 insurance and ALL required Exante meal replacement products.

**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 – 8-900 calories per day
2. You'll gradually replace these products with healthy, tasty meals over six weeks
3. You'll receive ongoing support for the last 8 months to help you maintain your weight loss.

Our enjoyable and friendly in-person groups led by trained Coaches will support you with easy-to-use tools and techniques to lose weight and keep it off. Each of the 20 sessions focuses on a new topic about nutrition, physical activity or lifestyle change.

You'll be given the formula meal replacement products and a range of high-quality resources including Workbooks, a year's access to the EXI physical activity app and premium version for - ALL FOR FREE.

**How will it help me?**

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

**What next?**

The NHS has funded 500 places on the Programme across the North East and North Cumbria. If you're interested in finding out more you can visit: [momentanewcastle.com/t2dr-nenc](https://momentanewcastle.com/t2dr-nenc)

Visit [momentanewcastle.com/case-studies](https://momentanewcastle.com/case-studies) for more detailed stories.

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

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

*I'm caring more for myself and feel more energetic. It's changed my life* // Joanne, 60

*I was feeling low or demotivated, positive* // Michelle, 49

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

Ask your GP practice for more details.

Service provided by **Momenta Newcastle**

**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 21 group sessions in-person
- 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) patients 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.

Service provided by **Momenta Newcastle**

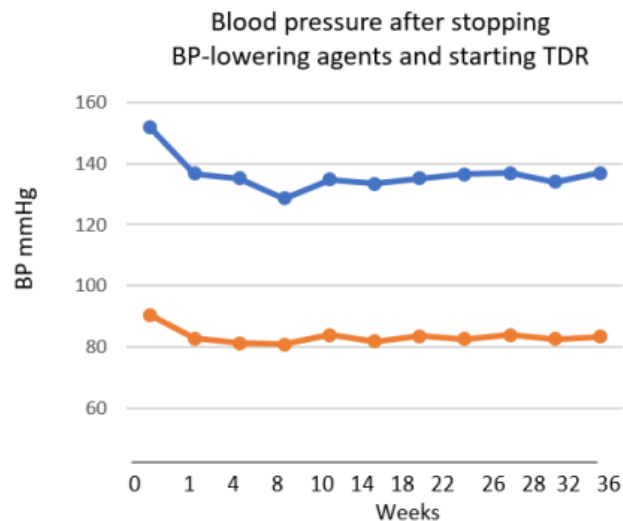
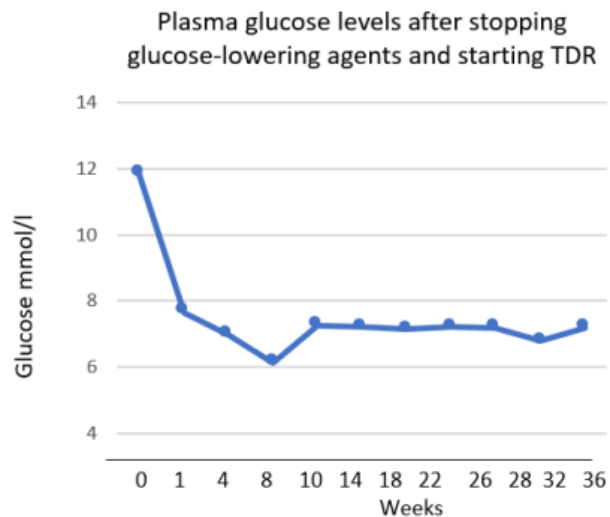
For more details and patient stories: [momentanewcastle.com/t2dr-nenc](https://momentanewcastle.com/t2dr-nenc)



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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**

# 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 1<sup>st</sup> 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 1<sup>st</sup> 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



# 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



# 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

**BP at referral**

**Elevated BP  
≥140 SBP OR ≥90  
DBP**

**BP in range  
<140 SBP AND <90 DBP**

**NO CHANGE**

**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**

# 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):

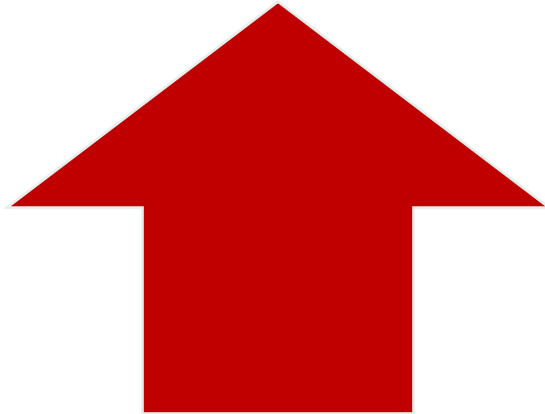
Spironolactone or alpha-blocker or beta-blocker

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.**

# 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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# 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-llr@nhs.net](mailto:momenta.t2dr-llr@nhs.net)

# Clinical System Searches

Friday 3<sup>rd</sup> November 2023 - LHis added a post on their LHis [LHis Primary Care Resource channel](#) on MS Teams containing:

- A support guide for EMIS and SystemOne practices
- The link to the EMIS import file

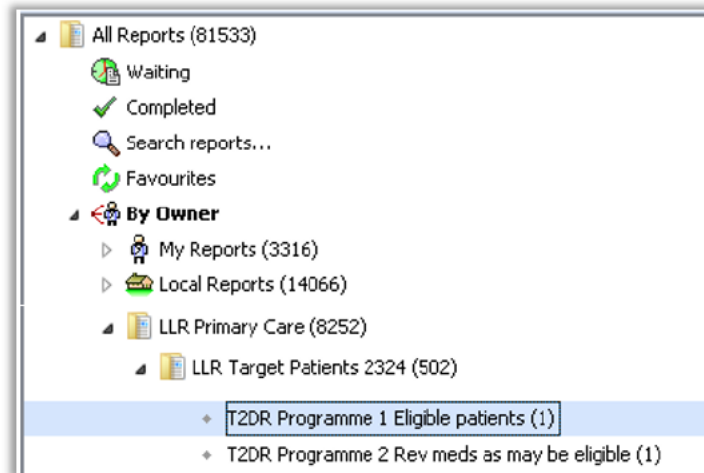
## EMIS Web Report Location

EMIS Web reports are available for download using the link below to the LHis Primary Care Resource MS Teams channel.

[Type 2 Diabetes Remission Programme Resources](#)

## SystemOne Report Location

SystemOne reports are already available for use and can be located as shown below.



# PRISM Referral and Medications Adjustment Form



## PRISM Web (EMIS)

On the PRISM Web home page enter the name of the pathway in the search bar and c

Search pathways

Type:  Pathway  Resource  Leaflet  Self-referral form  Referral Criteria  All

Search:

Show: **New Pathways Updated Pathways**

The pathway will be displayed – click on the [link](#)

1 Pathways matching: 'T2DR (Diabetes Remission)' 0 Resources matching: 'T2DR (Diabetes Remission)'

0 Leaflets matching: 'T2DR (Diabetes Remission)' 0 Self Referral Forms matching: 'T2DR (Diabetes Remission)'

0 Referral Criteria Forms matching: 'T2DR (Diabetes Remission)'

[T2DR \(Diabetes Remission\)v2](#) **New to PRISM**

## SystemOne

From the PRISM Dashboard Click Search PRISM Pathways button

PRISM Pathway & Referral Impl System V3

Other Details: Exact date & time Mon 11 Sep 2023 09:08

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button. [Hide Warning](#)

Content: 2WW | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | XYZ | PRISM Resources |

PRISM Pathway Referral Implementation System

Leicester City Clinical Commissioning Group  
West Leicestershire Clinical Commissioning Group  
East Leicestershire & Rutland Clinical Commissioning Group

Search PRISM Pathways Search PRISM Resources F12 Launcher

2WW URGENT

PRISM Paediatric Pathway Dashboard **New**

Advice & Guidance available at UHL UHL GP News Alerts

PRISM Web Resources - New & Updated Pathways Quick Reference Guides

Useful Links Contact Us

SystemOne Electronic Referral Dashboard

Please Contact PRISM Admin for enquiries  
System developed by Leicestershire Health Informatics Service

Copyright LHS 2020  
v3 January 2020

Show recordings from other templates   
Show empty recordings

Information Print Suspend On Cancel Show Incomplete Fields

# PRISM referral form



**PRISM**  
Pathway and Referral  
Implementation System



**PRISM** Pathway and Referral Implementation System [Contact Us](#)

[Home](#) [Useful Links](#) [PRISMportal](#) [Change service](#) [Directory of Service](#) [PRISM Survey](#)

Patient meets the criteria <b>X</b>	Medication Adjustment <b>X</b>	Any other medication adjustments <b>X</b>	Additional Clinical information <b>X</b>	Additional Administration information <b>X</b>
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[Pathway: T2DR \(Diabetes Remission\)v2](#) [Patient Leaflets](#)

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.

#### Inclusion Criteria

Aged between 18 and 65 inclusive and diagnosed with Type 2 Diabetes within the last 6 years

- BMI greater than 27kg/m<sup>2</sup> (adjusted to greater than 25kg/m<sup>2</sup> in people of BAME origin)
- Attended monitoring and diabetes review in last 12 months (including retinal screening) and committed to continued annual reviews, even if remission achieved. (If newly diagnosed no need to wait for retinal screening)
- HbA1c within 12 months
  - if on diabetes medication HbA1c greater than or equal to 43 mmol/mol
  - if not on diabetes medication HbA1c greater than or equal to 48 mmol/mol
  - in all cases HbA1c must be equal to or less than 87 mmol/mol

Please note the selected consultations, medication, known drug allergies, investigations and examinations will be auto populated into the clinical referral letter

[LLR Type 2 Diabetes Remission Programme V2 \(491 KB\)](#)

#### Exclusion criteria

The following are exclusion criteria for patients

Current insulin user

Currently breastfeeding

Pregnant or planning to become pregnant within the next 6 months

Had Bariatric Surgery

Has one or more of the following co-morbidities

# PRISM referral form



**PRISM**  
Pathway and Referral  
Implementation System



**PRISM** Pathway and Referral Implementation System [Contact Us](#)

Home Useful Links PRISMportal Change service Directory of Service PRISM Survey

Patient meets the criteria <b>X</b>	Medication Adjustment <b>✓</b>	Medication Adjustment changes <b>X</b>	Any other medication adjustments <b>X</b>	Additional Clinical information <b>X</b>	Additional Administration information <b>X</b>
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Patient meets the criteria

I confirm that the patient meets the above criteria  
\*  Yes

### Medication Adjustment

Please advise patients who are taking SGLT2 inhibitors, Meglitinides and Sulfonylureas these medications MUST be stopped on the first day of Meal Replacement Products

Does any other medication that the patient is currently taking need to be adjusted when the patient begins the Meal Replacement Products  
\*  Yes  No

### Medication Adjustment changes

Metformin medication adjustment  
\*  Yes  No

DPP4 inhibitor medication adjustment  
\*  Yes  No

GLP-1 medication adjustment  
\*  Yes  No

Pioglitazone medication adjustment  
\*  Yes  No

Acarbose medication adjustment  
\*  Yes  No

Ace inhibitor medication adjustment  
\*  Yes  No





# PRISM referral form



**PRISM**  
Pathway and Referral  
Implementation System



**PRISM** Pathway and Referral Implementation System



[Contact Us](#)

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[Directory of Service](#)

[PRISM Survey](#)

Patient meets the  
criteria  
**X**

Medication Adjustment  
**✓**

Medication Adjustment  
changes  
**X**

Any other medication  
adjustments  
**X**

Additional Clinical  
information  
**X**

Additional  
Administration  
information  
**X**

Additional information relevant to this referral

## Additional Administration information

Please note that the first contact the patient will have with the service is via telephone. Please confirm that the patient is able to effectively communicate in English

- Yes my patient is able to communicate effectively in English (both speaking and reading)  
 No my patient requires an interpreter (this may be a family member or friend) who should be available during the initial discussion

Is the patient happy to be contacted via email

- Yes  No

Can the service leave a voicemail (either landline or mobile)

- Yes  No

## Administration

Ensure the patient is given a copy of the Medication adjustment section of this referral (even if they are not taking medication, or there is no adjustment to be made)

It is important they know what they need to do with their medication on the day they start the FIRST DAY OF MEAL REPLACEMENT PRODUCTS

Please send your referral from the practice nhs.net email account to [momenta.t2dr-LLR@nhs.net](mailto:momenta.t2dr-LLR@nhs.net)

# Top Tips: Searches and Referrals



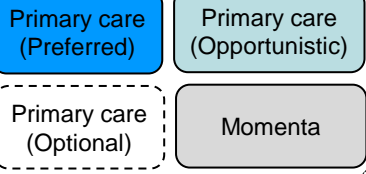
## ♥ Searches

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

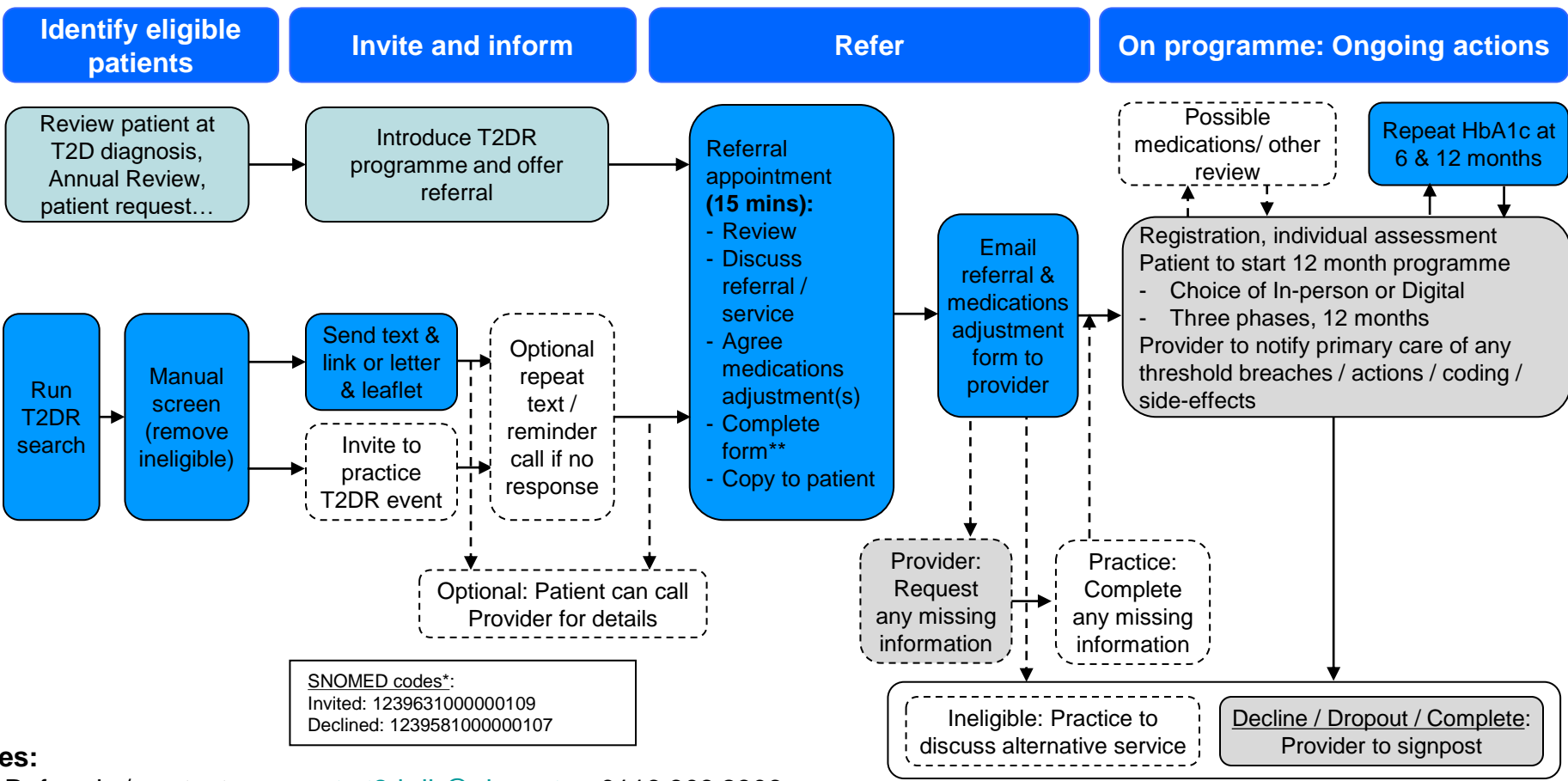
## ♥ Referral And Medications Adjustment Form (PRISM)

- Confirm eligibility criteria are met before proceeding
- Ensure that up to date BMI, HbA1c and date of diagnosis are captured in the patient record before completing PRISM referral.
- Ensure patient receives a copy of the Medication Adjustment section of the referral letter generated and they are clear what needs to be stopped.
- If no medications need adjusting you must still complete the medication adjustment section of the referral (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



Opportunistic  
Research



**Notes:**

- Referrals / contact: [momenta.t2dr-llr@nhs.net](mailto:momenta.t2dr-llr@nhs.net) or 0116 303 2306
- Referrer support sessions <https://outlook.office365.com/owa/calendar/T2DRWeeklydropinsessions@momentanewcastle.com/bookings/>
- Referrer resources: Eligibility, search, forms, patient info, guidance etc. <https://momentanewcastle.com/hcp-t2dr-llr>
- Patient landing page: Service overview, eligibility, readiness <https://momentanewcastle.com/t2dr-llr>
- \*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.



# Agenda

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

# Next steps

- ♥ Questions / discussion
- ♥ Follow-up email and pack
  - Slides, resources, pathway, NHSE guidance, DPIA, recording
- ♥ Update colleagues
- ♥ Ask us any questions at our weekly Drop-in sessions
- ♥ Happy to attend PLT / PCN / other events
- ♥ Venues: Let us know (venue requirements on next slide)

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

# T2DR venue requirements



## Essential

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- ♥ 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

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

# Contact details

- ♥ Referrals to [momenta.t2dr-llr@nhs.net](mailto:momenta.t2dr-llr@nhs.net)
- ♥ Supporting referrals – feedback welcome
  - [Referrer resources](#)
  - [Participant page](#)
- ♥ Ongoing support: [Register here](#)
- ♥ [Participant case studies](#)
- ♥ Want T2DR delivered at your practice? [Register here](#)
- ♥ Key contacts:
  - ICB: [Becky Hartlett](#), Diabetes Project Manager or [Jeremy Bennett](#), Senior Integration & Transformation Manager LTCs
  - Momenta: [Kathryn Brown](#), Engagement Lead
    - Also [Becky Winbow](#), Contract Manager

Thank you for your time

Becky Winbow

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Kathryn Brown

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