IMPORTANT NOTE

NHS

- This session will be recorded so if you don't want your face or voice to be recorded, please make sure your microphone and camera are off.

- Meeting etiquette: If you're not speaking, please make sure your microphone is muted.

- Please put any questions in the chat and we'll pick these up as we go or respond in the chat.

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NHS Type 2 Diabetes Path to Remission Programme
Bristol, North Somerset and South Gloucestershire

Referrer support and training

8th February 2024

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Agenda

- Welcome, recording, questions

- Background and benefits

- The programme

- Roles and responsibilities, pathways

- Medications adjustment

- Referral support

- Next steps

Background and benefits

NHS

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 programme (2020+) in 20 ICBs
  - Including BNSSG
- 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

- T2DR provider: Momenta from Feb
  - Previously Xyla (to 31/1/24)
- Delivering since 2020
  - Originally: Birmingham & Solihull
  - Now in 13 ICBs + others
  - E.g. BSW, Somerset, Dorset
- 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
- TDR product supplier: Habitual
- App platform: Habitual (Momenta content and coaches)
- Clinical staff available to non-clinical Momenta teams

Eligibility criteria

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

NHS

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*.

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Participant experience: Sessions and resources

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Meal replacement products

- 10 products, including most popular flavours
  - 2 x porridges
  - 5 x shakes
  - 3 x soups
  - 4 x vegan options, all are vegetarian and gluten-free
- Participants order directly (voucher codes provided, support available)
  - Samples and shaker, TDR booklet
  - https://www.tryhabitual.com/momenta
  - Free next-day delivery to home / office
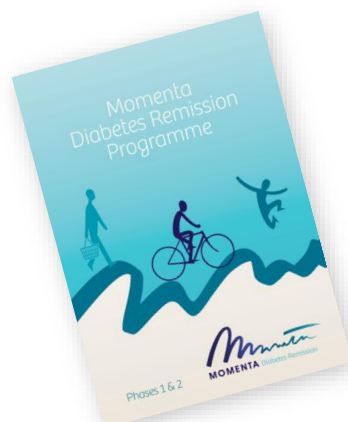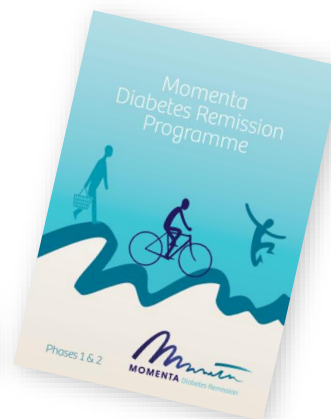 - Includes 12-week TDR, Food Reintroduction & Reset plan if required
- No cost to participants

Participant resources: In-person

NHS

TDR booklet

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

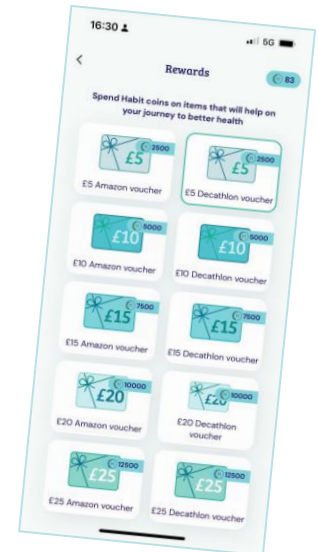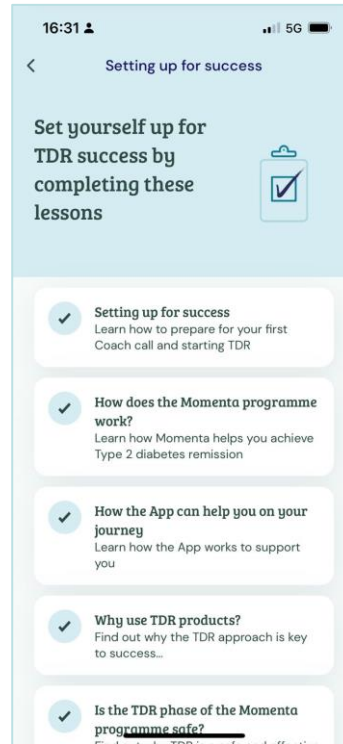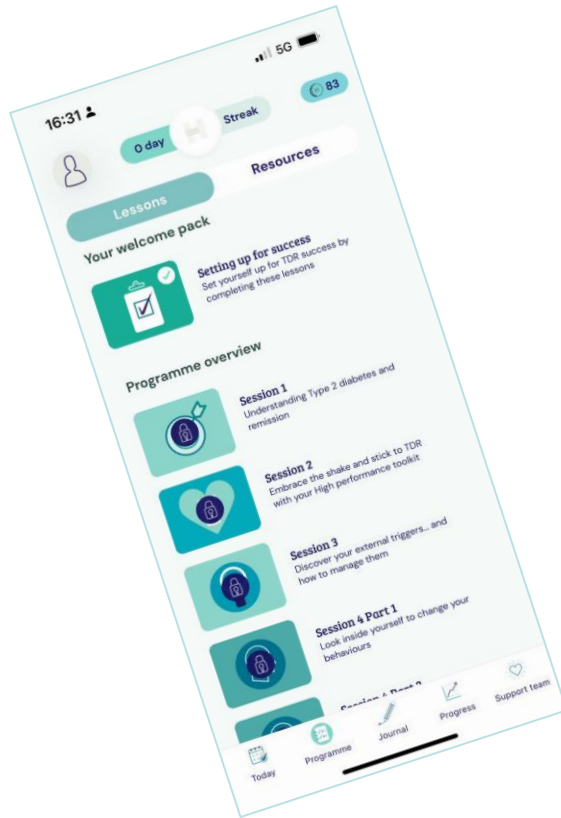Trackers e.g. weight, activity, behaviours, specifics

Recipe book

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EXi app (12 mths premium)
Wallet card
Pedometer

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Momenta app snapshots: Digital
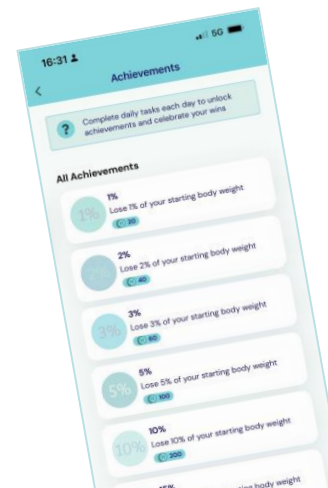
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- **Roles and responsibilities, pathways**

- Medications adjustment

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NHS T2DR: GP practice & provider responsibilities

NHS

GP practice

- (Register search)
- Patient apptmt
- **Referral & Medication Adjustment form**

> **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 flyer / landing page
- Practice poster
- Patient animation
- Drop-ins
- Proactive support
- Attend events / meetings

- 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
Discharge and signposting

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Identifying interested patients

NHS

Three options

Search & invitation	**Usual care**	**Bespoke**
• 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* *Most widely used in BNSSG*	

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Patient information

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

Optional animation:
https://vimeo.com/905200248?share=copy

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Deprescribing: First day of TDR

Plasma glucose levels after stopping glucose-lowering agents and starting TDR

Blood pressure after stopping BP-lowering agents and starting TDR
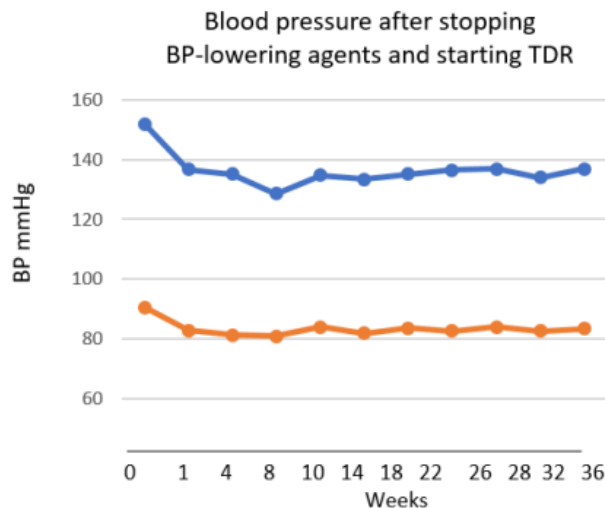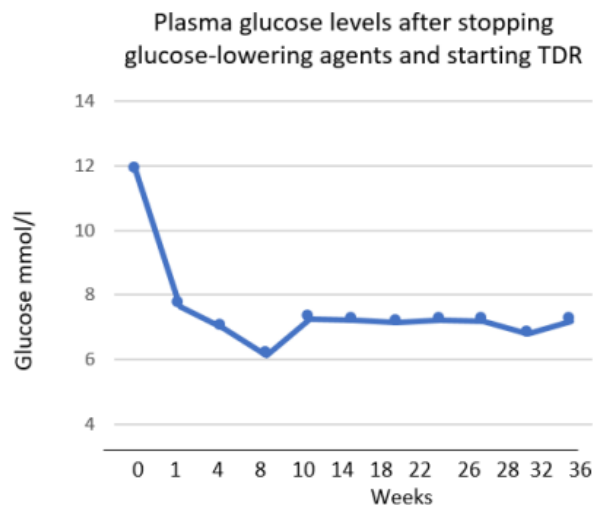
Data from Counterbalance study (informed DiRECT)

- 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**
  - **Guidance does not replace clinical judgement**
  - **If unsure, consult with a colleague or do not refer.**

Glucose-lowering agents

NHS

x 1 agent x 2 agents x 3 agents

| **0 Agents** | **1-2 Agents** | **3+ Agents** | **Insulin** |

1-2 Agents → STOP medications at start of TDR

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

Insulin → 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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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, 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

Restarting glucose-lowering agents

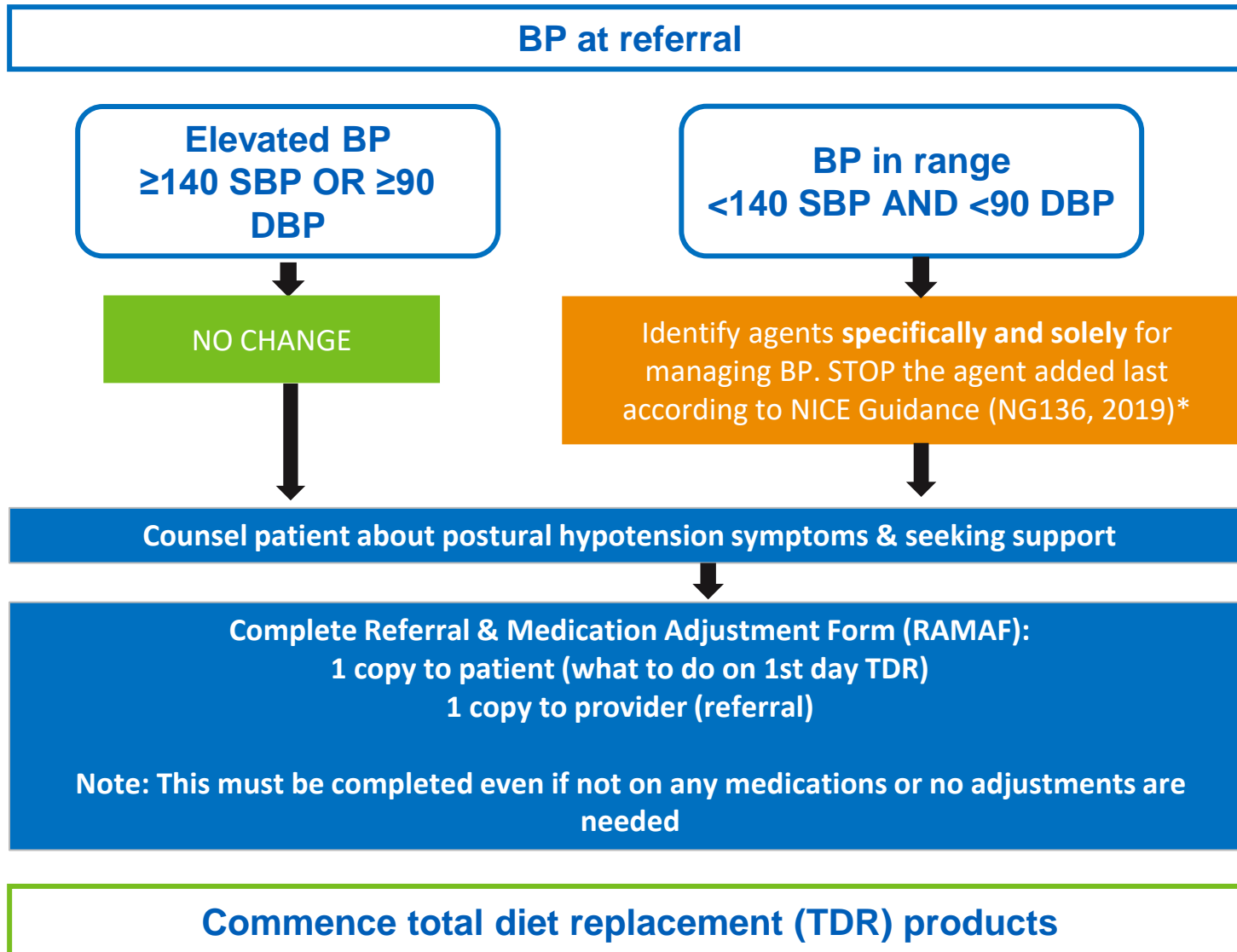**If Momenta flags that blood glucose is >15, or HbA1c at 6 or 12 months has risen:**

- 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

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Adjusting BP-lowering agents

NHS

BP at referral

Elevated BP ≥140 SBP OR ≥90 DBP

BP in range <140 SBP AND <90 DBP

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

NO CHANGE

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

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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Which BP medication to adjust?

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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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Subsequent BP agent adjustment

NHS

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

NHS

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)

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- **Referral support**

- Next steps

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Making a successful referral

![NHS]

Step 1: Identify & invite eligible patients
Search, screen and invite: Search / screen, template SMS / letter, patient landing page
Usual care: 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-bnssg@nhs.net

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Searches

- *Searches (and a guide) can be downloaded from TeamNet and can be imported into the Population Reporting section of EMIS*

Form launcher

- The F12 form launcher can be found within the NHS Type 2 Diabetes Path to Remission F12 Launcher folder, found within the One Care shared folder

Single referral and medication adjustment form

- The referral form can be found within the NHS Type 2 Diabetes Path to Remission found within the One Care shared folder

Single combined form

- Complete the referral and medical adjustment form and email to Momenta: momenta.t2dr-bnssg@nhs.net

NHS Type 2 Diabetes Path to Remission Programme Referral

The NHS Type 2 Diabetes Path to Remission (T2DR) Programme, formerly known as the NHS Low Calorie Diet 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. It is delivered by Momenta.

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 medications adjustment guidance must be signed off by an appropriate professional.

Actions required by referring practitioner BEFORE referral:

1. Review the patient in a telephone appointment or in person, to support completion of this Referral and Medication Adjustment form for all patients.
2. Discuss medication changes with the patient. Instruct them NOT to make changes immediately and to adjust their medications only on the day they start the meal replacements (TDR products).
3. Give or send a copy of the Medication Adjustment Form to the patient whether medications need adjusting or not – **even if the patient is NOT taking any relevant medications.**
4. Email the completed Referral and Medication Adjustment Form to the provider (Momenta) at momenta.t2dr-bnssg@nhs.net If you have any questions you can also call 0330 056 2457.
5. Further information and referrer and patient resources including videos, guidance and leaflets are available here: www.momentanewcastle.com/hcp-t2dr-bnssg

Patient name*:		Date of birth*:
Declaration*	By entering my name below I confirm that this patient: - Meets the inclusion criteria and does not meet the exclusion criteria for this programme (*see below*);	

Top Tips: Searches and referrals

NHS

- Referral And Medications Adjustment Form
  - Confirm eligibility criteria are met before proceeding
  - Ensure up to date BMI, HbA1c and date of diagnosis
  - Ensure patient receives a copy of the Medication Adjustment Form section of the referral and they are clear what they need to change and when (first day of TDR)
  - 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.***

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

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Supporting links & information
- Patient landing page: Service overview, eligibility, readiness - https://momentanewcastle.com/t2dr-bnssg
- Referrer resources: Eligibility, search, forms, patient info, guidance etc. - https://momentanewcastle.com/hcp-t2dr-bnssg
- Contact: momenta.t2dr-bnssg@nhs.net or 0117 203 2117
- Referral support session with Momenta - https://book.ms/b/T2DRWeeklydropinsessions@momentanewcastle.com

SNOMED codes*:
Invited: 1239631000000109
Declined: 1239581000000107

Search and invitation

1. Run T2DR search
2. Confirm patient eligibility <u>and</u> suitability for this programme

Send invite for referral via SMS Landing page / flyer to inform patient about the programme before referral

Optional - Invite to practice T2DR event co-hosted by practice and Momenta (in-person or virtual)

Usual care

Patient review at:
- Diagnosis appointment
- Annual review
- General appointment
- Patient request

Explain T2DR programme, offer resources / information, discuss referral

Referral process
Allow 15 mins

- Review patient medications (diabetes, BP and any impacted by weight loss / dietary change)
- Agree medication adjustments and confirm understanding with patient
- Complete the referral form and **send medication adjustments to Momenta****
- Send patient their medication changes (including if no changes required)

Momenta requests any missing referral / medication adjustment information

INCOMPLETE

Momenta checks
- Eligibility
- Medication adjustments (including no changes) in writing
- Missing information

ELIGIBILITY CONFIRMED

Patient onboarding
- Registration
- Individual assessment
- Choice of In-person or Digital

START PROGRAMME

On programme
- Patient starts chosen model
- Momenta monitors attendance, weight, BG, BP if on BP meds @ referral

GP Practice returns updated form. *(Incomplete referrals cannot progress)*

GP Practice care:
- Repeat HbA1c at 6 & 12 months
- Possible medications / other review
- Continued care for patient e.g. annual review

Momenta notifies GP Practice of threshold breaches / actions / coding / side-effects

Patient discharge
- Ineligible / decline / dropout / complete
- Momenta inform GP Practice, with relevant metrics, coding and/or action
- Momenta signposts participants to relevant services

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*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.

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Key contacts

- Momenta:
  - Becky Winbow, Service Manager
  - Harry MacMillan, Director
  - Dr Ellen Fallows, Medical Director

- ICB
  - Andy Newton, Head of Integrated Care

- OneCare:
  - Mobilisation and Transition: Diabetes Recovery Team
  - diabetes.recovery@onecare.org.uk

Referral timelines

- To 31st January 2024:

  - To Xyla as usual

  - Transfers to Momenta by 1st April 2024

- From 1st February 2024

  - To Momenta: momenta.t2dr-bnssg@nhs.net

  - Xyla inbox: Auto-response

Next steps

- Questions / discussion
- Follow-up email and pack
  - Slides, resources, pathway, NHSE guidance, recording
  - [TeamNet](#)
  - [Remedy](#)
  - [Momenta](#)
- Please update your colleagues
- Ask us any questions by email or at our Drop-in sessions
- We're very happy to attend PLT / PCN / Practice / DSN / PM / other events
- Venues: Let us know (venue requirements at end)
- **We look forward to your referrals!**

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Thank you for your time

Becky Winbow
rebecca.winbow@momentanewcastle.com

Harry MacMillan
harry.macmillan@momentanewcastle.com

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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

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