

A note before we start...

- ♥ This session will be recorded so if you don't want your voice or face 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.

NHS Type 2 Diabetes Path to Remission Programme

Coventry & Warwickshire

Referrer support and training

5th March 2024



Momenta
MOMENTA NEWCASTLE

NHS
Coventry and
Warwickshire
Integrated Care Board

Agenda

- ♥ Welcome, recording, questions, introduction
- ♥ Background and benefits
- ♥ The programme
- ♥ Roles and responsibilities, pathways
- ♥ Medications adjustment
- ♥ Referral support
- ♥ Finance and next steps

Background and benefits



Research

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

Benefits

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



Framework and Momenta



NHS England approach

- ✔ Piloted as NHS Low Calorie Diet programme (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

- ✔ T2DR provider: Momenta
- ✔ Delivering since 2020
 - Originally: Birmingham & Solihull
 - Now in 13 ICBs + others
 - E.g. Bsol, N&N, S Yorks, LLR
- ✔ 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
- ✔ Launch: 1st April
 - Soft-launch March



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

Exclusion

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



These sessions follow Registration, Individual Assessment and Booking.

**PHASE 1:
REBOOT**

Total Diet
Replacement
12 weeks

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

**PHASE 2:
REBALANCE**

Food
Reintroduction
6 weeks

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

**PHASE 3:
RETUNE**

Weight
Maintenance
To end of
12 months

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

RESOURCES

Digital participants also receive access to our App

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

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

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

Participant experience: Sessions and resources

* Digital pathway participants do not receive the full Workbooks.

Meal replacement products



- ♥ 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

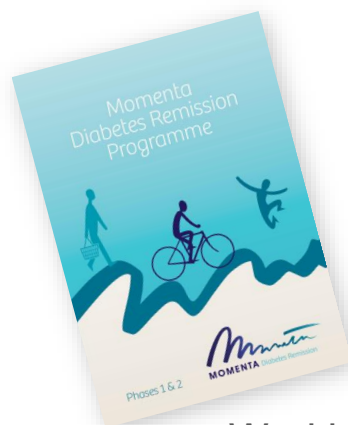


- ♥ No cost to participants

Participant resources: In-person



📖 TDR booklet



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



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

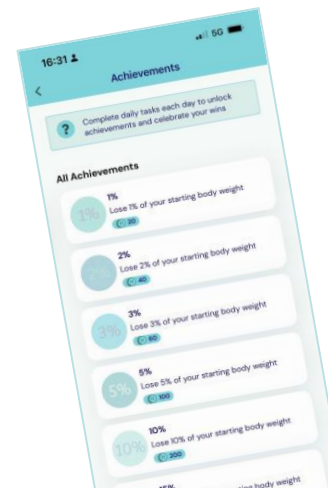
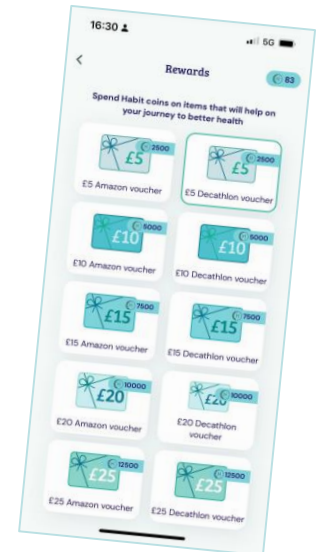
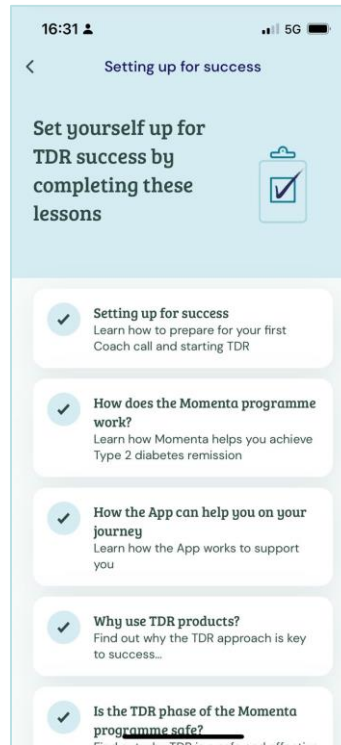
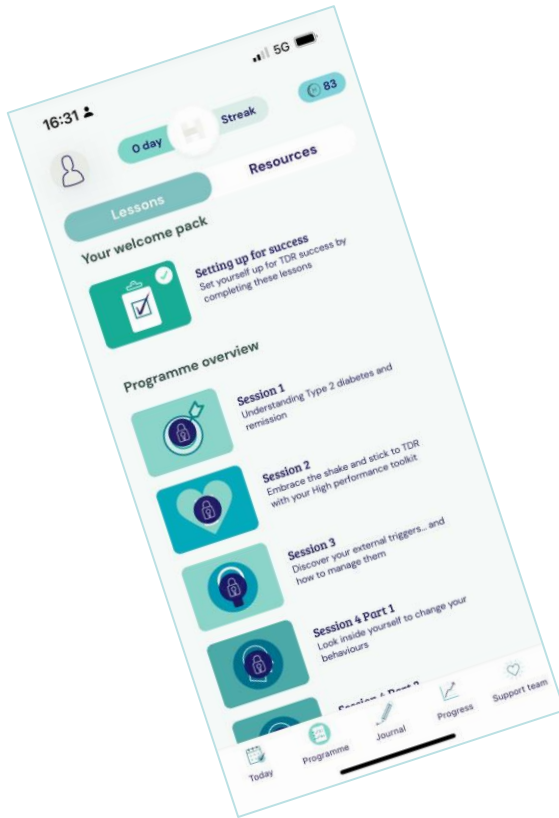


📖 Recipe book



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

Momenta app snapshots: Digital



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NHS T2DR: GP practice & provider responsibilities



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



Identifying interested patients

Three options

Search & invitation

- ♥ Search
- ♥ Screen
- ♥ Invite & signpost

Most efficient

Usual care

- ♥ 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-cw>
- ♥ Patient case studies: <https://momentanewcastle.com/case-studies/>



NHS

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

Patients need to be:

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

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

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

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

Service provided by **Momenta Newcastle**

Optional animation:

<https://vimeo.com/LINKTOFOLLOW>

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T2DR based on DiRECT studies

- ♥ T2DR is based on evidence from studies such as DiRECT (1) and DiRECT-Aus (2) that showed that a 12-month programme with summarised methodology and findings as below:
- ♥ **Eligible patients:**
 - Individuals aged 20-65 years with Type 2 diabetes duration up to 6 years, BMI >27.0 kg/m², and not treated with insulin
- ♥ **Actions on entering the study:**
 - Were prescribed a 13-week low-energy TDR (total dietary replacement)
 - **All glucose lowering medication was stopped at the commencement of TDR**
 - **If patients were on blood pressure lowering medication then ALL antihypertensive medication was stopped at the commencement of TDR**
 - Followed by 8-week structured food reintroduction and 31-week supported weight maintenance
 - All participants were advised to increase daily physical activity with a target of 15,000 steps per day

T2DR based on DiRECT studies

♥ Study results:

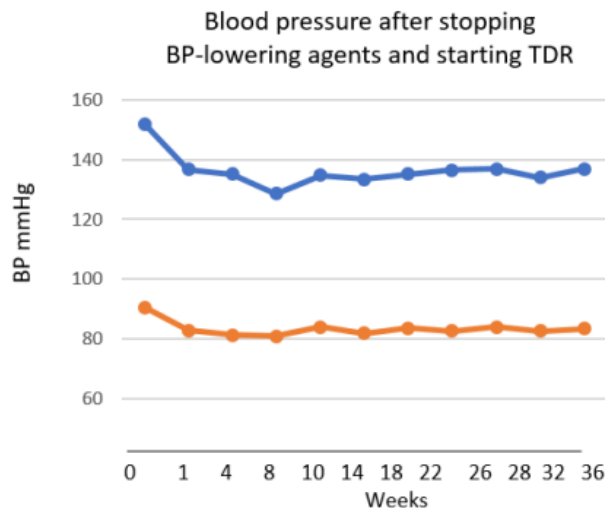
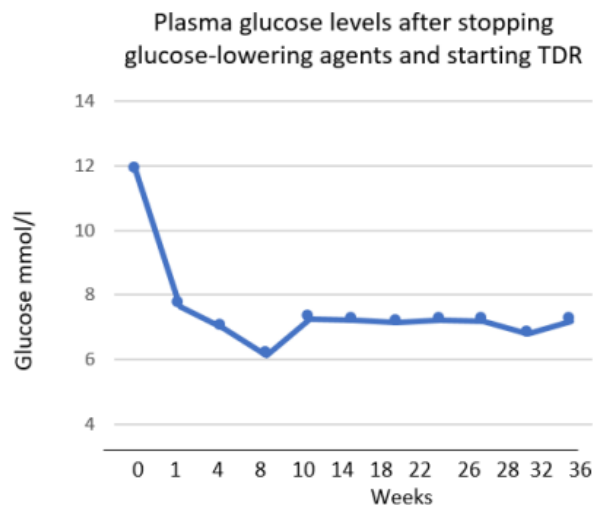
- Both trials achieved an approximate 50% diabetes remission rate after 12 months, i.e. 50% of participants on TDR had a HbA1c of <48 mmol/L and were not on any glucose lowering medication for the preceding 3 months.
- Likelihood of achieving diabetes remission was related to weight loss with those individuals who lost ≥ 15 kg in the 12-month period having an approximate 90% chance of achieving diabetes remission

T2DR protocol differs DiRECT studies



- ♥ Not all antihypertensive medication stopped as in DiRECT – the last class of antihypertensive is stopped in T2DR programme
- ♥ Only all glucose lowering medication is stopped if on ≤ 2 medications
- ♥ In T2DR SGLT2 inhibitors are not permitted because of DKA risk associated with low carbohydrate diet
- ♥ In T2DR Sulphonylureas/metaglitinides are not permitted because of hypoglycaemic risk
- ♥ Some antihypertensive medications will have dual roles e.g. ACE inhibitors, and so occasionally decision making will be considering other medication **indications**

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

Glucose-lowering agents



x 1 agent



x 2 agents



x 3 agents

0 Agents

1-2 Agents

3+ Agents

Insulin

STOP medications at start of TDR

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

Exclusion

Counsel patient about osmotic symptoms & seeking support

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

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

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

Commence total diet replacement (TDR) products

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

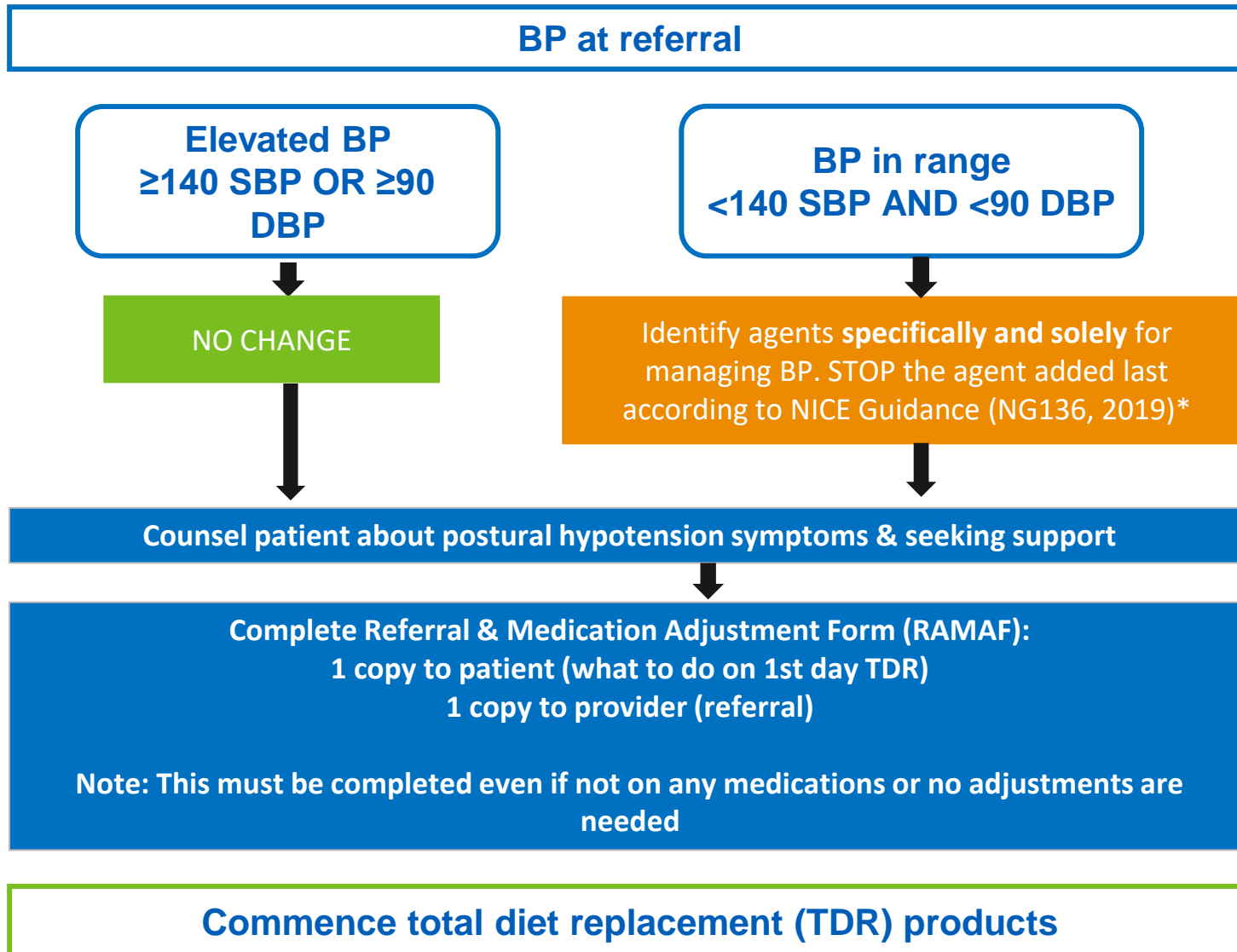
If Momenta flags that blood glucose is >15 , or HbA1c at 6 or 12 months has risen:

- 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



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

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

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):

Spirolactone 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



Commonly used oral medications which may require adjustment include:



Oral Medication	Comment
Warfarin	<ul style="list-style-type: none"> •has been shown that obese patients required a higher dose than other patients, which should be considered when initiating or adjusting the warfarin dose (1) •also can be impacted by changes in diet
Non vitamin K antagonist oral anticoagulants (NOACs)	<ul style="list-style-type: none"> •low body weight can increase NOACs exposure and risk of over-dosing (2) •European Heart Rhythm Association (EHRA) recommended assessing plasma levels if a patient who is receiving NOACs has a body weight < 50 kg or > 120 kg (2) •some NOACs require dosage adjustments based on specific weight ranges (e.g. reduce edoxaban dose to 30mg if weight 60kg or less - info is in SPCs https://www.medicines.org.uk/emc/product/6905/smpc)
Digoxin	<ul style="list-style-type: none"> •requires monitoring via serum digoxin levels, clinical response (3)
Phenytoin	<ul style="list-style-type: none"> •highly lipophilic drugs such as phenytoin distribute extensively into adipose tissue, resulting in a larger volume of distribution compared to less lipophilic drugs •requires monitoring via serum phenytoin levels, clinical response (3)
Ciclosporin	<ul style="list-style-type: none"> •ciclosporin clearance is negatively associated with body weight •requires monitoring via serum ciclosporin levels, clinical response (3)
Long term antibiotic therapy (e.g. isoniazid)	<ul style="list-style-type: none"> •weight based dosing
Antifungals (e.g. amphotericin, voriconazole, fluconazole)	<ul style="list-style-type: none"> •voriconazole has a narrow therapeutic concentration range and large intra- and interpatient pharmacokinetic (PK) variability (4) •serum voriconazole, clinical response, microbiological response (3)

References available in full document

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Making a successful referral



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-cw@nhs.net



Searches



- ♥ *Searches and a 'how to guide' will be downloadable from GP Gateway*
 - *Details will be circulated after LMC approval*

Referral and medication adjustment form

- ♥ *The Referral form and a 'how to guide' will be downloadable from GP Gateway*
 - Details will be circulated after LMC approval*

Combined form



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



Top Tips: Searches and referrals



♥ 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.



Supporting links & information

- Patient landing page: Service overview, eligibility, readiness - <https://momentanewcastle.com/t2dr-cw>
- Referrer resources: Eligibility, search, forms, patient info, guidance etc. - <https://momentanewcastle.com/hcp-t2dr-cw>
- Contact: momenta.t2dr-cw@nhs.net or 024 7710 2217
- Referral support session with Momenta - <https://book.ms/b/T2DRWeeklydropinsessions@momentanewcastle.com>

Search and invitation

1. Run T2DR search
2. Confirm patient eligibility and 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)

SNOMED codes*:
Invited: 1239631000000109
Declined: 1239581000000107

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

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

Usual care

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

Explain T2DR programme, offer resources / information, discuss referral

Momenta checks

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

Patient onboarding

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

On programme

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

Patient discharge

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



Coventry and Warwickshire Integrated Care Board



*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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Data, LMC and Finance



- ♥ Data Protection (DPIA status)
- ♥ LMC approval (Status)
- ♥ Finance (Costs and payment process)

Key contacts



♥ Momenta:

- [Becky Winbow](#), Service Manager
- [Harry MacMillan](#), Director
- Dr Ellen Fallows, Medical Director

♥ ICB

- [Yasser Din](#), Transformation Manager (LTCs)
- [Clare Weston](#), Transformation Support Manager (LTCs)
- [Alison Flynn](#), Transformation Support Officer (LTCs)
- Dr Jim McMorran, GP Lead, T2DR

Next steps

- ♥ Questions / discussion
- ♥ Follow-up email and pack
 - Slides, resources, pathway, NHSE guidance, recording
 - GP Gateway – coming soon
 - Momenta: www.momentanewcastle.com/hcp-t2dr-cw
- ♥ 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 if you would like T2DR at your practice
- ♥ **We look forward to your referrals in due course!**

Thank you for your time

Becky Winbow

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Harry MacMillan

harry.macmillan@momentanewcastle.com



MOMENTA NEWCASTLE



Coventry and
Warwickshire
Integrated Care Board

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

