

Momenta Newcastle word template Health Care Professionals: Frequently Asked Questions

Referring to the programme

1. Who should I refer to this programme?

NHSE eligibility criteria for this programme are in the referral form for easy reference and set out below:

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> ✓ Aged between 18-65 inclusive ✓ Diagnosed with Type 2 diabetes within last 6 years ✓ BMI of $\geq 27\text{kg/m}^2$ (adjusted to $\geq 25\text{kg/m}^2$ in people of BAME origin) ✓ 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. ✓ HbA1c within 12 months, with values as follows: <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> ✗ Current insulin user ✗ Currently breastfeeding ✗ Pregnant or planning to become pregnant within the next 6 months ✗ Has at least one of the following co-morbidities: <ul style="list-style-type: none"> - 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 $< 30\text{mls/min/1.73m}^2$); - active liver disease (not including MLD); 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) ✗ Had bariatric surgery ✗ Health professional assessment that patient is: Unable to understand or meet the demands of the NHS T2DR Programme and/or monitoring requirements; or for whom the programme is not appropriate clinically (consulting with relevant Specialist teams for patients with relevant conditions); or for whom safe and robust medications adjustment is not practical in a primary care setting.

Note: Rapid weight loss can precipitate complications for people with known gallstones. Observation has also shown that individuals with active inflammatory bowel disease can experience more severe side-effects. Please counsel patients accordingly.

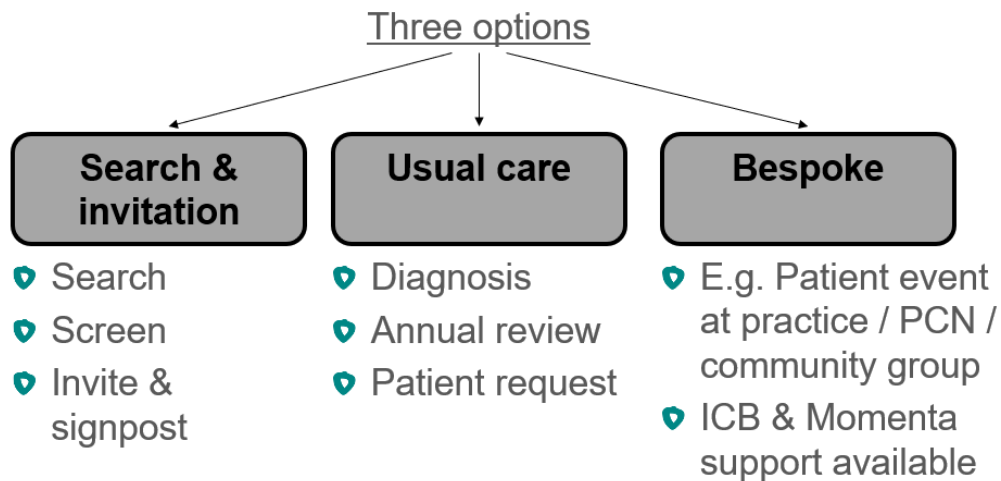
Please consider whether dietary change and a rapid weight loss approach is appropriate for each individual.

2. Who can refer to the programme?

The referral must come from the GP practice, but anyone authorised to do so within the practice can refer. If you are not authorised to advise the patient or sign off on deprescribing (the medication changes), then you must ask an authorised colleague familiar with the NHS England T2DR medication adjustment guidelines to do so. They would also then support with any ongoing management required. There is a free text field to write this person's name on the referral form.

3. What is the best way to identify eligible patients?

We recommend using one of the following ways to identify your patients. After you have identified patients, you wish to refer, we advise allowing 15 minutes to discuss the programme with the patient, complete the referral and medications adjustment form, ensure the patient understands any medication changes you are advising them to make on the first day of Total Diet Replacement and complete associated administration.



4. What are the expected outcomes for the programme?

The NHS T2DR Programme is based on the DiRECT and DROPLET research studies.

The average weight loss on the NHS T2DR programme is in line with the DiRECT study results, varying by ICB area and demographics:

- At the end of the Total Diet Replacement (TDR) phase (12 weeks): -11-13%
- At the end of the 12 month T2DR programme: -10-11%

For more on the Direct trial - <https://www.directclinicaltrial.org.uk/>

For more on the Droplet study - <https://www.bmj.com/content/362/bmj.k3760>

5. Can patients be referred to the programme again?

You can re-refer patients are discharged before they start the Total Diet Replacement products, as long as they are still eligible and have up to date measurements. We would advise they consider the reasons they did not start previously and whether they are ready to start if referred again.

If a patient starts the programme, they must wait for 12 months after discharge before being referred again.

6. How do I code patients on this programme?

SNOMED codes relating to the service are shown below.

The GP practice will need to code Invitation and Remission achieved, as Momenta will not know when these codes apply.

Momenta will write to the practice to inform them of all other codes when relevant.

Event	SNOMED code	SNOMED code description
Invitation	1239631000000109	Total diet replacement programme invitation
Referral	1239571000000105	Referral to total diet replacement programme
Declined	1239581000000107	Total diet replacement programme declined
Commenced	1239591000000109	Total diet replacement programme commenced
Not commenced	1239621000000107	Did not commence total diet replacement programme
Completed	1239601000000103	Total diet replacement programme completed (relates to 12 week TDR phase)
Not completed	1239611000000101	Did not complete total diet replacement programme
Contraindicated	1239541000000104	Total diet replacement programme contraindicated
Remission achieved	703138006	Type 2 Diabetes in remission

Note: The 'completion' code relates to the TDR phase of the programme rather than the entire programme length. Referrals are also eligible for the Weight Management Enhanced Service – but require appropriate coding.

7. What medications adjustments should I advise my patients make?

NHSE guidance outlines medications adjustment protocols for patients on blood glucose or blood pressure medications, or any other medications which may be impacted by significant weight or dietary change. The guidance is available at the links in the footer and is also summarised in flowchart form in the Referral form. Patients must only change their medications as advised on the day they start total diet replacement (TDR) products. They must not change their medications before the day they start the total diet replacement products. A full breakdown of medications adjustments can be found [here](#) from page 23.

Patients need to fully understand any advised changes to medications, so we recommend you send them the medication adjustment part of the referral form after you have spoken with them, even if you are not advising any medication changes or they are not taking any relevant medications.

8. Who provides medication reviews and potential subsequent changes?

The responsibility for routine care and any medication reviews remains with the patient's GP practice. Blood glucose and weight measurements are taken and recorded at each attended session and blood pressure is recorded for those taking blood pressure lowering medications. If any threshold breaches (high blood glucose, high or low blood pressure) are reported then we will make contact with the GP practice requesting a medication review. Monitoring frequency is weekly for the first four weeks after starting TDR, before moving to fortnightly and then monthly for the last 7 months. Digital pathway participants self-report using equipment supplied by Momenta. Momenta will also record any side effects or adverse events they experience. In all cases, Momenta will communicate to GP practice and patient in line with the NHSE guidance. If a medication review and/or other action is required, this will be the responsibility of the GP practice.

For more information, please refer to the NHSE medication guidance document [here](#).

9. Can a patient be referred who has had bariatric surgery?

Patients who have had permanent bariatric surgical procedures will have different nutritional requirements and are not suitable for this intervention. Those who have regained weight after having gastric bands removed or deflated may be eligible.

However, patients on the waiting list for bariatric surgery can now be referred without having to exit the waiting list.

What other exclusion criteria might apply?

Not everyone who is eligible for the programme suits this intervention. Please use your knowledge of your patient and clinical judgement to determine whether your patient is likely to engage and benefit by being on this programme. Examples of those that experience complications are as follows:

- Patients for whom you consider that a rapid weight loss approach may not be safe or appropriate
- Patients who are unlikely to be able attend the all sessions (in-person or digital).
- Patients with known biliary disease
- Patients with bowel disease – changes in bowel habit are to be expected on TDR and diarrhoea and constipation are common side effects. The dietary change required on TDR and again in food reintroduction can mean that patients have severe side effects and discomfort that is uncomfortable and may be difficult to manage.
- Patients for whom you are not confident recommending medications adjustments or who may struggle to interpret the guidance
- Patients who cannot be weighed reliably and monitored safely e.g. oedema / unwilling or unable to stand on scales

- Patients who are unable to do a finger prick test for blood glucose
- Patients for whom you will not be able to adjust medications safely with weight change
- Patients who, due to their circumstances, are extremely unlikely to be able to benefit from the service.

10. What are the threshold breaches for patients on the programme and how will we be informed? Momenta will monitor capillary blood glucose readings and will communicate with the GP practice as follows:

- Under 15 mmol/l – no additional action required, continue intervention;
- Between 15.0 - 19.9 mmol/l over two sessions / episodes of engagement – the Provider must contact the Service User's GP practice;
- 20.0 mmol/l or higher – there must be same-day contact with the Service User's GP practice (Momenta will contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day).

Momenta will monitor BP in people prescribed BP-lowering medication at referral and will communicate with the GP practice as follows:

- 89/59 mmHg or lower (systolic and/or diastolic) or postural symptoms – the Provider must contact the Service User's GP practice. If symptoms are interfering with daily activities, same-day contact with the GP practice must be made (the Provider must contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day);
- 90/60 to 159/99 mmHg – no additional action required, continue intervention;
- 160/100 to 179/119 mmHg over two sessions / episodes of engagement – Provider must contact the Service User's GP practice;
- 180/120 mmHg or higher – there must be same-day contact with the Service User's GP practice (the Provider should contact the GP practice directly and the Service User must also be advised to contact their GP practice same-day);
- For avoidance of doubt, if a blood pressure reading fits into two of the categories described above (e.g. 181/118 mmHg), action should be taken in line with the category prompting the most urgent response (in this example, same-day contact with the GP practice)

Patient journey

11. Are there any costs for the patient to be on this programme?

No, this programme has no cost for the patient. They will be supplied with all the equipment and total diet replacement products they require for the programme.

12. What are the total diet replacement products my patients will be having? Are there gluten free / vegetarian options?

Patients will pick from a range of 18 products, including the most popular flavours:

- 6 x porridges and meals
- 8 x shakes
- 3 x soups
- 1 x pudding

There are 17 products that are vegetarian, 15 gluten-free, 7 lactose free and 6 vegan options. All TDR is provided by Nupo from April 2025.

Daily TDR Prescription

1. 7 meal replacements - spread across the day.
2. 1.5 litres of fluid additional to TDR.
3. You can include calorie free soft drinks.
3. Fibre supplement.
4. 50 ml low fat milk only for tea / coffee.

13. Can a patient have a break whilst on TDR?

Patients should not plan to have a break whilst on TDR, however, we recognise that life-events and other circumstances disrupt the best laid plans and so patients may be able to take a short break not exceeding four weeks provided there is a space available for them to attend. However, this break is dependent upon safety and suitability as medications may need adjusting and so we will communicate with you before approving this pause in treatment

14. What support will patients receive on the programme?

Patients are supported in a variety of ways whilst on the programme. All patients can contact Momenta- Patients are supported through frequent meetings with their coach and so it is important that they join the programme knowing that they are expected to attend 21 sessions over 12 months.

Digital participants have access to comprehensive information on the app and we also have a wealth of information for participants on our website.

Patients will also receive a set of resources designed to empower and enhance the experience on this programme. This includes detailed workbooks containing advice and information for each stage over the 12 months, trackers, recipe books, pedometers, access to the Exi app and more. A private Facebook group is available to anyone wanting peer support.

If a patient needs advice and/or they cannot find the information they need elsewhere then that can contact the central participant support team via email and they will get a response within 2 working days (Mon-Fri).

If a patient is unwell then we will ask them to make an appointment to see you or call 111.

15. How many calories are patients on during the different phases?

The total diet prescription during TDR is 800-900 kcal per day. In the food reintroduction phase, this is gradually increased to a steady state that allows them to maintain their weight – or they may continue to do lose weight especially if their energy expenditure increases as they will be encouraged to take up physical activity during this phase.

16. What will my patients learn on the programme?

Our diabetes remission programme supports our participants to learn make sustainable lifestyle changes. The programme helps them to understand their condition (Type 2 diabetes) and how specific changes to their diet and nutrition, physical activity and lifestyle behaviours will benefit their health - long term. During the programme your patients will undertake some self-directed learning and be supported by a dedicated health coach They will be given an extensive set of supporting resources – and app access for those choosing the digital pathway. A breakdown of the key topics by ‘session’ is below.



17. Can patients join if they don't have smartphones/internet?

Yes, but they should choose the in-person pathway as the digital option requires both a smart phone and internet access (Wi-Fi and/or broadband). We can support with signposting to get access to Wi-Fi but as the model will require this throughout the entire 12 months, we would recommend the In-person programme.

18. Where will the In-person activity be delivered from?

We will offer to deliver our In-person clinics from a local practice in areas where people request in-person delivery. We also use venues such as community centres, libraries and leisure centres. The location of these will be based on referrals, so we do advise referring a few people together to support more in-person activity and to keep waiting times down. This is funded as part of the programme, there is no cost to the practice or patient.

19. Can patients bring along a family / friend to support them in session if they do not speak English?

Yes, we encourage this for anyone who would find this beneficial. We will also work with practices to support patients who do not speak English in other ways, for example scheduling clinics to suit pre-existing translation capacity if available.

20. What equipment does Momenta provide to patients?

Momenta provides all equipment including weighing scales, blood pressure monitor (if required), blood glucose meters and sufficient lancets and test strips for all measurements required over the programme. There is no cost or ordering of equipment to the practice.

In exceptional circumstances, we may request your support with accessing suitable equipment for regular monitoring e.g seated scales for patients who cannot stand.