

HSJ Diabetes Mellitus Network North West 28 November Table discussion notes

Session One: Transforming Prevention of T2D

- How has the uptake of DPP changed in your area in the last 6 months for patients at highest risk of developing T2D?
- What have you done in the last 6 months to improve access for those in this high risk group for whom the DPP format/time commitment isn't suitable?
- How are the positive health behaviour changes made after an individual has completed the initial DPP programme being sustained thereafter?
- Who else beyond primary care needs to be able to refer into DPP and how do we engage them as part of the wider STP/ICS diabetes plan?

Cheshire and Merseyside

- 1) Clinicians / Heath Trainers encouraging lasting changes and positive language used
- 2) Emis searches to improve clinical coding
- 3) NDPP provider information on local searches for onward referral

Lancashire and South Cumbria

- 1) Searches on Emis / GPs did searches referral cap – had to slow down at the end of the year now rely on clinical referrals. Provider problems
 - 2) Sending referrals but not putting on sessions. Not everyone codes remission
 - 3) Needs standard procedure for diagnosis
Dedicated pharmacists in Blackpool test for pre-diabetes. Put into DPP contract monitored on a quarterly basis
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- 1) Better promotion of diabetes big time! Prevention is much better than cure.
 - 2) Engagement of primary care and GPs means increased knowledge and referral rates, makes it easy!
 - 3) Retention – really hard to maintain. Drop off rates are high in particular at risk groups.
“Self-referral” = Pharma

Session Two: Transforming Management of T2D

- What is your experience of initiating diabetes reversal/remission therapy?
- In your local area, do you have recently updated clinical guidelines for managing T2D? How well monitored are they for adherence? Could this be improved, if so how? What would the benefits be for patients and the local NHS?
- What ideas or innovations could you adopt/adapt to improve patient outcomes and reduce the cost of T2D?

Cheshire and Merseyside

- 1) Digital diabetes
- 2) Improving in education
Dieticians to have calorie controlled sessions – with weigh in class. Easier to maintain.
- 3) Staff are trained in walk leaders and park run leaders and links to community centre

Lancashire and South Cumbria

- 1) Added recent evidence based re: 15kg weight reduction
- 2) 6 monthly follow up calls after Desmond course, improvement would be add on 12 monthly calls

3) Adding minutes to lunchtime for walking in the workplace

1) We need a heavier hand from Government.

2) Educated from a much younger age, make healthy eating be an easy option with better food choices and portion briefs

3) Patient power