



National Type 2 diabetes working group

9 October 2023

Minutes

Attendees:	<p>Pooja Sachdev, Paediatrician, East Midlands – Chair Suma Uday, Paediatrician, West Midlands – Deputy Chair Noina Abid – Paediatrician, Northern Ireland Dee Aswani, Paediatrician, Yorkshire & Humber Sara Bentwood, Psychologist, London & SEC Kate Brennan, Dietitian, Yorkshire & Humber Ross Burrows, Paediatric Pharmacist, Wales Martha Ford-Adams, Paediatrician, London & SEC Ruth Francks, PDSN, East of England Evelien Gevers, Paediatrician, London & SEC Paul Higgins, Paediatrician, Scotland Carolyn Hill, PDSN, South West Fainia Kavvoura, Adult Physician, Wessex James Law, Paediatrician, East Midlands Stacey MacIntyre, PDSN, Wales Sarinda Millar, Paediatrician, Northern Ireland Ruchi Nadar, Clinical Fellow, West Midlands Usha Niranjana, Paediatrician, West Midlands Sarah O’Toole, Dietitian, London & SEC Leigh Owens, Dietitian, Scotland Nisha Pargass, Paediatrician, West Midlands Liz Procter, Dietitian, East Midlands Radhika Puttha, Paediatrician, West Midlands Elise Roberts, Dietitian, London & SEC Holly Robinson, NPDA, RCPCH Rebecca Ross, Dietitians, East of England Lucy Rowe, Network Manager, South West – Notes Sandra Rudman, PDSN, South West Rajesh Sakremath, Paediatrician, West Midlands Rebecca Schoner, Paediatrician, Yorkshire & Humber Claire Semple, Psychologist, South West Mars Skae, Paediatrician, North West Hannah Smith, PDSN, South West Anthony Walker, Diabetes UK Kamal Weerasinghe, Paediatrician, Wales Billy White, Paediatrician, London & SEC Natalie White, Dietitian, South West Karen Whyte, Paediatrician, Scotland Sarah Wocka, Dietitian, Thames Valley Heather Clark Network Manager, West Midlands – Notes</p>
Present:	Verity Hawkes, NHSE Diabetes Programme, NHS England (for item 4)
Apologies:	<p>Katie Bareford, Diabetes UK Thomas Coles, Dietitian, Wales Edel Magee, Dietitian, Northern Ireland Carol Metcalfe, PDSN, North West Rajeev Raghavan, Adult Physician, West Midlands Adele Swart, Dietitian, London & SEC</p>



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	Georgina Williams, Paediatrician, Wales James Yong, Paediatrician, Yorkshire & Humber
Venue:	MS Teams
1.	<p>Welcome; minutes and matters arising</p> <p>Dr Pooja Sachdev welcomed attendees to the meeting as Chair. Thanks were given to Dr Billy White for chairing the working group since its establishment and over the last four years. The range of achievements and successes in this time were outlined. Billy highlighted the momentum and opportunities for the group.</p> <p>Dr Suma Uday was confirmed as Vice Chair.</p>
2.	<p>Update on ACDC Guidelines</p> <p>Pooja reminded the group that the ACDC / BSPED / Network guidelines were published approximately 2 years ago. Since then, NICE guidelines have been revised, with new medications and increasing access to CGM advised. Other topics that need to be covered in the guideline have been highlighted through study day, discussion at this group and the national survey, therefore a review is needed. Members for a task and finish group were sought to work alongside representatives from ACDC.</p> <p>Dr Evelien Gevers offered to assist and was involved in the previous iteration.</p> <p>Action 1: Heather to circulate a call for Guidelines task and finish group members.</p>
3.	<p>GLP-1 shortages and potential use of SGLT2 inhibitors</p> <p>Shortages are expected to continue into 2024, uncertain when supply will be restored. Advice outlined:</p> <ul style="list-style-type: none"> • Review use and continue only where this has made a difference • Do not commence with new patients <ul style="list-style-type: none"> ○ Liaise with hospital pharmacies as they still have some supply. Encouraged to work with paediatric pharmacists: due to small numbers, limited alternatives, and significance of T2 in CYP, they should be prioritised for GLP-1 medications. Pharmacists may not be aware of the severity for CYP. • May consider SGLT2 – information is included in the ACDC guidelines; leaflets from adult colleagues can be shared <p>There was further discussion on use of SGLT2 medications:</p> <ul style="list-style-type: none"> • Dr Fainia Kavvoura was involved in developing the medication section of ACDC guidelines; it has a leaflet for starting their use but this could be updated and made more young people friendly • Could centres trialling medications share their learning? • SGLT2 usage may increase as other medications become less available • Acknowledged there is anxiety about using SGLT2 in paediatrics. Adult service and pharmacist members gave advice and shared experiences <ul style="list-style-type: none"> ○ Highlighted DKAs are usually associated with another illness / circumstances i.e. fasting ○ May not be on formulary – main challenge for Wales was prescribing in primary care



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	<ul style="list-style-type: none"> ○ Comparative costs outlined ○ Shared de-escalation criteria and process ● Discussion on infection risk and mitigations including approaches to communicating risks and benefits to patients. Noted these are conversations young people with T2 will have with HCPs throughout their lives. <p>Dr Evelien Gevers presented a case study on use of Empagliflozin.</p> <p>There was further discussion on access to CGM for young people with T2 diabetes. NICE states CGM should be available if patients are using insulin for T2, if they have additional needs that affect their monitoring of glucose levels (as set out in the guidelines) or if testing eight times per day / recurrent or severe hypoglycaemia. This will include some but not all patients with T2.</p> <p>Members suggested it may be useful to develop this section when the guidelines are reviewed.</p>
<p>4.</p>	<p>Update on NHSE T2 e-learning modules</p> <p>Verity Hawkes shared a preview of the T2 in CYP e-learning modules being developed:</p> <ul style="list-style-type: none"> ● Will be hosted on e-learning for health ● Focus on 0-18 years ● 6 sessions led by expert authors with clinical review by an oversight group consisting of members of this group ● Each module is approximately 30 mins long and contains knowledge checks to be interactive ● Includes links to NICE, Language Matters and further resources ● Finalised sessions then will be promoted at upcoming conferences ● Likely to be released in early 2024 ● Networks will have a role in tracking and encouraging completion ● May be able to put monthly updates on Future NHS website. <p>Further discussion included:</p> <ul style="list-style-type: none"> ● Members thanked the group and noted that the package was comprehensive and will be useful ● Is this available to members outside England? Verity to check ● It is aimed at any HCP including ward staff and non-specialists. <p>Action 2: Verity to update on access for HCPs in other UK regions.</p>
<p>5.</p>	<p>Network updates and work in progress</p> <p>Members shared work and activity underway in Networks:</p> <ul style="list-style-type: none"> ● East & West Midlands held their first T2 meeting aiming to provide peer support and explore how tertiary centres can support those with smaller numbers. 30 mins operations and 30 mins case discussion. To take place 2-monthly. ● NE & Yorkshire are looking at how to deliver in the regional footprint which spans two Networks. Teams have put forward MDT leads. Aiming to hold monthly drop in case discussion sessions to offer support and upskill. Hope to invite adult colleagues in the future. Considering



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	<p>what education and training / peer support is provided locally and what is through the national working group. First Year of Care pathway is being trialed.</p> <ul style="list-style-type: none"> • East of England have focused on aligning documents for use across the Network. Due to sign off a T2 information booklet. Have produced ACDC summary documents for non-specialist hospital clinicians. Exploring options for structured education based on Desmond / ICAN and delivery format. Working on an activity day for CYP with T2, similar to that provided for CYP with T1. • London & SEC have case presentation at the next meeting and are looking at updating the local guidelines • Wales are developing a SEREN package for T2 diabetes. Recently held group education with families which was positively received. Will be piloting tertiary clinics at Cardiff soon in conjunction with local teams • South West have started a regional MDT meeting across CYA where members can present case studies, invite speakers etc. – this has been well received; due to take place 6-monthly. Developing a champions programme whereby centres are asked to identify one T2 champion and these representatives work on implementation across the region. The first focus will be First Year of Care. • Glasgow have recently established a separate T2 clinic and an audit is underway. A CYP and Adults working group for <40 years across Scotland is being established. There is a national 'difficult diabetes clinical forum' for hospitals to bring cases, both CYP and Adults. This has been very helpful in driving improvement. Exploring how to develop SPIN/GRID for T2 diabetes across Scotland. <p>The importance of collaboration / not duplicating between CYPDNs in England and NHSE was emphasized. Members were encouraged to share resources and examples – please send to Heather.</p> <p>The lack of adequate funding for T2 was raised. It was highlighted that Commissioners need to be aware of the serious implications for this age group, and there is a need to bring accountability and reduce variation.</p> <p>Action 3: All to send resources / examples to Heather for sharing with the group.</p>
<p>6.</p>	<p>NPDA update</p> <p>Holly Robinson provided an update on the planned Spotlight audit and PREM:</p> <ul style="list-style-type: none"> • T2 analysis from 2021 PREM did not differentiate T1 and T2 within audit. Looking at how best to access T2 data either through HQIP as a patient data request or RCPCH on specific statistics without patient data • First Year of Care PREM is underway. If there are sufficient responses and a significant variation in responses for CYP with T2, can undertake a separate analysis • T2 Spotlight is planned for early 2024. Needs to be a similar dataset to last time to enable comparison and review progress. Dataset and Methodology group have been asked about potential updates, e.g. to reflect medication changes and CEW • NHSE approached NPDA on inclusion of learning disabilities within T2 Spotlight. Consideration factors and potential meaningful data to be extracted were summarised. Members were asked for their experiences. Anecdotally in CEW, high levels of neurodiversity and reflected in T2 cohort to some extent but there is a range of needs and not clear whether diagnoses are formal or not. Noted national challenges and criteria around neurodiversity diagnosis and



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	<p>support. Epidemiological data would be useful, but need better parameters to identify. Not possible with current IT systems and manual data submission.</p> <p>Action 4: Holly to share plans for T2 Spotlight.</p>
<p>7.</p>	<p>Working group priorities for 2024</p> <p>The group discussed priority areas for 2024. The following Task and Finish groups were agreed:</p> <ul style="list-style-type: none"> • Annual Study day (potentially more frequent). Proposed this takes place in March • Guidelines group • First Year of Care – to bring together what people are working on • Resources for Libre at diagnosis – bespoke resources needed as education and support will be different • Medication information for CYP and parents • Ongoing work with DigiBete for T2 platform <p>Volunteers for each group were sought noting the importance of MDT representation. It was proposed that groups have designated leads who join monthly check-ins to share updates and feedback into the national working group.</p> <p>Dr Dee Aswani emphasized that there is lots of good practice happening; it would be beneficial to combine efforts nationally. All Networks and regions were encouraged to be represented and involved.</p> <p>Holly reminded members that NPDA has a small budget for engagement and QI related to audit findings. The group were encouraged to contact Holly with ideas.</p> <p>Action 5: All to contact Heather if interested in joining the task and finish groups.</p>
<p>8.</p>	<p>Research update</p> <p>Dr Suma Uday updated the group:</p> <ul style="list-style-type: none"> • LEGEND – due to start recruitment next year • Pioneer Teens – have been difficulties recruiting. The inclusion criteria have been revised and there is increased eligibility • PICS sites have been opened to increase contribution • SURPASS – ongoing in Leicester.
<p>9.</p>	<p>Next meeting</p> <p>Invite to be circulated for end of January; meetings will take place three times a year.</p>