First Year of Care Pathway for T2 diabetes

Newly diagnosed T2 patients – timeline for first year of care

At diagnosis

MDT support: Ensure everyone working with CYP has:
- Completed Managing T2 diabetes in CYP and Complications of excess weight (CEW) in CYP *Landing Page:* NHSE elfh Hub / portal.e-lfh.org.uk
- Linked with their NCYPD Network T2 Diabetes group
- Read the ACDC T2 Diabetes in CYP Consensus Guidelines

At diagnosis: Acute admission ideally or planned ward attendance as soon as possible
- Diabetes autoantibody screen / MODY probability calculator
- Start metformin +/-insulin
- Provide new patient information pack or similar as locally agreed
- T2 educational resources e.g. DigiBete T2 app clinic code & YoungT2.org, NHS food scanner
- MDT education: BG and ketone testing; downloading; CGMS for two weeks; lifestyle, diet and physical activity goals, complete local education checklist
- Psychology screening – refer to ACDC Guidelines in addition to clinical assessment
- Allocation of keyworker
- Set target HbA1c <48mmol/mol at three months, weight loss according to age and stage of development, and SMART lifestyle goals
- Consider referral for child to Tier 3 and / or CEW / local Tier 2 services for weight management
- Consider writing to GP for referral to local services or NHS prevention or digital weight programmes (or self-referral if mother has had past GDM) for siblings and family members
- Signposting to tools such DUK T2 Know Your Risk and NHS BMI calculators (for CYP under 18 years) (for adults)
- Exploration of vulnerabilities and barriers to healthcare including LD, neurodiversity, ACEs
- BMI, BP, LFTs, Liver USS, Vit D, Vit B12, urine ACR. Consider measuring WC. Screen for complications and co-morbidities and refer as needed: OSA, PCOS, smoking, home oximetry, respiratory, gastro, 24hr BP
- Refer for retinopathy screening from 12 yrs

First weeks at home
- Home visit
- Regular telephone contact with key worker / MDT
- Completion of post discharge T2 education
- Psychology appointment if not seen at diagnosis
- T2 apps and resources
- GlucaGen hypokit training (if on insulin)
- School care plan and school training
- Frequent review of BG data with medication adjustment
- SMART Lifestyle goals review
- Schedule frequent MDT contacts
- Dietitian assessment and reviews coinciding with MDT appointments where possible
- Counsel from diagnosis on contraception and avoiding unplanned pregnancy. Considerations to be given for those on GLP-1s

GLP-1s (with baseline screening tests)
Liraglutide (daily) or Dulaglutide (weekly) 10-12 yrs
Semaglutide 12-16 yrs (weekly)

Diabetes targets
- HbA1c ≤ 48mmol/mol by 3 months and maintained
- Average 14-day glucose <8mmol/l, pre-prandial BG 4-7mmol/l
- Time in range 3.9-10.0mmol/l 70% (if using CGMS)
- Time in tight range 3.9-7.8mmol/l 50% (if using CGMS)
- 5% weight loss in first 3 months for pre or post pubertal CYP, and 10% in first year if post-pubertal. Aim for BMI <85th centile longer term
- Treatment of complications
- To discuss each clinic and consider options to facilitate target achievement
  - BG data review, consideration of CGMS
  - Downloading and reviewing data at home
  - Medication review, rapid treatment escalation, aiming for insulin avoidance and preferential use of other agents
  - Education and lifestyle review – diet, exercise and sleep
  - Emotional wellbeing and referral to psychology if indicated
  - More frequent contact
  - Review of vulnerabilities factors with appropriate signposting
  - Early help or social care referral if appropriate
  - Elective admission
  - Improving HbA1c pathway
  - Consideration of CEW service input

Celebrate successes e.g. attendance at appointments, maintaining contact with the team and discussion of challenges (not specifically achieving targets)

Outpatient care: ' How can the team help?', ' What is going well?', ' What are the challenges?

2-week OPA or review (e.g. home or remote visit)
- BMI & BP, WC
- BG/SG data review
- Medication review
- Check all screening has been done as above at diagnosis
- Oral health promotion - (NHS Find a dentist)
- Dietitian review

1-month OPA
- BMI & BP
- BG data review
- Medication review, consider GLP-1
- Review all BP measurements as inpatient and at two-week OPA, consider ambulatory BP monitoring
- Dietitian review

2-month OPA or review
- BMI & BP
- BG data review
- Medication review
- Average BG >8mmol/l – consider if further support or intervention required
- Dietitian review

3-month OPA
- BMI & BP
- BG data review
- Medication review
- HbA1c >48, consider if further support or intervention required
- Review weight goals
- Non-fasted blood lipid profile
- Dietitian review

4-month OPA or review
- BMI & BP
- BG data review
- Medication review
- HbA1c >48, consider GLP-1
- Dietitian review

6-month OPA
- BMI & BP & WC
- BG data review
- Medication review
- HbA1c >48 – consider if further support or intervention required
- Review weight goals, consider a different dietary approach/GLP-1
- BP still raised consider ACE inhibitors
- Consider C-peptide if diagnostic doubt

9-month OPA
- BMI & BP
- BG data review
- Medication review
- HbA1c >48, consider if further support or intervention required
- Repeat lipids if high at 3 months, consider statins
- Dietitian review

12-month OPA and Annual Review
- BMI & BP & WC
- BG data review
- Medication review
- HbA1c >48: consider further support or intervention required
- Annual review bloods (lipids, Vit D, TFTs, LFTs, U&Es and nutritional bloods if on GLP-1 or restricted diet), injection sites, urine ACR, vaccination reminder, smoking, dentist
- Psychology A/R as per ACDC guidelines
- Dietetic annual review
- Weight targets and trajectory
- Foot exam from 12 yrs; Retinopathy from 12 yrs
- Sexual health from 12 years
- Liver USS every three years
- Structured education

Meet with Psychology within 4 weeks
Psychology screening – refer to ACDC Guidelines in addition to clinical assessment
Ongoing reviews to monitor for development of disordered eating patterns alongside weight change

5-month and 7-month Dietitian Review

10/11-month Dietitian Review

A glossary of abbreviations used is on the final page

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Psychology component of the Pathway:

- At diagnosis: Psychology Screening – refer to ACDC Guidelines in addition to clinical assessment
- Meet with Psychology within 4 weeks
- Ongoing reviews to monitor for development of disordered eating patterns alongside weight change

What does this look like for teams… and what should it look like?

What would be useful to share learning and develop services?

Note: ACDC T2 Guidelines are being updated