

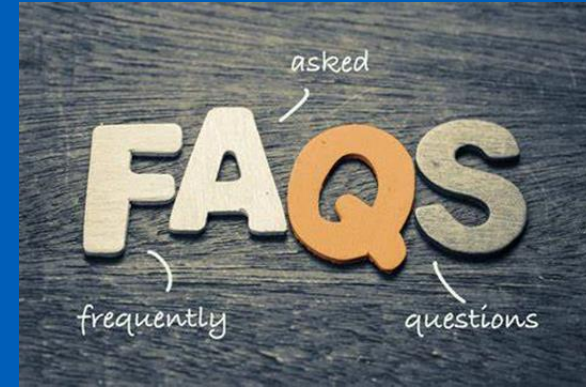
# Frequently Asked Questions (FAQs)

North West London Diabetes Level 2 Service 2023/24:

- Early Onset Type 2 Diabetes (EOT2D)
- Multi-Disciplinary Team(MDT)
- Insulin / GLP-1 initiation and optimisation

V3.1 Additions in green

# EOT2D/T2DAY Service



# EOT2D Service FAQs

Question	Answer
Who is eligible for the EOT2D SERVICE?	Service is for those with Type 2 Diabetes(T2D) aged 18 – 39 years only.
Are there any activity caps?	Service is for those with Type 2 Diabetes(T2D) aged 18 – 39 years only. Maximum activity level across ICB is 9,135 based on current prevalence and expected population growth.
Will anticipated funding per Borough be protected until they start?	Yes.
This is a two-year project. If I don't see any patients in the first year (2023/24), will I be able to offer two appointments to each eligible patient in year 2 (2024/25)?	Yes. The number of appointments and MDTs is based on patient's need and GPs clinical discretion. The frequency of appointments need to match required glycaemic control, specialist needs, available specialist team capacity and PCNs management plans (forward planning)
Can EOT2D extended 30-minute reviews be run virtually or must it be face to face?	NHS England has confirmed that the stipulation to provide the 30 min reviews face-to -face has been revised. There is indeed flexibility to deliver these extended reviews virtually if that works better and is 'acceptable' for this younger cohort. The only requirement is that the minimum activity components in the spec still need to be achieved.  This change in position is mindful of this cohort who are likely to be working, studying and may have caring responsibilities and may therefore find it easier to do a virtual review. The 30 minutes consultation is to support patients with EOT2D to improve better understanding of diabetes care and support available as well as provide pre-conception advice and signpost for mental health and other psychosocial needs, hence improving patient experience.

# EOT2D Service FAQs

Question	Answer
What is the current pathway for these patients, for early pregnancy. At what stage can they be referred to hospital services?	Women with EOT2D should be informed that they should urgently notify their GP practice (or diabetes team if applicable) if they have a positive pregnancy test so that they can be urgently referred to the Diabetes in Pregnancy team (for antenatal clinic review within a week to reduce risks associated with pregnancy). Women should also be referred for pre-conception advice if they are planning on getting pregnant.
Do we need to do all three antibodies for people with lower BMI <27?	If you are doing antibodies you need to do all three as you will miss the people that are positive to one and negative to two others. For EOT2D, it is recommended to do all three for anyone with BMI<27 as T2D in young is strongly associated with obesity.
Do GPs need to do CPAP tide?	We are not expecting GPs to do CPAP tide as classification tests are difficult to interpret. If you suspect alternative diagnosis it needs to be discussed with specialist services.
What is the availability of three tests on ICE?	If you are with NW London Pathology, three antibodies on ICE are just one test “pancreatic autoantibodies” and if you click one you will get all three without having to request all three individually. Other places that are not covered by NW London Pathology, you either need to ask them to become available, however, these tests are already available to diabetologists and need to go via the established pathway to specialists.
With BMI <27 do we need to do all 3 antibodies i.e. is the presence of positive IA-2 more likely in Young onset type 2 DM?	BMI<27 Test 3 x Pancreatic autoantibody testing (GAD, IA-2 & Zn T8)
Has the T2DAY work been turned into a S1/EMIS template?	Yes. Clinical Templates and searches in both S1 and EMIS have been developed and will be published to Practices shortly.
Is there a minimum number of patients required to run EOT2D?	Practices are paid per patient for additional sessions so there is no minimum no of patients required.

# E0T2D Service FAQs

Question	Answer
What are the key life-style behavioural changes that would help this cohort of patients?	Careful diet-control, regular exercise and stress management. There is a suite of support available in NW London for patients with T2D. This includes structured education, digital weight management programme, e-learning via KDS and the NHS Type 2 Diabetes Path to Remission Programme (starting 1st Feb 2024). Patients can choose what is best for them.
If a patient insists on oral anti-diabetics until proven pregnant. How do you deal with this?	If someone is planning a pregnancy and not on hormonal contraception, they will need to be referred to the local preconception antenatal service.
Do you have contacts for pre-conception diabetes clinics in NWL?	We are working on developing pathways on how to get a specialist input. PCNs/Practices are encouraged to find their local contacts.
Are there leaflets/resources available for women wanting pre-conception services?	No. Primary care needs to make a referral to clinic to support patients.
Do we have any research/surveys with patients on what works better in this patient group to come in or engage?	This cohort of patients represents quite a diverse group of people. It is advised to have flexibility around appointment times and individual needs. Practices can offer virtual, weekend and evening appointments/clinics.

# EOT2D Service FAQs

Question	Answer
Should we not include input/support to EO2TDM along with MDT and insulin optimisation? For example some PCNs will not have the workforce to run all the EOT2DM and will need an MOU.	PCNs/Practices can sign an MOU with community providers for additional support with EOT2DM if needed.
Do all patients who has a 30 minute review under the service have to go to MDT?	No. MDT review is based on clinical need. MDT review is recommended where clinical teams would find a multi-professional multi-organisational review helpful.
How can my practice find the capacity to deliver 30-minute reviews?	<p>PCNs/Practices can utilise their nurses and Additional Roles Reimbursement Scheme (ARRS) roles including Clinical Pharmacists to undertake these reviews.</p> <p>For this this financial year(2023/24) and the following financial year(2024/25) NHS England have funding these reviews at £52 per patient.</p>
If my patient is seen in the PCN Hub, how will my practice be informed of the outcome of the 30-min review.	A letter has been developed which will go back to referring practice. The information fields are incorporated into the EOT2D data entry template.

# EOT2D Service FAQs

Question	Answer
Can you clarify the ICB's approach to reviewing the EOT2D service?	<p>There will be a high trust approach as per the latest advice from NHSE. The ICB has built and is providing SystemOne/EMIS searches and clinical templates to support primary care deliver these extended reviews.</p> <p>These clinical templates will be used to build reports which will support payments for the enhanced service. Payment will be made based on completed reviews.</p> <p>The following five components of the service will need to be carried out as appropriate within each review:</p> <ul style="list-style-type: none"><li>• Data gathering to support reviews / opportunistic care process delivery (completion of all 9KCPs)</li><li>• Consideration of potential misclassification of diabetes type</li><li>• Contraception and planning for possibility of pregnancy</li><li>• Optimisation of glycaemia and cardiovascular risk and weight</li><li>• Psychological wellbeing unmet and social needs.</li><li>• The single SNOMED code Diabetes self-management plan review (810961000000103) will be used for payment purposes, with the expectation that the above components have been completed.</li></ul>

# Level 2 Diabetes MDT





# MDT Service FAQs

Question	Answer
Are there any activity caps?	Activity is capped at 10% of PCNs' Diabetes population (5% for last 6 months of 2023/24 financial year).
Will anticipated funding per Borough be protected until they start?	The decision to sign up to this NW London MDT and Insulin Service is with the Borough Teams is dependent on available in year funding. Our intention is to introduce the Level 2 MDT Service in a small number of PCNs who confirm they have the capacity to deliver these during the remainder of 2023-24 as 'early adopters' to allow for a review before adding them for all PCNs from April 2024. These services can be delivered individually or in any combination of them, depending on the affordability for the borough and PCNs readiness to mobilise the service. This will be the same for the insulin initiation and optimisation element of the service.
Can MDTs be run virtually or must it be face to face?	Can be virtual, <b>face-to-face</b> or hybrid. It is envisaged these MDTs will be case discussions and patients will not be present at the case review. PCNs need to do the searches, identify cohorts & agree on a suitable management plan to run these and in fact might find it advantageous in terms of getting providers across the path to attend if virtual as would negate the need for travel and therefore reduce time commitment.
How do the payments work? Is it by MDT session or by patient?	Payment is by patient (£23.14 per patient)

# MDT Service FAQs

Question	Answer
What will be the impact of this NW London service on other Diabetes MDT running in the boroughs?	This service represents a minimum core MDT framework. It will have a positive impact and a good start of a structured MDT with a level of flexibility and learning until 31 Mar 24
How often does my PCN need to hold an MDT?	Its based on the PCN's forward planning individual patient's clinical need & availability of specialist capacity
How can we identify patients who would benefit from/are suitable for MDT discussion? What is the criteria to a patient being presented at the MDT?	<p>Clinical searches have been created in SystmOne and EMIS to support with this. But not all patients who fit within the searches would benefit from an MDT case discussion. This needs to be balanced with a level of clinical discretion and individual patient choice &amp; circumstances.</p> <p>Clinical judgement based on glycaemic control &amp;/or additional need for other specialist care (Markers like recent HbA1C, BP, lifestyle/MH needs assessed)</p> <p>The criteria is set out in the service specification.</p>
How can I be an early adopter PCN?	PCN/INT can provide EOI to ICB primary care team. For the initial period from October 2023 to end of March 2024, the MDT component can be delivered independently of GLP-1 initiation.
What is the core staffing for these MDT meetings?	MDT should be jointly led by a GP and a diabetes consultant / nurse consultant. Recommended MDT membership is included in service spec. There is an expectation that MDTs will be cross organisational and will be supported by community teams.
When will the service start?	October 2023. PCNs/Practices will need to sign the contract in order to get paid.

# MDT Service FAQs

Question	Answer
How will the patient be informed of the MDT outcome?	PCNs and Practices will have a process for communicating with patients. We will also have discussions with PCNs regarding this process.
How will the outcome of MDT be communicated to Practices?	Letter to Practice Practice can see the MDT data entry template as well.
There should be an option to amend the MDT model as not all of the roles specified in MDT are available in all boroughs?	We have agreed the roles through consultation across NW London and at the Diabetes (Clinical Reference Group (CRG)). We have also agreed minimum co-standards for MDT as mentioned.
Who is leading and bringing borough-based teams for the formation of MDTs? It cannot be the lead GP/CD.	Its envisaged that the Diabetes Level 2 MDT will be run at a PCN Level. PCN leadership inc. Business Managers will be involved. Named leadership will be identified at a PCN level as appropriate. Named clinical leadership will be different from the delivery leadership for formation and delivery of MDTs.
How will borough teams work with PCNs to develop and agree local pathways and what is the time frame? Clinical Directors are overwhelmed.	Borough leads are involved directly with PCNs leadership to provide support. The ICB's programme teams are working to support borough leads/teams and borough leads are working together We are contacting borough leads and supporting them. We also recognise that not all PCNs will be working delivering at the same time. PCNs level of maturity on running MDTs is variable.

# MDT Service FAQs

Question	Answer
There is variability in available workforce, therefore MDT composition and oversight may vary. Please clarify the expectation around MDT membership and oversight?	MDT composition and oversight may vary but there will be a lead GP and specialist diabetes clinician for MDTs.
Will there be transition support for setup and transformation?	There is support for the process, skills and learning. The ICB with support from NW London Training Hub and the national T2DAY team has offered training for practices. See the training and support section below.
In planning our diabetes MDT how long should we allocate per patient including the time it will take to outline the patient's case history?	It's estimated to be 9 minutes per patient.
Will all the referrals be generated/brought to the MDT by primary care or can our community and acute care partners also bring a patient for discussion?	Yes community and acute partners can also bring a patient for discussion.
Is there an expectation that the referring practice or clinician should attend the MDT to present their patients to the MDT to support discussion?	Ideally yes as it will help extend learning and pass on new skills and learning.

# Insulin / GLP-1 initiation and optimisation



# Insulin Initiation & Optimisation FAQs

Question	Answer
Are there any activity caps?	There is no cap for insulin this year.
When will the service start?	PCNs may start with the MDT component of the service whilst training is underway for insulin or GLP-1 therapy for suitable patients.
Who is eligible for Insulin Initiation and Optimisation?	Please refer to patient pathways page 6-7 listed on the Diabetes Level 2 service spec.
What will be the impact of this NW London service on other providers delivering insulin and GLP-1 initiation and optimisation running in the boroughs?	There is no impact on current commissioning arrangements for community teams for 2023/24.
For GLP-1 therapy, will the patient's GP be invited to MDT or his views will be asked via email/letter for decision making process?	Out of Scope due to current National shortages of GLP-1.
How can we deliver the service in light of GLP-1 RA Shortages?	There will be no payments for GLP-1 initiation until National Patient Safety alert relating to the medicine shortage has been lifted. In line with national policy, NW London as a system aren't initiating any new patients onto GLP-1 until further notice.

# Contracts



# Contracts FAQs

Question	Answer
Can my Practice choose not to participate in any of the three components of the Level 2 service?	<p>Participation is dependent on available in year funding.</p> <p>NHS England has allocated additional funding for an Early Onset Type 2 Diabetes Service (EOT2D). To avoid any risk of losing the additional NHS England funding, PCNs will be offered the opportunity to deliver the service specification in year (2023-24).</p> <p>Our intention is to introduce the Level 2 MDT Service in a small number of PCNs who confirm they have the capacity to deliver these during the remainder of 2023-24 as 'early adopters' to allow for a review before adding them for all PCNs from April 2024. These services can be delivered individually or in any combination of them, depending on the affordability for the borough and PCNs readiness to mobilise the service.</p>
Does my practice have to sign up to all three components?	See above.
How much is each component worth?	<p>EOT2D £52 per patient MDT £23.14 per patient Insulin initiation attracts £241.04 per patient Insulin optimisation attracts £66.16 per patient</p>
Is funding PCN based or Practice based?	PCN based



# Contracts FAQs

Question	Answer
What services within the single offer can be sub-contracted? Is there a choice?	<p>For the new services which were launched in-year, the services can be delivered individually or in any combination of them, depending on the affordability for the borough and PCNs readiness to mobilise the service.</p> <p>The contract should be delivered by PCNs (with GP practices subcontractors) to enable delivery of the full range of services covered by the contracts and full patient population coverage. If the PCN want to sub-contract outside the PCN, the Provider (PCN/Lead Practice Model) must agree the delivery model including locations of delivery for each service with North West London ICB.</p>
GP practices will sign up to manage patients in line with agreed pathway- What about patient choice?	Patient choice will be respected.
What is the start date, end date and annual review date of service spec?	<p>The service specification runs for the financial year. As such the specification in its current form is for 2023/23 and runs until 31 March 2024.</p> <p>Version control is being maintained. We will add the annual review date for service spec.</p>
Is there any flexibility with regards to payments/constitution for 2023/24? For example: Can we give flexibility to PCNs for EOT2D to do top slicing for admin costs?	PCNs will be paid based on achievement of meeting the specification requirements. It is up to PCN discretion on how to use the funding flexibly to deliver an appropriate model.

# Contracts FAQs


Question	Answer
What is the rationale/costing breakdown for each element of Diabetes Level 2 Service?	Please see costing breakdown here: <a href="#">Diabetes Level 2 Service costing breakdown.docx</a> .

# Training & Support



# Training & Education – EOT2D/T2DAY

The expectation is that one GP and one nurse from each PCN should attend a session as well as a clinical pharmacist where possible

About the Training	Speaker	Links:
<p>National funding has been allocated to all practices/Primary Care Networks (PCNs) in NW London for the implementation of the T2DAY: Type 2 Diabetes in the Young Program.</p> <p>This is a 2-year initiative, spanning from 2023/24 to 2024/25, with the goal of enhancing care for individuals with EOT2D.</p> <p>The training will encompass the five key components of the T2DAY intervention, emphasizing best practices in each area while focusing on addressing any grey areas that may require further discussion or input.</p> <p>This training represents a valuable opportunity to enhance the quality of care provided to individuals with Early Onset Type 2 Diabetes in NW London. We encourage all relevant personnel to participate and take advantage of this initiative.</p>	<p><b>Shivani Misra (MBBS, FRCP, PhD)</b></p> <ul style="list-style-type: none"> <li>• Physician &amp; scientist in diabetes and metabolic medicine</li> <li>• National Lead for Early Onset T2Diabetes Programme <a href="https://pubmed.ncbi.nlm.nih.gov/35900910/">https://pubmed.ncbi.nlm.nih.gov/35900910/</a></li> <li>• Consultant Physician in Diabetes and Metabolic Medicine at Imperial College Healthcare NHS Trust</li> <li>• Welcome Trust Career Development Fellow</li> <li>• Honorary Senior Clinical Lecturer in Diabetes and Endocrinology at Imperial College London</li> </ul> 	<p><b>Two identical training sessions were held.</b></p> <p><b>See here for the recordings and slides from the sessions: <a href="#">T2DAY-EOT2D Service Webinars October 2023</a></b></p> <p><b>1. <del>Date:</del> Wednesday 4<sup>th</sup> October 2023</b>  <b><del>Time:</del> 12:00 PM – 1:00 PM</b></p> <p><b>2. <del>Date:</del> Thursday 19<sup>th</sup> October 2023</b>  <b><del>Time:</del> 5:00 PM – 6:00 PM</b></p>


# Training & Education – PITstop Foundation (PrePITstop) Diabetes Course

NWL Training Hub are funding THREE places per PCN from the ARRS roles of either Pharmacists, Paramedics or Physician Associates to complete the PITstop Foundation (PrePITstop) Diabetes Course

About the Training	Who is the Training for?	Registration Details
<p>This 3-day multidisciplinary diabetes foundation course focuses on the core diabetes services and care provision for people with type 2 diabetes and prediabetes and emergency management for people with type 1 diabetes. It is aimed at healthcare professionals working in primary care who want to work as a team to improve diabetes services and patient outcomes using structured care pathways.</p> <p><b>What will be covered?</b></p> <ul style="list-style-type: none"> <li>• Classification and accurate diagnosis</li> <li>• Diabetes screening for at risk groups</li> <li>• Day to day living choices</li> <li>• Encouraging referrals to the Diabetes Prevention Programme and Structured Education</li> <li>• The oral diabetes medication pathway and related subjects (DVLA, hypoglycaemia, monitoring, concordance, individual target setting)</li> <li>• Managing illness</li> <li>• The provision of essential diabetes care using structured care pathways</li> <li>• Cardiovascular disease prevention, including blood pressure, lipid and kidney management</li> <li>• Eye screening and diabetes eye complications</li> <li>• Emotional and mental health</li> <li>• The foot assessment, foot advice and appropriate referral</li> <li>• Preconceptual counselling and family planning advice (self-directed learning)</li> <li>• Case studies: putting it into practice</li> <li>• Use of audit to improve outcomes</li> </ul>	<p>This training is for <u>THREE places per PCN from the ARRS roles of either Pharmacists, Paramedics or Physician Associates</u> working as part of a practice/PCN diabetes team.</p>	<p>Please email <a href="mailto:nomaan.omar@nhs.net">nomaan.omar@nhs.net</a> with:</p> <ul style="list-style-type: none"> <li>• the three clinicians names,</li> <li>• NHS email addresses,</li> <li>• role</li> <li>• practice/employer;</li> <li>• PCN</li> </ul> <p>NW London Training Hub will then send them instructions of how to register onto the course.</p> <div data-bbox="1974 1130 2448 1363" data-label="Image"> <p>The image contains two logos. The top logo is for 'NW LONDON TRAINING HUB' with the tagline 'workforce • education • training' and a colorful butterfly icon. The bottom logo is for 'PITSTOP FOUNDATION &amp; ADVANCED DIABETES COURSES' with a graphic of a book and colorful circles.</p> </div>

# PITstop Advanced (Injectable Therapies) Diabetes Course

NWL Training Hub are funding TWO clinicians per PCN (this can either be Nurses, GPs or Pharmacists) to complete the PITstop Advanced (Injectable Therapies) Diabetes Course

About the Training	Who is the Training for?	Registration Details
<p><b>This practical 2.5-day advanced course gives multi-disciplinary, practice teams the resources to work towards an enhanced diabetes service provision for injectable initiation (type 2 diabetes only).</b></p> <p><b>What will be covered?</b></p> <ul style="list-style-type: none"> <li>• Revision of diabetes oral medications</li> <li>• GLP-1 Agonists, including initiation using a structured care pathway</li> <li>• Insulin: building the profile</li> <li>• Injection technique</li> <li>• Device workshop</li> <li>• Detective work at review appointments focusing on injectables</li> <li>• Insulin safety (self-directed learning)</li> <li>• When is insulin indicated?</li> <li>• Working through the PITstop insulin pathway to assess for insulin, initiate an appropriate insulin regimen and support the patient for the first 6-months: a case study approach</li> <li>• Changing insulin regimens</li> <li>• Dietary considerations and insulin, including minimising weight gain</li> <li>• Decisions about injectable therapies: a case study approach</li> <li>• Embedding the learning and university accreditation</li> </ul>	<p>This training is for <u>TWO</u> clinicians (GP, Nurse Practitioner, Practice Nurse and Clinical Pharmacist) per <u>PCN</u> working as part of a practice/PCN diabetes team, that are already experienced in providing a diabetes service and have attended a foundation level diabetes course or can provide evidence of self-directed learning, focusing on the oral diabetes medication pathway. It is preferable that they have undertaken their Independent prescribing, but not essential.</p>	<p>Please email <a href="mailto:nomaan.omar@nhs.net">nomaan.omar@nhs.net</a> with</p> <ul style="list-style-type: none"> <li>• the two clinicians names,</li> <li>• email addresses,</li> <li>• roles;</li> <li>• practice(s)/employer;</li> <li>• PCN</li> <li>• mentors name and role</li> <li>• along with the evidence that they have completed the foundation level diabetes course or equivalent.</li> </ul> <p>NW London Training Hub will then send them instructions of how to register onto the course.</p> <div data-bbox="2023 1108 2491 1330" style="text-align: right;">  <p><b>NW LONDON TRAINING HUB</b> workforce • education • training</p> <p><b>PITSTOP FOUNDATION &amp; ADVANCED DIABETES COURSES</b></p> </div>

# For further information...

Please find the service specifications as well as the modelling on activity and maximum income per PCN here: [Level 2-3](#)

Please find the slides and recordings of the T2DAY Training here: [T2DAY-EOT2D Service Webinars October 2023](#)

Do raise any additional queries you may have relating to the service specification with the NW London Diabetes Team via: [nhsnw.diabetes@nhs.net](mailto:nhsnw.diabetes@nhs.net)

Regarding queries as to funding and finance please raise these with your borough Primary Care Team.