GRAMPIAN DIABETES MCN

2024/2025 - A YEAR IN REVIEW

Clinical Lead Overview - Dr Alasdair Jamieson

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PEOPLE

EDUCATION

We were delighted to bring together over 200 attendees at this year's Grampian Diabetes Professional Conference, marking another successful gathering of dedicated professionals seeking to expand their knowledge and expertise while sharing some of their successes and challenges in providing the best level of diabetes care. In the last year, we have provided outpatient education to 120 people, and 51 people completed the STEP Programme. These were seen by both the inpatient and community teams.

PATHWAYS

HEALTHER FUTURES

The development of support services has increased access to various options for patients living across Grampian, including new remote digital and face-to-face Tier 2 and Tier 3 programmes. A multidisciplinary redesign of AWM and Diabetes pathways has streamlined services and developed an integrated and effective AWM and Diabetes pathway in line with National Standards, inclusive of a Tier 3 service. Pathways will support those diagnosed with type 2 diabetes, prediabetes, history of gestational diabetes, and overweight or obesity in a Whole System's Approach to tackling obesity.

PATHWAYS

FOOT PATHWAY

In 2024, stakeholder engagement events promoted the Let's Collaborate and Co-create approach to shape priority actions for the Diabetic Foot Strategic Plan. Highlights included a plenary at the Diabetes MCN Conference, development of clinical pathways and educational materials for complex diabetic foot care, patient feedback collection to enhance podiatry services, and establishing a virtual pan Grampian Diabetic Foot MDT. These initiatives align with Grampian's Vision for Diabetes Care, fostering system-wide learning and good practice sharing.

PEOPLE

EQUITY OF ACCESS TO CARE AND TECHNOLOGIES

Considerable work has taken place to support the uptake of appropriate diabetes technologies and we have had significant engagement, particularly with our younger diabetes population, to establish their potential interest in terms of available options. We have also engaged with key stakeholders involved in providing care for people with diabetes in prison and we are building consensus around additional actions to further improve the identification and support for people with diabetes in prisons.

PEOPLE

MENTAL HEALTH PATIENT REPORTED OUTCOME MEASURES

A short-life working group was established to determine the most effective approach for capturing mental health patient-reported outcomes (MH PROMs) ahead of annual clinic appointments. The goal is to ensure that these results are accessible to both primary and secondary care clinicians across Scotland, enabling more effective consultation and streamlined onward referrals. The group has recommended integrating mental health PROMs into SCI-Diabetes and My Diabetes My Way (MDMW). MDMW have introduced anxiety and depression screening tools on its website, and work with SCI-Diabetes to explore ideas around MH PROMS capture is still ongoing.

GRAMPIAN DIABETES MCN

2025/2026 OBJECTIVES

EDUCATION

PEOPLE

Staff
Ensuring the provision of high-quality education is a fundamental priority for the Diabetes MCN. Our core educational initiatives, including the annual professional diabetes conference, are designed to foster the professional growth of our colleagues and partners, while also serving as a platform for shared learning.

Patients
Increase delivery of Control It by moving to an opt-out post-diagnostic education package.

Education for T1 on dashboard

PREVENTION AND EARLY INTERVENTION

PATHWAYS

To reduce the incidence and impact of diabetes the Diabetes MCN will seek to support the implementation of targeted prevention and early intervention strategies

Type 2 Diabetes:

- Expand the adult weight management pathway, including Tier 3 services.
- Apply updated SIGN guidance to support evidence-based prevention.
- Contribute to the ANIA digital remission initiative via the national SLWG.
- Increased early detection of type 2 diabetes aligned to Scottish Government initiative on reducing cardiovascular mortality by 20% over 20 years.

Type 1 Diabetes:

- Support early optimal treatment and advance uptake of CLS in line with national guidance.
- Continue and grow the STEP program.

FOOT PATHWAY

PATHWAYS

The Diabetes MCN is committed to supporting the delivery of high-quality, coordinated foot care across Grampian. We will:

- Promote ongoing updates to pathways between podiatry and specialist services.
- Support the development of a pressure dressing formulary to standardise care.
- Encourage the establishment of a Grampian-wide Diabetic Foot MDT network to strengthen multidisciplinary collaboration.
- Advocate for accessible, robust foot screening services across all localities.
- Promote the use of the SCI-Diabetes dashboard to monitor screening activity and reduce regional variation in foot care outcomes.
- *Feedback/patient involvement*

VALUE-BASED PRESCRIBING

PLACES

The Diabetes MCN supports the promotion of value-based prescribing to ensure effective, sustainable use of diabetes therapies and technologies. Key workstreams will include:

- Encouraging the rational use of blood glucose test strips to align with clinical need.
- Supporting appropriate prescribing of continuous glucose monitoring (CGM) devices.
- Promoting regular review of the effectiveness of higher-cost medications, such as GLP-1 receptor agonists, to ensure optimal outcomes for individuals.
- Optimisation of medications available, in particular when supply issues necessitates review.

INNOVATION

PEOPLE

The Diabetes MCN will promote innovative approaches to enhance diabetes care, with a focus on mental health and digital integration. We will:

- Support the development and use of a mental health dashboard to improve visibility of psychological needs across care settings.
- Explore digital tools to enable people with diabetes to self-report mental health concerns ahead of clinic appointments, improving care planning and referrals.
- Encourage the use of data and technology to identify and address unmet needs, particularly in primary care and among high-risk groups such as those with active foot disease.