

GRAMPIAN DIABETES MCN

2025/2026 - A YEAR IN REVIEW



Clinical Lead Overview - Kirsty MacLennan

Over 2025/26 we've focused on person-centred, intelligence-led improvement across prevention, education, foot care, technology access and mental health. We consolidated the MCN vision with partners, aligned to national priorities, and used data to target variation and support equitable access. The Diabetes MCN's feedback and quarterly meetings confirmed tangible progress in structured education, foot pathway design and value-based prescribing, with clear next steps for the coming year.



PEOPLE

EDUCATION

- 20th Grampian Diabetes Professional Conference delivered strong evaluations and positive attendee feedback, informing a more interactive format for future events.
- Structured education uplift: auto-enrolment into Control It now covers ~83% of newly diagnosed type 2 patients; attendance has doubled versus previous years, and 12-month HbA1c metrics on the diabetes dashboard are trending in the right direction.
- Ongoing communication and engagement via the MCN Newsletter to spread good practice across the system.



PATHWAYS

HEALTHIER FUTURES

- Tier 2/3 adult weight management provision expanded across digital and face-to-face routes, aligned with national standards and equity aims.
- Type 2 remission: national digital remission programme started late January; prevention pathway development is under way with full availability targeted by October 2026.
- Decision-support and readiness to change: groundwork from the HIS Right Decision Service pilot in Moray continues to inform prevention and remission approach.



PATHWAYS

FOOT PATHWAY

- Workplan delivery: clinical pathways and education assets developed; training needs analysis identified; patient feedback tools piloted; MDT network build ongoing.
- System redesign progressed: pressure and wound management pathway materials, infection guidance and hospital admission prompts refreshed and shared; training resources rolled out for screening and risk communication.
- GDFIG earning event convened to consolidate consistent practice across specialties.



PEOPLE

EQUITY OF ACCESS TO CARE AND TECHNOLOGIES

- Technology uptake improving: insulin pump targets largely met in paediatrics; adult uptake progressing, with workforce cover and admin support being managed to protect momentum.]
- Clearer prescribing & device switching: coordinated value-based actions (e.g., generic dapagliflozin switches, blood glucose meter standardisation) with patient-facing comms planned to minimise practice workload.
- Primary care letters/templates in use for CGM prescribing ensure consistent messaging on strip use and upgrades (e.g., Libre 2 Plus).



PEOPLE

MENTAL HEALTH PATIENT REPORTED OUTCOME MEASURES

- Access & signposting: clarified SilverCloud self-referral vs referral-only modules; comms improvements requested for the NHS Grampian website to reduce confusion.
- Screening pilots discussed to build mental-health prompts into routine diabetes care, with routes to integrate results alongside clinical data.

GRAMPIAN DIABETES MCN

2026/2027 OBJECTIVES



VALUE-BASED AND EQUITABLE PRESCRIBING

Maintain and strengthen a system-wide focus on value-based prescribing and reducing prescribing inequity across NHS Grampian with particular emphasis on:

- Optimising glycaemic control for people with type 2 diabetes.
- Reducing cardiovascular risk through appropriate use of cholesterol-lowering therapies, BP management, SGLT-2 inhibitors and, where clinically appropriate, GLP-1 receptor agonists.
- Monitoring Variation across practices and demographic groups to ensure equitable access and outcomes.



EARLY-ONSET TYPE 2 DIABETES PATHWAY DEVELOPMENT

Improving outcomes for adults diagnosed with Type 2 diabetes under the age of 40 through earlier access to evidence-based weight management and diabetes interventions.

The aim is to demonstrate measurable improvement in pathway utilisation and support equitable access to effective interventions for younger adults living with Type 2 diabetes:

- Establish a Baseline of GLP-1 Access and Uptake
- Improve Awareness and Implementation of Pathways Available
- Evaluate Impact and Reduce Variation in Access



TACKLING INEQUALITY IN DIABETES OUTCOMES

Reduce inequities in diabetes-related outcomes across NHS Grampian, focusing on:

- Improve equitable access to diabetes technologies by reviewing variation in insulin pump uptake and exploring barriers in areas such as Fraserburgh and North Aberdeenshire.
- Support more consistent foot screening and follow-up by working with podiatry colleagues, primary care, and local quality improvement initiatives to address gaps and share learning.
- Strengthen equitable access to diabetes eye screening by using service data to streamline delivery across venues within NHS Grampian and improve recording for groups where data capture is incomplete, including prison settings.



EMBEDDING DIABETES REMISSION AND PREVENTION

Support the promotion, scaling and prioritisation of NHS Grampian and ANIA Remission and Prevention programmes, ensuring it is visible, accessible, and embedded across clinical pathways. Focussing on:

- Increase awareness of remission pathway options within NHS Grampian for eligible patients through the promotion of referral options to patients and engagement with health professionals involved in diabetes care.
- Support increased uptake of Diabetes prevention program through targeted patient engagement with those under 40 years old and women with a history of previous gestational diabetes for example.
- Support increased uptake to 'Control It' patient group education for patients with newly diagnosed type 2 diabetes in target groups including exploring a targeted approach to those <45years old.



DATA-DRIVEN IMPROVEMENT IN PRIMARY CARE

Strengthen data-driven improvement across primary care, including:

- Using routinely collected data at ethnicity, SIMD, cluster and practice levels.
- Developing flexible and reusable query sets for monitoring and audit.
- Leveraging platforms such as the MCN conference, patient and lived experience engagement, webinars, outreach, and newsletters to disseminate insights and drive change.
- Liaising with cluster quality leads and scoping out implications of the local enhanced service contract update for cluster-based quality improvement.
- Reviewing current Grampian Diabetes Practice Outreach Programme Alignments.
- Initiating a 'Diabetes in Grampian' Microsoft Teams Channel for Health Care Professional use.

Expected Impact

- More consistent, equitable prescribing and improved cardiovascular risk reduction
- Better engagement and health outcomes for adults diagnosed under 40
- Reduced variation in key diabetes processes (technology, education, screening)
- Increased prevention and remission opportunities through ANIA
- Stronger data culture, enabling faster identification and addressing of inequities