NHS T2DR Programme

**Please email completed forms to** [**ovivauk.t2dr@nhs.net**](mailto:ovivauk.t2dr@nhs.net)

The NHS Type 2 Diabetes Path to remission Programme (T2DR) is an evidence-based **12 month** intervention using Total Diet Replacement (TDR) to support people recently diagnosed with Type 2 diabetes to achieve significant weight loss and potentially attain diabetes remission (non-diabetic HbA1c results, at least 6 months apart, off all glucose-lowering medicines). There is no cost to participants with all TDR (shakes, soups and bars) funded by the NHS.

This service is provided by Oviva, a digital behaviour change company. Participants receive 12 weeks of TDR, followed by reintroducing food, ongoing education and 1-2-1 behaviour change support.

**Please provide accurate and complete information and ensure eligibility has been confirmed before referral**

|  |  |  |  |
| --- | --- | --- | --- |
| GP Practice |  | Practice code |  |
| GP Practice Address |  | | |
| Practice email address |  | | |
| Referrers name |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS number |  |
| Date of birth |  | Email address |  |
| Gender |  | Ethnicity | **Please select** |
| Address |  | | |
| Telephone number |  | Mobile number (+44) |  |
| Is the patient on the Severe Mental Illness Register? | Yes  No | Is the patient on the Learning Disability register? | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Type 2 diabetes diagnosis  ***MUST be within the last 6 years*** |  | | |
| Weight measurement (kg)  ***MUST be within the last 12 months*** |  | Date of weight measurement |  |
| Height measurement (m) |  | Date of height measurement |  |
| BMI (kg/m2)  ***MUST be within the last 12 months*** |  | Date of BMI |  |
| HbA1c (mmol/mol)  ***MUST be within the last 12 months*** |  | Date of HbA1c |  |
| Blood Pressure (mmHg)  ***MUST be within the last 12 months*** |  | Date of Blood pressure reading |  |

|  |  |
| --- | --- |
| I confirm that the potential patient meets the eligibility criteria, and no exclusions apply.  I have discussed and agreed medication changes with this potential patient. I have made it clear that these changes should only be **enacted on the first day of starting the TDR intervention.** | Yes  No |
| I have confirmed with the potential patient that, should they proceed on the NHS T2DR programme, the patient:   * Agrees to continue attending yearly diabetes review appointments at their GP practice, regardless of whether remission is achieved. * Will notify their GP practice of any unexpected or concerning symptoms which are considered urgent. * Will only make the agreed medication adjustments on day 1 of starting their TDR. This date will be agreed with the patient and Oviva. * Will notify their GP practice if they disengage or drop out before the end of the intervention. | Yes  No |

|  |
| --- |
| **Patient medications and changes to take place on day 1 of TDR**  **Medication changes should be communicated in the most appropriate manner to the patient, ensuring that these have been agreed, understood and a copy of the changes provided to the patient.**   * Please provide details of blood glucose-lowering medications (i.e. treatments for diabetes) and blood pressure-lowering medications which are currently taken by the patient. * Please specify the agreed changes to these medications to occur on the first day of TDR, such as stating if the medication is to be stopped, specific changes to dosing / frequency, or if there is to be no change. * Note that blood pressure-lowering medications include medicines used for indications other than hypertension – i.e. diuretics, alpha blockers for BPH, beta blockers for migraine prophylaxis. * If the patient is taking any other medications which may need adjustment according to weight or dietary changes (e.g. warfarin), it is the responsibility of the referrer to ensure that processes are in place for these medicines to be safely adjusted. If any such medicines are being taken, referral should only be sent if, prior to referral, the referrer has established who will be responsible for obtaining weight readings (or other monitoring parameters - e.g. INR), the frequency of such checks, how this will be recorded, how the prescriber will be notified and how dose changes will be communicated to the patient. |

*Recommendation should follow local formulary guidance:*

[*6.1.2 Antidiabetic drugs - North & East (devonformularyguidance.nhs.uk)*](https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/6-endocrine/6-1-drugs-used-in-diabetes/6-1-2-antidiabetic-drugs)

[*6.1.2 Antidiabetic drugs - South & West (devonformularyguidance.nhs.uk)*](https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/6-endocrine/6-1-drugs-used-in-diabetes/6-1-2-antidiabetic-drugs)

|  |  |  |  |
| --- | --- | --- | --- |
| **Blood glucose-lowering medication adjustments:**   * **It is essential that sulfonylureas, meglitinides, and SGLT2 inhibitors are stopped on the first day of TDR as these medicines are not safe with TDR** * People on 1-2 glucose-lowering medications should stop these medications on the first day of TDR * People on ≥ 3 medications should stay on metformin only (or, if not taking metformin as it is contraindicated / not tolerated, stay on an oral medication which is safe with TDR, e.g. DPP4 inhibitor or pioglitazone) and stop the remaining glucose-lowering medications on the first day of TDR * Counsel the patient about the osmotic symptoms of diabetes and advise them of when and how to seek appropriate support | | | |
| Is the patient currently prescribed any of these blood glucose lowering medications? (if yes, it is essential to complete the table below) | | | Yes  No |
| **Medication group** | **Medication name** | **Action** | **Agreed dose for patient on day 1 of TDR** |
| SGLT2 inhibitor | **Please select** | **Please select** | **MUST BE STOPPED** |
| Sulphonylurea | **Please select** | **Please select** | **MUST BE STOPPED** |
| Meglitinide | **Please select** | **Please select** | **MUST BE STOPPED** |
| GLP1 | **Please select** | **Please select** |  |
| DPP4 inhibitors | **Please Select** | **Please select** |  |
| Metformin | **Please select** | **Please select** |  |
| Pioglitazone | **Please select** | **Please select** |  |
| Acarbose | **Please select** | **Please select** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Blood pressure-lowering medication adjustments:**   * Note that BP-lowering medications include those used for other indications (e.g. tamsulosin for benign prostatic hypertrophy, furosemide for oedema) as well as those used specifically for managing BP * If blood pressure is considered uncontrolled at time of referral (systolic ≥ 140mmHg or diastolic ≥ 90mmHg), make no changes to BP-lowering medications * If blood pressure is considered controlled at time of referral (both systolic < 140mmHg and diastolic < 90mmHg), one BP-lowering medications should be adjusted on the first day of TDR * If reviewing the patient remotely, it is reasonable to use self-reported blood pressure. If not available, the last clinic-recorded blood pressure may be used, provided there is no concern of white coat hypertension or that blood pressure may have changed significantly since last measured * Medications being used specifically and solely for managing blood pressure, in a particular patient, are the priority for adjustment. Suggested process:   + Identify the medications used by the patient solely for managing blood pressure (i.e. not also being used for nephropathy, angina, heart failure, BPH, migraines etc)   + Stop the medication which would have been added last according to current NICE guidance - unless other clinical factors affect decision making   + If not being used for other indications, this would be (in order of stopping first):     - Spironolactone or alpha-blocker or beta-blocker     - Thiazide diuretic (or calcium-channel blocker)     - Calcium-channel blocker (or thiazide diuretic)     - ACE-inhibitor or Angiotensin receptor blocker * If the patient is taking medications which affect blood pressure but all are being used for other indications (none are being used solely to manage blood pressure):   + use clinical judgement and shared decision making and take into account the BP reading   + cautiously reduce the dose of this medication rather than stopping it   + consider arranging early review, in relation to the specific indication for the medication   + in some circumstances, it may be reasonable not to adjust these medications initially but to carefully monitor and respond accordingly * Counsel the patient about symptoms of postural hypotension and when and how to seek support | | | |
| Is the patient currently prescribed any medicines affecting blood pressure?  (if yes, it is essential to complete the table below) | | | Yes  No |
| **Medication group** | **Medication name** | **Action** | **Agreed dose for patient on day 1 of TDR** |
| Ace Inhibitor | **Please select** | **Please select** |  |
| Calcium Channel Blockers | **Please select** | **Please select** |  |
| Thiazide Diuretics | **Please select** | **Please select** |  |
| Beta-blockers | **Please select** | **Please select** |  |
| Other Anti Hypertensives |  |  |  |
| Other medication not listed |  |  |  |

|  |
| --- |
| **Eligibility Criteria: Individuals who satisfy all the following eligibility criteria may be referred to the Service**   * Aged 18 to 65 years (inclusive) * Diagnosed with Type 2 diabetes within the last 6 years * Is not a current insulin user * BMI ≥ 27kg/m² (adjusted to ≥ 25kg/m² in people of black, Asian and minority ethnic origin)   + BMI obtained from self-measured weight is acceptable for referral. If this cannot be obtained, a clinic-measured value within the last 12 months may be used, provided there is no concern that weight may have reduced since last measured such that the individual would not be eligible for the T2DR programme at present * HbA1c measurement taken within the last 12 months, in line with the following:   + If **on** diabetes medication, HbA1c 43-87 mmol/mol   + If **not on** diabetes medication, HbA1c 48-87 mmol/mol   + If there is any concern that HbA1c may have changed since last measured, such that repeat testing may indicate that the individual would not be eligible for the T2DR programme at present, HbA1c should be rechecked before referral is considered​ * Must have attended for monitoring and diabetes review when last offered, including retinal screening, and commit to continue attending annual reviews, even if remission is achieved (those newly diagnosed do not need to wait for retinal screening before they can be offered a referral) * Is not currently pregnant or planning to become pregnant within the next 6 months * Is not currently breastfeeding * Does not have any of the following significant co-morbidities:   + active cancer   + heart attack or stroke in last 6 months   + severe heart failure (defined as New York Heart Association grade 3 or 4)   + severe renal impairment (most recent eGFR < 30mls/min/1.73m2)   + active liver disease (NAFLD is not an exclusion criterion)   + active substance use disorder   + active eating disorder (includes binge eating disorder)   + porphyria   + known proliferative retinopathy that has not been treated * Has not undergone bariatric surgery (those awaiting bariatric surgery are not excluded) * Health professional assessment that the person is able to understand and meet the demands and monitoring requirements of the NHS T2DR Programme * Patients are eligible to be re-referred 12 months after their discharge, if they previously started the programme |

|  |
| --- |
| **Responsibilities of the referring GP practice:**   * Identify eligible patients and offer referral as appropriate * Provide information on concept of remission of Type 2 Diabetes, the T2DR service and potential risks and benefits to obtain informed consent * Discuss medication changes to take place on first day of TDR and provide written confirmation of these changes to the Provider * Respond to any clinical need to further adjust medications according to capillary blood glucose and blood pressure monitoring by the Provider * Respond to adverse events if patient contacts practice directly with an urgent clinical need or is directed to the GP practice by the Provider * Arrange review of patient at 6 months and 12 months after starting T2DR programme with repeat HbA1c –with further medication adjustment as necessary |

|  |
| --- |
| **Responsibilities of Oviva (T2DR Service Provider):**   * Attempt contact with patients referred within 5 working days to provide further information about the T2DR service and book Individual Assessment * Confirm medication changes with patient and written instructions from referrer * Perform / arrange for monitoring of capillary blood glucose and blood pressure (in people taking BP-lowering medications at time of referral) * Identify where capillary blood glucose and blood pressure fall outside of specified parameters and communicate appropriately with GP practice for further action * Act as initial contact for patients experiencing a concurrent or adverse event which is not considered an emergency * Appropriately triage and respond to adverse events –including signposting the patient to the GP practice or to other services * Provide details of how to order TDR and fibre supplements from the supplier (free-of-charge) * Optimise uptake and retention on the programme |