**NHS Type 2 Diabetes Path to Remission Consultation Checklist**

The NHS Type 2 Diabetes Path to Remission Programme is an evidence-based intervention using Total Diet Replacement (TDR) to support people recently diagnosed with Type 2 diabetes to achieve significant weight loss (>15kg) 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 (usually shakes) funded by the NHS.

In NHS Devon ICB area, this service is provided by Oviva. The programme allows participants to choose their preferred delivery model of either digital or in-person support. For the digital pathway participants will not need to travel to a specific location for appointments.

Participants will be matched with their own personal clinician to provide expert healthcare with tailored support throughout every stage of the programme.

Oviva accepts motivated participants following a thorough eligibility check. The intervention includes:

● 12 week Total Diet Replacement (TDR) using 4 nutritionally complete meal replacement products

● 6 week food reintroduction

● 8 month maintenance period

● A refocus phase if required (if participants gain >2kg they have the opportunity to access additional dietetic support and follow the TDR for an additional four weeks)

Individuals with a smartphone can access Oviva’s NHS-approved app, to track their progress as well as communicate with their dietitian or coach, and work their way through the programme. All participants have access to our educational platform called Oviva Learn, to help guide them through the programme. New learning modules and resources are unlocked on a weekly basis. Oviva Learn aims to empower participants to engage and facilitate learning about weight management, to make impactful long term lifestyle changes. Oviva Learn is accessible via the Oviva app or participants can log in using their desktop computer or laptop. Those unable to access the online content will receive a printed guidebook.

Individuals who satisfy all the following eligibility criteria may be referred to the Service. **Pre-referral checklist:**

* + Checked eligibility and made sure no exclusions apply
	+ Checked list of medications currently prescribed / taken (including those from other providers such as hospitals) and identified:
	+ Glucose-lowering medications

* + BP-lowering medications (including those not specifically used to treat blood pressure, e.g. furosemide or tamsulosin)
	+ Medications which may need to be adjusted due to changes in body weight or diet
* if in doubt, discuss with a clinical pharmacist colleague
* only refer if safe, robust processes to manage adjustment and review in line with dietary / weight changes
* Agreed medication adjustments for 1st day of TDR – must be specified in writing to the provider (incl. if no changes are needed)
* recommended adjustments for glucose-lowering and BP-lowering medications are described in this slide pack
* use your clinical judgement – if in doubt, discuss with the T2DR service provider
* patients will not be able to start TDR unless they confirm to the provider that they are stopping / not taking sulfonylureas, meglitinides or SGLT2 inhibitors
	+ Confirmed with the patient that they will continue attending reviews / monitoring, regardless of whether remission is achieved
	+ Confirmation that patient will notify the GP practice of any unexpected or concerning symptoms which are considered urgent
	+ Confirmed with the patient that they will notify the GP practice if they disengage or drop out before the programme ends. This is particularly important if any medications have been adjusted / stopped on the 1st day of TDR (as may need to be restarted)
	+ Counselled the patient appropriately and obtained valid, informed consent to refer

**Responsibilities of the referring GP practice:**

● Identify eligible patients and offer referral as appropriate

● Provide information on T2DR service and the potential of remission of type 2 diabetes

● Discuss medication changes to take place on first day of TDR and provide written confirmation of these changes (including if no changes are needed) 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 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

**How to refer:**

After confirming eligibility and discussing the service with your patient for the pathway please complete the referral form which is embedded into your clinical system and send it to: ovivauk.T2DR@nhs.net