

CEG resources to support you: BHR Diabetes Extension Local Incentive Scheme

Recovery from COVID-19 – Risk stratification

You can use the UCLP-CEG Diabetes Risk Stratification searches to help you. Feel free to use other searches if you prefer.

The searches are located in your CEG practice support folder:

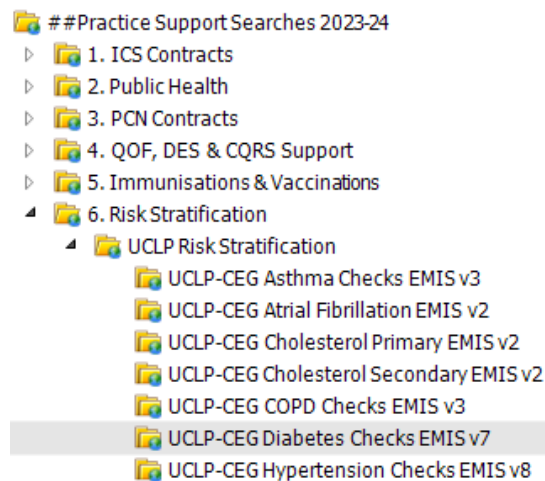
##Practice Support Searches 2023-24

6.Risk Stratification

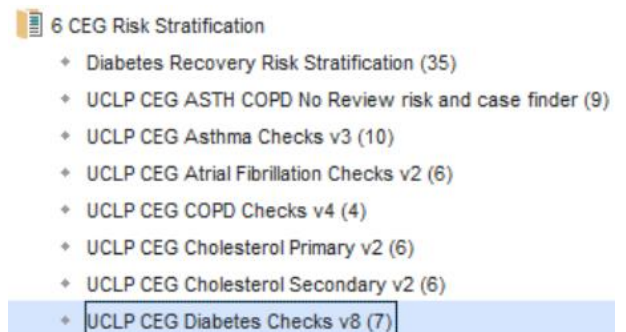
UCLP Risk Stratification

UCLP-CEG Diabetes Checks V7

EMIS:



SystemOne:



BP@Home

Searches

Located in your CEG practice support folder:

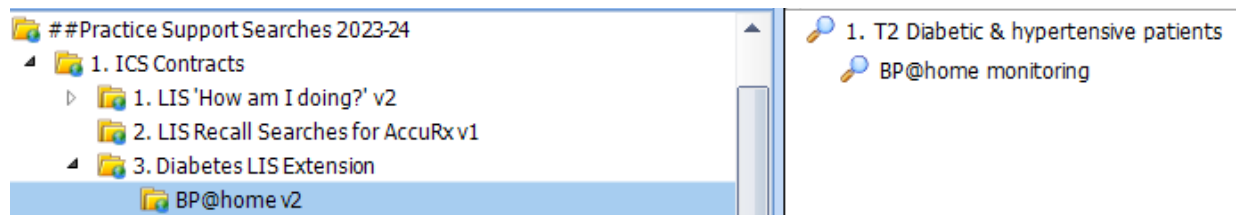
##Practice Support Searches 2023-24

1.ICS Contracts

3.Diabetes LIS Extension

BP@Home

EMIS:



SystemOne:

1 CEG ICS Contract Support

• Atrial Fibrillation (32)

• Diabetes LIS (39)

6 -----Diabetes Extended LIS (Until 30th September 2023) Information only-----

6. Patients on Diabetes & Hypertension register with BP@ Home monitoring recorded

Template

'LTC & LIS CEG'. The QOF CVD page has a section called 'Hypertension BP@Home monitoring'.

EMIS:

(RP) LTC and LIS CEG V13

*QOF CVD

HYPERTENSION BP@HOME MONITORING

Onboarding to BP@home monitoring

Equipment loaned to patient

Text

Average home systolic blood pressure mmHg

Average home diastolic blood pressure mmHg

Remote care monitoring ended

Loan equipment returned

Text

SystemOne:

LTC and LIS CEG v10

LTC and LIS CEG v10

*QOF CKD cont... *QOF CVD *QOF CVD Cont... *QOF Dementia Review *QOF Depression

Hypertension BP at Home monitoring

Onboarding to BP at Home monitoring

Equipment loaned to patient

Average home systolic blood pressure mmHg

Average home diastolic blood pressure mmHg

Remote care monitoring ended

Loan equipment returned

NHS Diabetes Prevention Programme

Searches

The searches to support this programme are included in the download pack for the CEG software tool '[APL-NDPP](#)' – please ask your facilitator for a link to the request form if you don't have the tool and searches already.

Template

'LTC & LIS CEG'. The Primary Prevention page will show if the patient is eligible.

EMIS:

(RP) LTC and LIS CEG V13

**Primary Prevention

**National Diabetes Prevention Programme (NDPP)

NHS Diabetes Prevention Programme (NDPP) is a 9 month behavioural programme. Eligibility:

- Non diabetic patient aged over 18 or over
- Currently not pregnant
- HbA1c between 42 - 47 mmol/mol (6.0-6.4%) or Fasting Plasma Glucose between 5.5 - 6.9 I within the last 12 months
- If patient has a history of Gestational Diabetes (GDM) then patient is eligible with HbA1c <42 mmol/mol or FPG <5.5mmol/l.

[NDPP Information leaflet](#)

National Diabetes Prevention Programme (NDPP) Referral (or declined)

28-Jun-2018

National Diabetes Prevention Programme (NDPP) attendance

No previous

15-Aug-2023



SystemOne:

LTC and LIS CEG v10

Lab Results | [Primary Prevention](#) | **AF | DOAC | **Asthma | **COPD | **COPD Cont... | *Inhaler technique / Spirometry | **I

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[NDPP Information leaflet](#)

NDPP Referral (or declined)



NDPP Attendance



Low Calorie Diet

Searches

Located in your CEG practice support folder:

##Practice Support Searches 2023-24

4.QOF, DES & CQRS Support

Weight management Service (Including CQRS Claim)

Low Calorie Diets (T2DR) Eligibility

EMIS:

SystemOne:

Template

'Low Calorie Diet Referral (T2DR) CEG' (currently v4)

EMIS:

(RP) Low Calorie Diet Referral (T2DR) CEG v4

Invitation

Patients Eligible for Low Calorie Diet programme:

- Aged 18 to 65 years (inclusive)
- Diagnosed with Type 2 diabetes within the last 6 years
- Is not a current insulin user
- BMI $\geq 27\text{kg/m}^2$ (adjusted to $\geq 25\text{kg/m}^2$ in people of black, Asian and minority ethnic origin)
- 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 LCD 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 (although newly diagnosed patients do not need to have attended retinal screening), even if remission is achieved
- 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 $< 30\text{mls/min/1.73m}^2$)
 - active liver disease (not including NAFLD)
 - active substance use disorder
 - active 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 LCD Programme

Total diet replacement programme invitation 15-Aug-2023 No previous entry

Text

Referral

Please use the referral form found in Resource Publisher titled 'NHS Low Calorie Diet Referral CEG (RP)'

Referred/Declined 15-Aug-2023 No previous entry

Text

Outcome

Programme outcome? 15-Aug-2023 No previous entry

Text

SystemOne:

Low Calorie Diet Referral CEG v3

Low Calorie Diet Referral CEG v3

[Main Page](#)



Invitation

Patients Eligible for Low Calorie Diet programme:

- Aged 18 to 65 years (inclusive)
- Diagnosed with Type 2 diabetes within the last 6 years
- Is not a current insulin user
- BMI $\geq 27\text{kg/m}^2$ (adjusted to $\geq 25\text{kg/m}^2$ in people of black, Asian and minority ethnic origin)
- HbA1c measurement taken within the last 12 months, in line with the following:
 - o If on diabetes medication, HbA1c 43-87 mmol/mol
 - o If not on diabetes medication, HbA1c 48-87 mmol/mol
 - o 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 LCD 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
- 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:
 - o active cancer
 - o heart attack or stroke in last 6 months
 - o severe heart failure (defined as New York Heart Association grade 3 or 4)
 - o severe renal impairment (most recent eGFR $< 30\text{ml/min/1.73m}^2$)
 - o active liver disease (not including NAFLD)
 - o active substance use disorder or
 - o active eating disorder
 - o porphyria
 - o known proliferative retinopathy that has not been treated
- Had not recently lost greater than 5% body weight
- Is not currently on a weight management programme
- Has not undergone / is not awaiting bariatric surgery (unless willing to come off waiting list)
- Health professional assessment that the person is able to understand and meet the demands and monitoring requirements of the NHS LCD Programme

Referral to weight management service offered

Referral

Please use the referral form titled 'NHS Low Calorie Diet Referral CEG v2'

Preconception

Template

'LTC & LIS CEG'. The Diabetes page has sections for 'Preconception Status & Advice' and 'Preconception referral' that will show up for female patients aged 15-45 years.

EMIS:

(RP) LTC and LIS CEG V13

**Diabetes LTC Review

Pre-conception Referral/ Renal Referral

- **Referral to diabetes preconception counselling clinic

For women with established renal disease:

creatinine $>120\mu\text{mol/l}$,
urine albumin:creatinine ratio $>70\text{mg/mmol}$, or
eGFR $<45\text{ml/min}$

Please refer.

- Renal eReferral advice and guidance request

SystemOne:

LTC and LIS CEG v10

LTC and LIS CEG v10

Diabetes | **Diabetes Cont...** | **Insulin Initiation** | **GLP-1** | **Learning Disability** | **Palliative Care** | **Mental Health** | **Mental Health cont...** | **Cancer** | **Cancer co...**

*Pre-conception Status & Advice

This section of the template outlines the advice and guidance to be discussed / given to women with diabetes.

Contraception Method

- Contraception not needed (612.)
- Uterine perforation by intrauterine contr...
- Subcutaneous contraceptive (61K.)
- Oral contraception (614..)
- Transdermal contraceptive (XaJhF)
- Depot contraception (XE157)
- Barrier contraception method (Ua1Rk)
- Male surgical sterilisation procedure (X...
- No contraceptive precautions (6126.)
- Tubal occlusion (X403f)

**Women with an HbA1c >86mmol are strongly advised not to get pregnant.
Women are recommended to use contraception until HbA1c is 48mmol.**

[Information regarding target Hba1c & Pregnancy risk](#)

Advice about long acting reversible contraception General contraceptive advice

Advice robust, reliable forms of contraception such as implants and intrauterine devices, are strongly recommended. The relatively high failure rates of barrier methods and oral contraception should be discussed, and clinicians should consider that women using these are 'at risk' of unplanned pregnancy.

For women who are (a) considering pregnancy and/or (b) at risk women of unplanned pregnancy: Please start preconception diabetes care planning.

Prescribe folic acid 5mg

[Information regarding preconception planning](#)

Pre-conception advice Pre-conception advice for diabetes ... Pre-conception advice declined ...

[click here for Patient Information Leaflet](#)

Version 1 – August 2023