

T2DaY (Type 2 Diabetes in the Young) programme

Tower Hamlets support pack (August 2024)

Background - national

The T2DaY programme is a funded national programme aimed to improve outcomes for people living with type 2 diabetes (T2DM) aged under 40 years old. It is launching from August 2024.

It requires a 30-minute review **over and above existing usual care**, and covering:

- Completion of any remaining care processes
- Consideration of potential misclassification of diabetes type
- Optimisation of glycaemia, cardiovascular risk, and weight (including consideration of diabetes remission programme)
- Contraception and planning for possibility of pregnancy (including folic acid)
- Consideration of psychological wellbeing and unmet social needs

Background - local

This document outlines the approach to local delivery of T2DaY in Tower Hamlets.

In Tower Hamlets, 8% of our total diabetes register is aged 18-39 years (1775 people). Funding is attached to this (£52 per patient) until 31st March 2025.

Existing processes in Tower Hamlets (LES) cover an annual care planning review in primary care for all patients with diabetes, in addition to existing QOF targets.

Additional targeted incentives within LES include:

- HbA1c control
- Retinal screening
- Blood pressure optimisation
- Annual ACR test

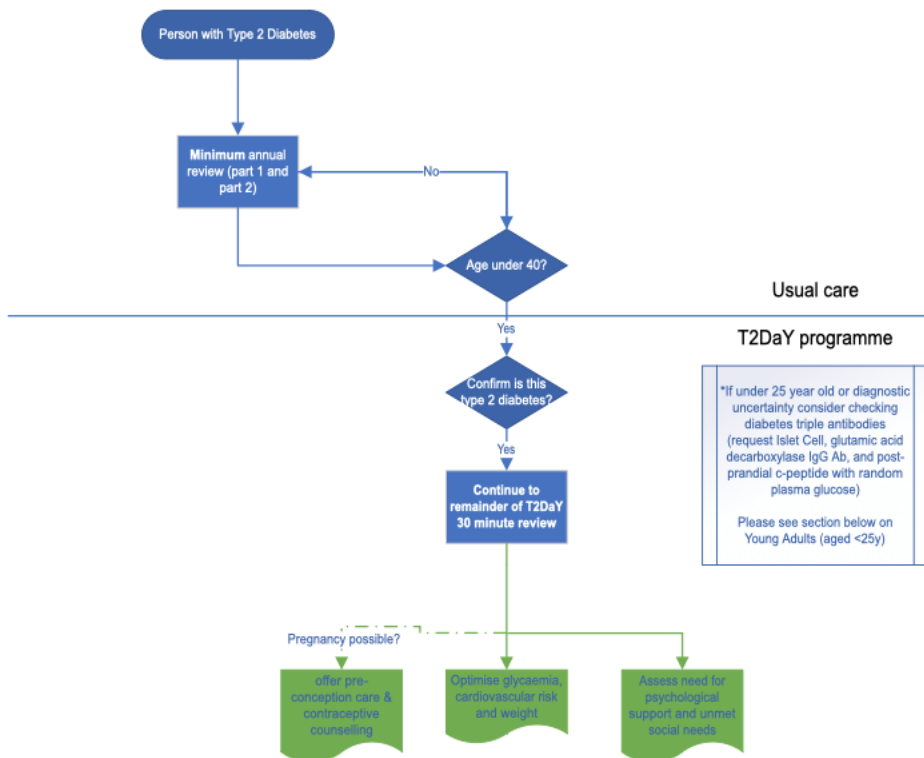
There is an existing model of network MDTs supported by Prof Tahseen Chowdhury to support practices in managing patients with diabetes.

Delivery of T2DaY

Tower Hamlets will use the funding to support **additional 30-minute reviews** delivered by general practice. Reviews will be recorded on the relevant page on the CEG LTC template for 'Aged under 40 – T2DaY' and code patients accordingly.

It is anticipated that many of the 18-39 cohort will be discussed as part of the Multi Disciplinary Team review process, including at the time of discharge from the under 25s service.

Summary of proposed delivery model



Practices can use the CEG recall searches '(T2DAY (T2 Diabetics) v1)' folder to identify eligible patients.

Support searches are available from CEG to support practices to identify patients who have received the extended consultation, alongside reports which enable confirmation of the quality indicators.

Practices should use the CEG LTC review template (Diabetes page, sections with 'Extended Consultation') to code:

- Diabetic follow up **and**
- HbA1c control recorded **and**
- PHQ-9 score **and**
- QRisk2 or QRisk3 score **and**
- Pre-conception advice or coding contraception method (where appropriate)

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Pages

Extended Consultations for patients aged 18 to 39 years

Patients aged 18 to 39yrs should be offered an extended consultation to check all 8 care processes have been completed along with the following where appropriate:-

- Classification of Type (review patient and confirm Type - this is not recorded in the template)
- Assessment of social needs
- Optimisation of glycaemia
- Optimisation of CVD risk (QRisk)
- Educated about weight management
- Depression Screening
- Pre-conception Advice (for women of child bearing age)

**Diabetic - Extended appointment follow-up

Optimisation (Extended Consultation)

Latest HbA1c Result

**HbA1c Control

[QRisk 3 Score Calculator](#)

QRISK3 cardiovascular disease 10 year risk calculator score %

Latest Weight

Advice given about weight management

[Click here for Diabetes Diet Advice](#)

**Referral for Exercise (if appropriate)

Text

[Signpost our Parks - Exercise Classes for Free](#)

Assessment (Extended Consultation)

**Do you have difficulty understanding info provided to you about your health or treatments you may be receiving?

**Do you have problems with housing?

**Do you have money problems that make it hard to meet your needs?

**Do you feel lonely?

Referral to social prescribing service

PHQ-9 Patient Health Questionnaire

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Pages

PHQ-9 Patient Health Questionnaire

Ask the patient the following questions:
Over the last 2 weeks, how often have you been bothered by any of the following problems?
Enter the following scores for their answers:

0 - Not at all
1 - Several days
2 - More than half the days
3 - Nearly every day

[Click here for PHQ-9 Questionnaire](#)

Patient Health Questionnaire Nine Item score /22

Patient Health Questionnaire Scoring (PHQ-9)

<4 Normal
5-14 Mild
15-19 Moderate
20-27 Severe

PHQ (patient health questionnaire) 9 declined

Pre-conception Status & Advice (Extended Consultation)

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

Contraception Method

Women with an HbA1c >86mmol are strongly advised not to get pregnant.

Women are recommended to use contraception until HbA1c is 48mmol.

[Click here for NICE guidance](#)

Advice about long acting reversible contraception

Contraception care education

Advise 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

**Pre-conception advice

[Please click here for Patient Information Leaflet](#)

Fig 1. Screenshot of template

Patients must have had up to date review done (including HbA1c) in the 3 months prior to referral to T2DaY programme.

Support available for each of the elements:

Specific support is available in Tower Hamlets for each of these clinical needs:

Confirmation of diagnosis

We recommend Islet Cell, glutamic acid decarboxylase IgG Ab, and post-prandial c-peptide (with glucose) to support confirmation of diagnosis.

Where there is diagnostic uncertainty, support can be obtained from Prof Tahseen Chowdhury (tahseen.chowdhury@nhs.net) and via eRS.

Young Adults (aged <25y)

Dr Myuri Moorthy (Consultant Lead for Young Adult Diabetes) and Dr Laura Bolton (GP) have been working on a pathway for young adults (16-25 year olds) with Type 2 Diabetes in Tower Hamlets. These young people would benefit from early, specialist, multi-disciplinary optimisation of their diabetes

These patients can be referred using ERS with the criteria below:

ADVICE AND GUIDANCE - if HbA1c > 48 despite ANY treatment for > 6 months

- On ERS choose ADVICE, Diabetic Medicine and then General Diabetic Management
- Select "Diabetes - General Diabetic Adult Clinic - (MEH) - Barts Health NHS Trust - R1H"

REFERRAL - if HbA1c > 48 with ANY complications (BP > 140, eGFR <90, ACR > 3, retinopathy or neuropathy)

- On ERS choose REFERRAL, Diabetic Medicine and then General Diabetic Management
- Select "Diabetes and Metabolism - Diabetic MDT Clinic - (MEH) - Barts Health NHS Trust - R1H"

The Young Adult Diabetes team includes Consultants, Diabetes Specialist Nurses, Dieticians and Psychologists plus Youth Workers who can communicate by letter, phone, or text message with these young people; please don't let concerns about engagement be a barrier to referral!

Pre-conception counselling

Support can be obtained via the pre-conception clinic including virtual reviews and group sessions. Please note that where women of childbearing age are not on contraception and at risk of pregnancy, folic acid 5mg should be offered.

- If actively thinking of a baby (or wanting IVF) and HbA1c>48 despite metformin – then refer into preconception clinic.
- If not actively trying but no contraception and inadequate control (>48) then try to tighten control, stop harmful meds, consider folic acid, and strongly encourage contraception.

Psychological support and unmet social needs

Tower Hamlets Talking Therapies (THTT) (TH.talkingtherapies@nhs.net) – anyone living with type 2 diabetes where it is relatively well controlled (HbA1c <90) and who wants to access group or brief 1:1 therapy to explore ways to bring more meaning and purpose to life whilst living with diabetes or experiencing mental health distress in other areas of life.

The diabetes psychology service (DPS) (bartshealth.diabetes.psychologymeh@nhs.net) has limited capacity but can support those living with type 2 diabetes who have difficulties with the management of diabetes diagnosis (e.g., has HbA1c >90, repeated hospital admissions, DKA, hypos).

Your social prescribing team and social welfare legal advisors can be used to support patients around unmet social needs.

Optimise glycaemia, cardiovascular risk, and weight management

Additional support for optimising glycaemia can be obtained via the community diabetes service (eRS) or Prof Tahseen Chowdhury.

If patients aged under 40 years old have a diagnosis of **hypertension** then consider: echo, renal ultrasound & random cortisol. Refer as appropriate based on depending on investigation findings. Consider specialist evaluation of secondary causes and assessment of benefits/risks of treatment - if in doubt, consider cardiology A&G to discuss need for referral (WEL CCGs Pathway for Hypertension in Adults: Diagnosis and Treatment; 2020).

All patients with diabetes should have a referral to structured education at diagnosis. **Weight management options** include Pathway to Remission (low calorie diet) ([Oviva](#)). Please note that patients who have been diagnosed with diabetes recently should be considered early for Pathway to Remission – 32% of people who complete the programme will be in remission with their diabetes at 1 year ([Valabhji et al, 2024](#))

Social Action for Health '[Good Moves](#)' programme and specialist dieticians. Further detail on weight management options available to those in Tower Hamlets is available [here](#).