NHS
Somerset
Clinical Commissioning Group

Medicines Management Diabetes Strategy

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Working Together to Improve Health and Wellbeing

Backdrop

- 36,430 diabetic patients
- 7.4% of the population, though NHSE estimates it at 9.2%
- Net increase of over 10,000 since 2012/13- only 6% prevalence then
- Type 1 2845
- Type 2 33,585 Source NDA

- Cost of diabetes is 10% of our NHS budget
- £1 million on amputations (major and minor) each year
- £3 million on CVD incidents
- Plus GP time

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Prescribing costs last year

	Items	Cost £
Biguanides	191,126	839,485
Other antidiabetic drugs	123,505	5,312,072
Sulfonylureas	59,546	217,675
Diabetic diagnostic and monitoring agents	61,108	1,140,414
Intermediate and long-acting insulins	45,514	2,037,524
Short-acting insulins	26,100	1,089,456
Treatment of hypoglycaemia	2,517	31,177
Total	509,416	10,667,807

Diabetes is a vascular disease

People with diabetes rarely die as a direct result of diabetes. Most die from complications such as heart disease, stroke and kidney failure. People with diabetes are more likely to die than their peers of the same age and sex in the general population

It not just about glucose!

Our medicines optimisations strategy

- Use the 8 care processes to drive better use of medicines to meet the three treatment targets and reduce comorbidities. Practice incentive to get patients to get all 8 processes done. *Eye tests and flu jabs also important.*

- Use NHS pathways software to identify variation in Somerset and identify individual patients whose medications could be optimised.

- Expand the use of medicines known to improve outcomes such as SGLT-2s

Our medicines optimisations strategy

- Carbon footprint reduction. Combining medicines, using refillable insulin pens, removing medicines patients don’t take and stopping unnecessary blood testing
- Optimising isCGM and rtCGM for patients who would benefit from it
- Work with PCNs to optimise medications for IIF cohorts -frail, care homes etc
- Review medications which may cause hypoglycaemia, particularly in the most vulnerable to falls
- Statins!

8 care processes

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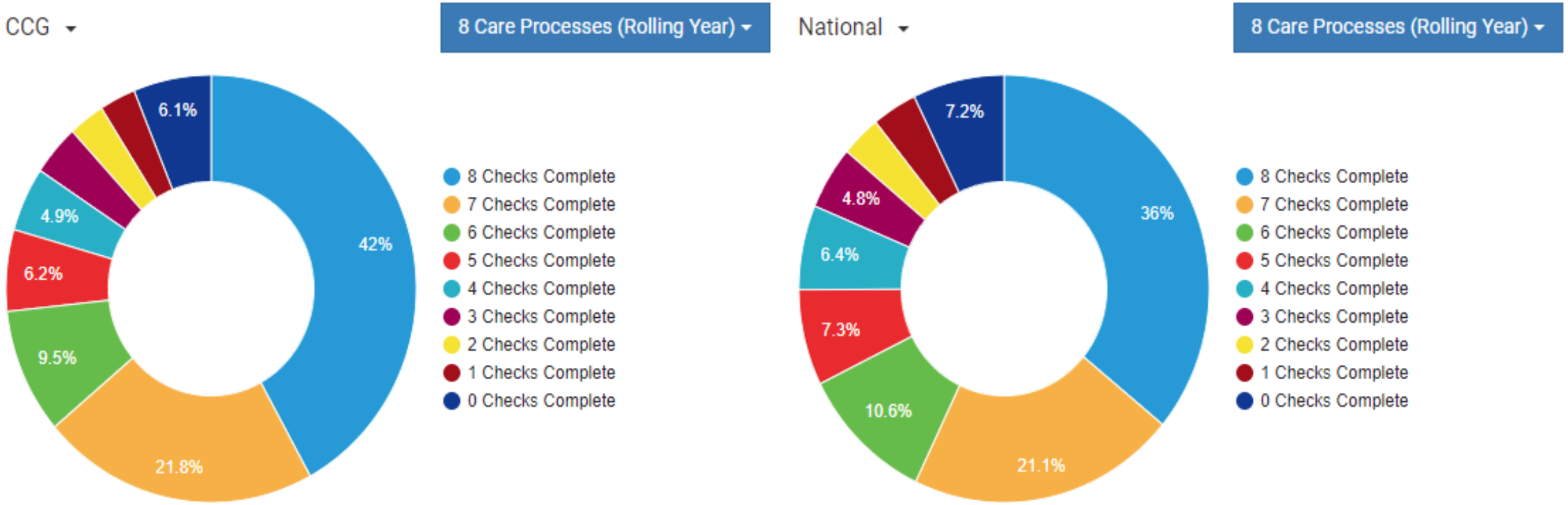
- Opportunity to look at all the indicators that reflect good diabetes health



Which tests are missing?

Parameter	Current 12M	
	Total	(%)
Overall	212,786 / 276,384	77.0
ALL 8 Processes	14,504 / 34,548	42.0
HbA1c	30,113 / 34,548	87.2
Blood Pressure	29,815 / 34,548	86.3
Cholesterol	26,884 / 34,548	77.8
Weight / BMI	27,872 / 34,548	80.7
eGFR	29,937 / 34,548	86.7
Microalbuminuria	19,439 / 34,548	56.3
Smoking	25,298 / 34,548	73.2
Foot Screening	23,428 / 34,548	67.8

How do we perform currently

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42% of Somerset diabetics have had all 8 care processes done in last 12 months.

Range is 68% down to 7.5%

We think 70% is entirely possible

If you would like access to see your own data in glorious technicolour let me know!

Actions

- Do as many care processes as possible
- Use AccuRx pre-appointment questionnaire to get patients to provide information for you
- Update smoking status whenever possible
- ACR is really important and often overlooked
- Foot screening- Somerset amputations

SGLT-2 (gliflozins)

T2 diabetics-CVD risk reduction

If chronic heart failure or established atherosclerotic CVD, **add SGLT-2** (to ACEI/ARB) with proven CV risk reduction (i.e any but ertugliflozin) in addition to metformin 6235 pts, down from 6367pts in April

If high risk of CVD (QRISK3>10%), **add SGLT-2** (to ACEI/ARB) with proven CV risk reduction (i.e any but ertugliflozin) in addition to metformin 16998 pts down from 17285 in April

Subject to licensed eGFR conditions

T2 diabetics-glucose control

SGLT-2 should be considered as an add on to metformin or as monotherapy if metformin intolerant

SGLT-2 (gliflozins)

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T2 diabetes +CKD

Patients with ACR >30 should be **offered an SGLT-2** in addition to an ACEI/ARB

(canagliflozin 100mg eGFR >=30ml/min and dapagliflozin 10mg >=eGFR 15ml/min are the licensed ones)

Patients with ACR 3-30 should be **considered for an SGLT-2** in addition to ACEI/ARB

(canagliflozin 100mg eGFR >=30ml/min and dapagliflozin 10mg >=eGFR 15ml/min are the licensed ones)

T2 diabetes +CKD - dapagliflozin Final Appraisal Document (FAD)

Dapagliflozin 10mg is recommended as an option for treating chronic kidney disease (CKD) in adults. It is recommended for T2 diabetes who have estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m2 to 75 ml/min/1.73 m2 at the start of treatment 4211pts

Semaglutide

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Semaglutide is our preferred GLP-1 agonist supported strongly by the Somerset consultants, because of good outcome data. Preferred to daily liraglutide

It is a weekly injection, titrated up from 0.25mg to 0.5mg after 4 weeks then to 1mg if tolerated

One pen last 4 weeks, so issue one at a time!

Do not confuse with Semglee which is insulin glargine!

Please do not prescribe as Saxenda for diabetes, use Ozempic

GLP-1 injections and gliptins (DPP-4 inhibitors)

These drugs work on the same pathways and not recommended for use together (122 patients in Somerset). Substitute gliptin?

Gliptins and gliflozins (SGLT-2) taken together

Not recommended together by NICE (866 patients in Somerset)

Optimise metformin with view to stop gliptin

50 patients on dapa 5 and a gliptin with no hepatic failure, increase to dapagliflozin 10mg and remove gliptin?

256 patients on dapagliflozin 5mg without hepatic failure, increase to 10mg? Same price!

Xigduo (dapagliflozin/metformin) has only 5mg dapagliflozin

See these patients at www.eclipsesolutions.org

Other alerts-Amber

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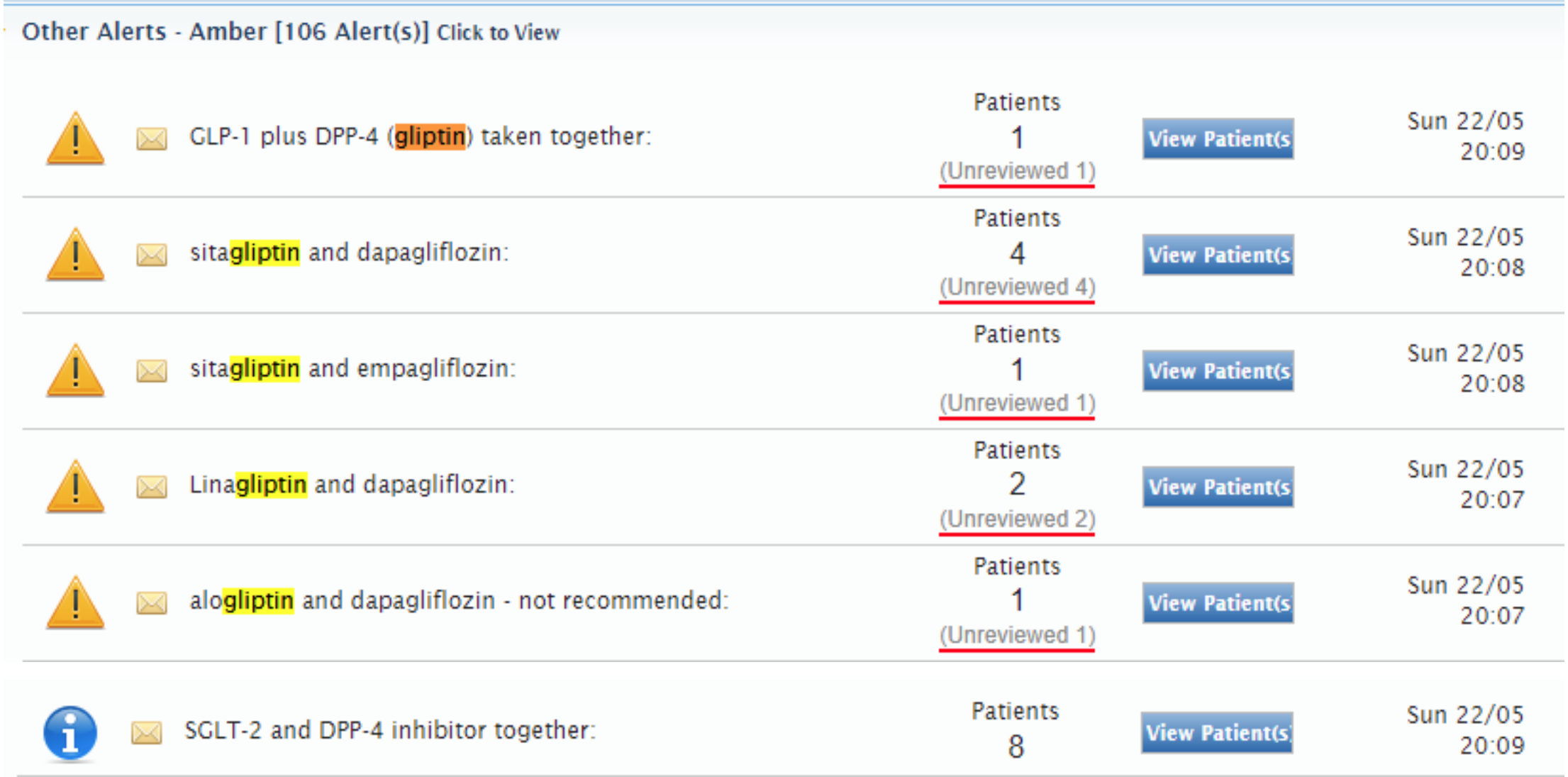

Carbon footprint

We are looking at ways of reducing environment implications in diabetes medicines

Optimise medications to reduce the tablet burden (metformin combos)

Use refillable insulin pens wherever possible.

Stop unnecessary BG testing…..over 1000 patients and increasing

Saves on strips, lancets and sharps bins

30 care home patients testing (probably more)

Minimise the number of strips and other consumables issued to Libre and GlucoRx Aidex patients

Patients at risk

- Snapshot from Eclipse

Level	Disease Area	Type	Search	Last Run	Patients	Reviewed
	Diabetes	Diabetes	**Patients >=75 year prescribed insulin in last 120 days with latest HbA1c <=58** High risk of hypoglycaemia	22/05/2022	192	2
	Diabetes	Diabetes	**Patients >=75 years co-prescribed insulin & sulfonylurea in last 90 days with latest HbA1c <=58** High risk of hypoglycaemia	22/05/2022	17	1
	Diabetes	Diabetes	**Patients 75 or older prescribed a sulfonylurea in last 90 days with HbA1c <48** High risk of hypoglycaemia	22/05/2022	101	1
	Diabetes	Diabetes	**Pioglitazone in heart failure** Pioglitazone is contraindicated in cardiac failure or history of cardiac failure (NYHA stages I to IV)	22/05/2022	4	0

Use us!

Medicines management pharmacists, sessional pharmacists, and steve.moore5@nhs.net

Anyone wanting access to NHS pathways or adding to our diabetes mailing list please contact steve.moore5@nhs.net