NHS T2DR Referral Form 20230504

Diagnosis date: needs to be **6 years or less**

Section 1: Confirm patient's eligibility - Co
before referring. Eligibility guidance is at section

Confirm you have verified eligibility and that no exclusion criteria apply	Yes☐
Confirm the patient has a type 2 diabetes diagnosis by adding the date of diagnosis	dd/mm/yyyy
Confirm you will carry out 6 and 12 month checks (please share the HbA1c result with Oviva)	Yes☐

Confirm the patient either:	
1. Attended their last retinal screening and it did not detect proliferative retinopathy that is not yet treated	Yes☐
2. Is a newly diagnosed patient	Yes☐

Is the patient on the Learning Disability Register?	Yes☐	No☐
Is the patient on the Serious Mental Illness Register?	Yes☐	No☐

Before completing the referral form please let the patient know they must agree to:

1. Continuing atte… …n is achieved
2. Notifying the G…
3. Notifying the G…

Date of birth: criteria is **aged between 18-65** (before 66th birthday)

Section 2: P… …re referring

Patient information		Date of Referral *(dd/mm/yyyy)*:
Patient Name:	Date of Birth *(dd/mm/yyyy)*:	NHS Number:
Ethnicity:	Sex:	Patient Language:
A…		…il address:
T…		…e:
R…		
Name of GP practice:	Pr…	
Address of GP practice:	GP practice email address:	
Referrer name:	Referrer email address:	

Include specific GP Practice email address: needs to be monitored as we will send **alerts for clinical review** to this

Clinical information:	
Weight (in kg) *dd/mm/yyyy must be within last 12 …*	
Height (in cm)	
BMI (kg/m²) *dd/mm/yyyy must be within last 12 months*:	
HbA1c (mmol/mol) *dd/mm/yyyy must be within last 12 months*:	…rement:
	Date:
Blood pressure (mmHg) *dd/mm/yyyy must be within last 12 months*:	Measurement:
	Date:

HbA1c reading: needs to be **within 12 months.**
If unavailable please **repeat** to ensure we have **good** baseline data, ensure they are eligible and safe for the T2DR programme

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Information about medication adjustments to be made on the first day of TDR

Section 3: Patient medications and chang

Medication guidance is at section 5/page 5

Medication changes should be communicated in the most appropriate manner to the patient, ensuring that these have been agreed, understood and retained.

- Please add blood glucose-lowering and b… medications include medicines used for in… prophylaxis
- Please specify the agreed changes to occ…
- **Sulfonylureas, meglitinides and SGLT2…**

Confirm any blood glucose-lowering o… communicated to both the patient and …

NOTE: If participant is taking **3+ medications,** keep them on 1 medication (preferably Metformin) and stop the others.

Blood Glucose Lower…

Medication class	C…	TDR CHANGES	Agreed changes for patient on day 1 of TDR
Biguanides (e.g. metformin)			☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
Sulfonylureas (e.g. gliclazide, glimepiride)	Dose: Frequency:		**MUST BE STOPPED**
Meglitinides (-glinides)	Specific medication name: Dose:		**MUST BE STOPPED**
Thiazolidinediones (e.g. pioglitazone)			☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
DPP4 inhibitor (-gliptins)			☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
SGLT2 inhibitors (-flozins)			**MUST BE STOPPED**
GLP-1 analogues (-tides)	Frequency:		☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
Tick if patient is NOT currently on blood glucose lowering medication ☐			

If participant is taking **2 or less medications** then all medications **should be STOPPED**

NOTE: The medications listed as MUST BE STOPPED are **contraindicated** for this dietary approach, and so participant **cannot join** the programme unless **these are stopped**

Blood Pressure Lowering Medications:

Current prescription	TDR CHANGES	Agreed changes for patient on day 1 of TDR
Specific medication name: Dose: Frequency:		☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
Specific medication name: Dose: Frequency:		☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
Specific medication name: Dose: Frequency:		☐STOP ☐NO CHANGE ☐NEW PRESCRIPTION: Dose: Frequency:
Specific medication name: Dose: Frequency:		☐STOP …PTION: Dose: Frequency:
Ti… ☐		

We cannot enrol the participant if this part isn't completed.

Medication changes should be communicated in the most appropriate manner to the patient, ensuring that these have been agreed, understood and retained.

Note: It can be helpful to print this page out for your patient as a reminder of what medication adjustments to make on the first day of TDR

- 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

Any other relevant past medical history/relevant current comorbidities

Any additional relevant information

Oviva will monitor blood glucose in all patients and will monitor blood pressure in patients taking blood-pressure lowering medications a
further medication adjustments may be neede

We look forward to receiving your referrals to this inbox

Once complete, please send this form via email to ovivauk.t2dr@nhs.net.

Only send patient information via secure NHS mail

If you have any questions, please contact Oviva on 0207 622 4777 or via email

Please offer the patient a copy of the NHS Type 2 Diabetes Path to Remission Programme leaflet

Please code referral as 'Referral to total diet replacement programme' (SNOMED 1239571000000105)

Section 4: Referral Information

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Oviva

Eligibility criteria and **medication adjustments** are at the end of every referral form for ease of reference.

Searches have been built to help i**dentify your eligible patient list** and to help ensure you are offering this intervention to those in your patient population who are eligible.

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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 (the 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 or
  - 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

The **medication adjustment guidance** is here to support you.

If you need some **further support** with regards to medication adjustment please feel free to reach out to us at **ovivauk.t2dr.@nhs.net**. Alternatively our medication adjustment video also offers support - view it **here**.

Section 5: Medication Adjustments and Guidance – PLEASE READ

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

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